Measuring the Impact of NH Drug Treatment Court Programs:

An Evaluation of Recidivism

JSI Research & Training Institute, Inc.

Better Health & Education Outcomes. For All.

NH Judicial Branch Drug Court Program

NEW HAMPSHIRE Treatment Court

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Executive Summary

82%
of DTC enrollees had no conviction during or after their program involvement

The 2025 evaluation of New Hampshire's Statewide Drug Court Program (DCP) Drug Treatment Courts (DTC) demonstrates that a **multidisciplinary, person-centered approach that is responsive to individual needs significantly outperforms traditional justice system tracks** in reducing recidivism and supporting successful reintegration into the community.

Using an "intent-to-treat" design to account for all enrolled participants regardless of completion status, **the study found that 82% of individuals enrolled in a DTC did not have a subsequent conviction during or after their program involvement.** This high rate of successful community reintegration is underscored by a dramatic reduction in short-term and long-term recidivism. Specifically, enrolled participants were nearly **three times less likely to be convicted of a new crime within one year of successful completion and remained nearly two times less likely to recidivate at the three-year mark** compared to those who were referred but never enrolled in DTC.

Table 1. Key Study Findings

Observation	Highlights of Findings	Report Section
Program Success Rate	This study found that 82% of individuals enrolled in a drug treatment court program did not have any offense resulting in a conviction during or after their program involvement. This is an 18% recidivism rate.	Evaluation Question #2
Impact of Program Enrollment	Participants enrolled in a drug treatment court program were nearly three times less likely to be convicted of a subsequent crime within 1 year of program completion compared to those who were referred to a program but did not enroll: 2.5% vs 6.1%.	Evaluation Question #3
Long-term Benefits	The aforementioned positive trend continues 3 years post-involvement, with enrolled individuals nearly two times less likely to recidivate than their non-enrolled counterparts: 4.9% vs 8.4%.	Evaluation Question #4
Program Dosage	There was no statistically significant relationship between the length of time in the program (program dosage) and conviction rates. While the lowest conviction rate (16%) was seen in those who were involved in a drug treatment court between 1 and 2 years, staying longer than two years did not further reduce the likelihood of conviction.	Evaluation Question #5
Program Participants	The drug treatment court population is primarily White (92%) and between the ages 25 and 34 (53%). The data revealed that Hispanic individuals and those between the ages 19 and 25 years completed the program at significantly lower rates than other demographics, indicating a need for more tailored support.	Evaluation Question #1
Participant Offense and Charge Profiles	Drug treatment court participants were significantly more likely to have been convicted of Theft and Acts Prohibited charges, highlighting a population whose criminal activity is heavily driven by charges typically related to drug-seeking behaviors. Notably, the study observed that individuals with high criminogenic needs, such as those with histories of probation violations and property crimes, were more frequently successfully diverted into drug treatment court.	Evaluation Question #3 Evaluation Question #2

Observed Disparities

Enrollment Gaps
Black or African American referrals were enrolled at a significantly lower rate (59.3%) than White (73.5%) or Multi-Racial (73.7%) referrals

Completion Challenges
Hispanic/Latino(a) participants completed the program at a significantly lower rate (26.5%) than non-Hispanic participants (44.0%)

Age Discrepancies
Referrals 46 years of age or older were enrolled at the lowest rate (56.7%) among age groups

Analysis of the participant population reveals a profile distinct from the general incarcerated population, characterized primarily by "crimes of acquisition" driven by substance use disorders. **Drug court participants were significantly more likely to have convictions for theft and drug-related acts prohibited charges** but were markedly less likely to have histories involving violent or domestic abuse-related offenses. Furthermore, while the duration of program enrollment did not show a statistically significant relationship with subsequent conviction rates, the data suggests a stabilization window for efficacy between 13 and 24 months, where participants demonstrated the lowest re-conviction rate of 16%.

Despite these successes, the evaluation uncovered critical **demographic disparities in program access and completion** that require strategic attention. Black or African American individuals and those aged 46 or older were enrolled at significantly lower rates following referral compared to their counterparts. Additionally, Hispanic or Latino(a) participants completed the program at a statistically lower rate—26.5% compared to 44% for non-Hispanic participants—indicating a need for more tailored, culturally specific support.

To build on these findings and improve program delivery, the report recommends standardizing data collection through a unique state-wide primary key to bridge existing information silos between judicial, prosecution, and corrections records. By addressing enrollment inequities and optimizing program dosage, New Hampshire's DTC is positioned to make its high reintegration rates the consistent standard for all participants across the state.

Strategic Recommendations

Address Racial & Ethnic Inequities
Analyze why enrollment rates differ significantly for various racial and ethnic groups and tailor culturally-appropriate retention strategies.

Optimize Program "Dosage"
Align program phases to maximize the efficacy found in the 13 to 24 month stabilization window, and develop enhanced services for those in the "early risk" phase (7 to 12 months).

Bridge Information Silos
Establish a single unique identifier to eliminate the need for manual and timely data matching and to enable real-time impact monitoring.

New Hampshire's Drug Treatment Court programs are highly effective at breaking the revolving door of the justice system. By addressing identified demographic disparities, stabilizing dosage windows, and modernizing data integration, the state can ensure that the 82% successful reintegration rate becomes the minimum standard for all participants statewide.

Why Study Recidivism?

Re•cid•i•vism
(noun)

1. A tendency to relapse into a previous condition or mode of behavior. *(Merriam-Webster)*
2. The tendency of a convicted criminal to reoffend. *(Oxford English Dictionary)*

How the NH Statewide Drug Court Program (DCP) Defines Recidivism:

A person who completed the drug treatment court program, reoffended, and, following program completion or discharge, had a subsequent conviction -- analyzed as 1- and 3-year rates.

Purpose/Current Context

It is widely understood that a majority of individuals going through New Hampshire's criminal justice system have experienced substance use disorder (SUD), mental illness, or co-occurring disorders. Historically, a lack of standardized screening has exacerbated the state's 'revolving door' of recidivism, leaving underlying pathology unaddressed. This systemic gap fails to mitigate 'criminogenic risk' and the specific factors that drive an individual to offend.

The Drug Treatment Court (DTC) model, implemented nationwide, is an evidence-based intervention designed to break this cycle. Based on the Risk-Needs-Responsivity (RNR) framework, DTCs divert high-risk/high-need individuals from traditional incarceration into a rigorous, multi-phase program. Unlike the adversarial nature of traditional litigation, the DTC model utilizes a non-adversarial, multidisciplinary team—including judges, prosecutors, defense counsel, and treatment providers—to monitor progress through frequent drug testing and judicial status hearings.

By utilizing a system of graduated sanctions and incentives, DTCs aim to foster long-term behavioral change rather than mere short-term compliance.

This evaluation seeks to determine if this collaborative, health-centered approach effectively reduces recidivism and fosters successful community reintegration within New Hampshire's ten jurisdictional Treatment Drug Courts.

Defining and Measuring Recidivism

Definitions of recidivism vary greatly and can be interpreted as broadly as a tendency to re-engage in any criminal activity, multiple arrests, subsequent convictions, or imprisonments.

The question is whether engagement in any activity that results in a law enforcement response, regardless of the circumstances, should be considered recidivism even if it is a violation-level offense or an arrest that did not result in further legal proceedings. Another measure of recidivism that is cited in several studies is a subsequent return to jail or prison.

The Complexity of the Definition

Recidivism is a multifaceted metric with no universal definition.

Recidivism, in criminal justice research, is defined in various ways, from broad law enforcement contact or arrest to specific reconviction or reincarceration. A key methodological challenge is deciding whether to include "violation-level" offenses or arrests that do not result in legal proceedings, or if the measure should only encompass a return to a correctional facility.

The specific definition of recidivism used—rearrest-recidivism, reconviction-recidivism, or reincarceration-recidivism—significantly impacts the findings. For instance, data from the U.S. Department of Justice, Bureau of Justice Statistics shows substantial differences (Figure 1). Among state prisoners released in 2012, 23% had a new conviction within 12 months, but this figure dropped to just under 20% for those who were re-incarcerated.

Figure 1. Cumulative percent of state prisoners released in 2012 who had a new conviction or returned to prison after release (by year following release).

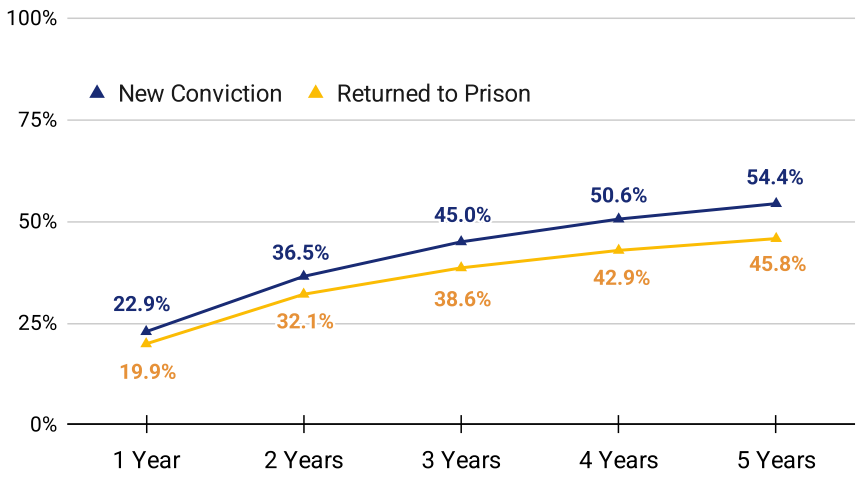
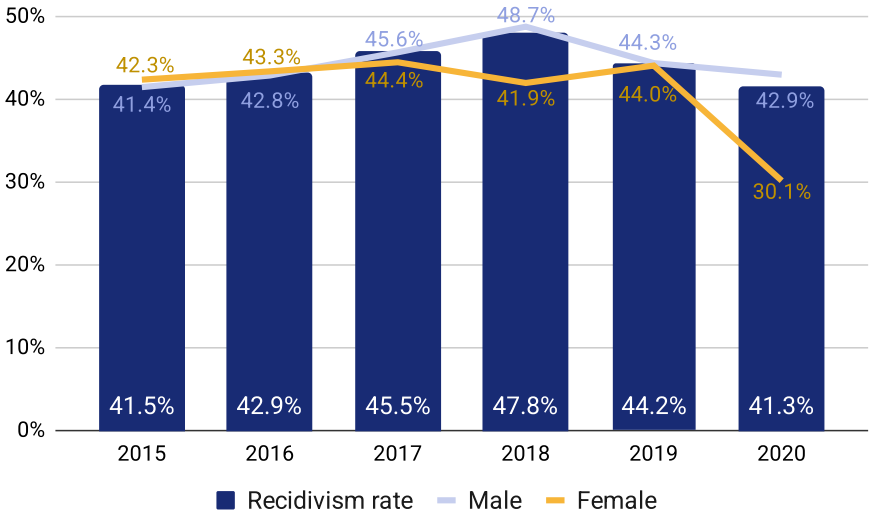


Figure 2. NHDOC Recidivism Trending, 5-Year Review (Total and by Gender)



The divergence becomes more pronounced over a five-year period, with 54% receiving a new conviction compared to just under 46% returning to prison.[1]

The NH Department of Corrections (NHDOC) interprets recidivism as being when an individual, after being released from a NHDOC facility or supervision, returns to a NHDOC facility within 36 months of their initial release date. Additionally, the NHDOC tracks 12- and 24-month rates of recidivism for each cohort (grouped by those released each calendar year). Figure 2 shows the 3-year recidivism trends in NH over a 5-year period, from 2015 to 2020, for the state as a whole as well as state-wide by gender.

According to a 2024 study by The Bureau of Justice Assistance (BJA), the Justice Center's Council of State Governments, and the National Reentry Resource Center, from 2008 (the earliest year that recidivism data was collected) to 2018, NH's 3-year recidivism rate increased by 11%, from 43% to 48%. Positively, 2018 was when the state's recidivism rate peaked, showing consistent decreases in 2019 and 2020.

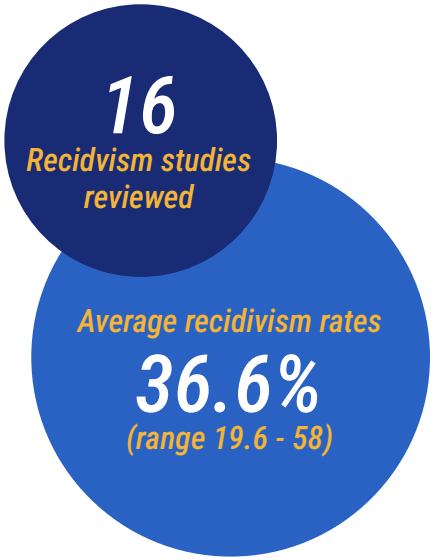
In 2021, the NH Judicial Branch (NHJB) Statewide Drug Court Program (DCP) sought to determine factors that contribute to, or hinder, the success of program completers in the DTC program to remain conviction-free in the community and continue their recovery in a sustained manner.

JSI Research & Training Institute, Inc. (JSI), a subrecipient of a BJA enhancement grant along with the NHJB, conducted a 1- and 3-year recidivism study to assess the role DTC plays in lowering recidivism rates among individuals who participate in a drug treatment court program. For this evaluation, the team defined recidivism as a person who completed the drug treatment court program, reoffended, and received a subsequent conviction within 1- and 3-years from completion/discharge.[3] We conducted a secondary analysis to determine if any treatment court contact, regardless of completion status, has an effect on subsequent convictions while still enrolled or after discharge from the treatment court.

This evaluation of recidivism correlates with the DTC adherence to monitoring fidelity to the national adult drug treatment court model, implementation of Best Practice Standards, and employing scientifically valid and reliable procedures to evaluate effectiveness. The premise is that a DTC operating with high fidelity to the national model will facilitate more successful community reintegration and lower rates of reconviction.

[1] *NH Department of Corrections Recidivism Study (2020)* https://www.corrections.nh.gov/sites/g/files/ehbemt536/files/documents/nhdoc-2020-recidivism-report_0.pdf
[2] *50 States, 1 Goal: Examining State—Level Recidivism Trends in the Second Chance Act Era.* https://csgjusticecenter.org/wp-content/uploads/2024/04/50-States-1-Goal_For-PDF_with508report.pdf
[3] *It should be noted that measuring recidivism based on convictions, rather than new arrests, would result in lower thresholds. "Because not all arrests result in a conviction, recidivism rates based on this measure are lower than those based on a new arrest." U.S. Department of Justice Office of Justice Programs Bureau of Justice Statistics. Special Report "Recidivism of Prisoners Released in 24 States in 2008: A 10-Year Follow-Up Period (2008–2018)". Leonardo Antenangeli, Ph.D., and Matthew R. Durose, BJS Statisticians*

Formative Research & Literature Review



The evaluation team conducted a literature review to inform the study design. The review included 16 studies; the team examined these studies to identify key research with respect to study elements and approaches that lead to the most rigorous evaluations of drug courts in terms of recidivism. For both ethical and cost considerations, the vast majority of studies evaluating drug courts have used a quasi-experimental study design compared to a randomized controlled study design.Table 2 on the next page provides a sampling of studies reviewed and their respective recidivism rates.

A key challenge in evaluating drug courts using a quasi-experimental design is minimizing selection bias when defining a comparison group. This was a significant point of discussion among the study authors, as meta-analyses indicate that the more closely matched the drug court and non-drug court cohorts are, the smaller the observed reduction in recidivism. Therefore, the evaluation team gave careful consideration to the definition of the comparator group for this study of the state's DTC recidivism. The goal was to conduct an evaluation that most accurately reflects the "true" reduction in recidivism associated with participating in drug treatment court versus not participating.

Furthermore, the team determined that an "intent-to-treat" design, which includes all individuals referred to a DTC, provides the most robust evaluation method in the context of high program attrition. This approach helps avoid the potential attrition bias associated with evaluating only program completers or graduates.

In addition to study design, comparison group selection, and how to manage attrition, the literature review informed the definition of recidivism described above. Studies had various definitions, including any subsequent arrest, conviction, or incarceration. The rationale for selection of sentencing data requiring a finding of guilt (conviction) was that it reflects a relatively large investment of justice system resources. Arrest rates may be subject to differences in policing approaches and include violation-level offenses that could be dismissed or would not result in a conviction.

The literature review informed the following recommendations:

- Create the test group: use the universe of DTC within a defined period of time.
- Create the comparison group: start with individuals who were eligible for drug treatment court during the same
  time period defined for the test group, but were not referred to drug treatment court (meaning they were eligible but did not participate and they did not personally opt out of drug court).
- Define the follow-up period: Start the follow-up period after the drug treatment court completion time period (whether the participants completed the drug treatment court or not) and follow the participants and the comparator group for 2-3 years.
- Address drug treatment court attrition: Use an intent-to-treat approach to reduce attrition bias in the analysis. Sub-analyses could be conducted by time spent in drug court if the sample size is large enough.
- Meaningful outcome measures and analyses: Use recidivism measures that will be most meaningful for NH and that are available consistently in the dataset to be used for the evaluation since many different types of recidivism measures have been used and accepted in the drug court evaluation literature.

- Test versus comparison group analyses: use both t-test and chi-square methods and consider using a difference of differences method if the data can support it.
- Factors affecting recidivism: Use multiple regression techniques to identify factors associated with higher and lower levels of recidivism in both the test and comparator groups if the dataset to be used for this analysis can support it.

Further details about the evaluation design and methods can be found toward the end of this report. Following is a description of the study population and a presentation of results that address the five evaluation questions.

Table 2. Researched Recidvism Study Designs and Rates

Location	Year	Population/Approach*	Recidivism Rate
Vancouver, BC	2012	Drug court participants from 2001 through 2008, measured 2 years post discharge	28%
Kentucky	2018	Drug court participants, any arrest, conviction, or incarceration in the 2-year post program period	37%
Meta analysis of 92 adult drug court studies	2012	Nearly half of studies tracked recidivism for a maximum of 12 months or less	38%
Meta analysis across 103 drug courts	2012	Recidivism was defined as any subsequent arrest	Reduced recidivism by 8.4%
Multnomah County, Oregon	2007	Recidivism defined as rearrests for participants within a minimum 5-year follow up period was compared with non-drug court participants using the same definition.	Incidence of re-arrest was reduced by nearly 30%
Meta analysis across 76 distinct drug courts	2011	Meta analytical review using a comparison group; included both adult and juvenile drug courts. Studies were not assessed beyond 12 months post-drug court.	45.5%
Idaho	2009	Enrolled participants compared to eligible individuals on probation. Recidivism defined as any new charge submitted to the court within 2-3 years from intake.	26%
Medium-sized Suburban City in the US Midwest	2017	Recidivism defined as any misdemeanor or felony offense that resulted in a conviction in District or Circuit Court within a 5-year period post-discharge.	24-month rate: 19.4% 60-month rate: 40.3%
Dane County, Wisconsin	2011	A case-cohort study design, recidivism defined as an offense commission subsequent to the index offense which resulted in a conviction within a 3-year follow up period.	30%

**NOTE: Most studies based recidivism rates on rearrests and follow-up periods ranged from 12 to 60 months.*

Evaluation Findings

Study Population

The study examined 599 DTC treatment episodes occurring between 2018 and 2023 at the selected drug treatment courts. These episodes cover all statuses, including individuals who were referred, denied, terminated, suspended, graduated, or active. It is important to note that some individuals had multiple treatment episodes during the study period; specifically, 29 individuals had two episodes, and one individual had three episodes.

Evaluation Question #1: Does the Drug Treatment Court Population Differ Significantly from the General Population of Individuals Convicted?

Study Demographics

The analysis of study demographics focused on three populations: the Drug Treatment Court (DTC) participants, the Non-Drug Court (NDTC) population, and the overall Jail population (which includes both DTC and NDTC cohorts). Demographic variables collected and analyzed included age, gender at birth, and race.

Figure 3. Study Population Race Identity

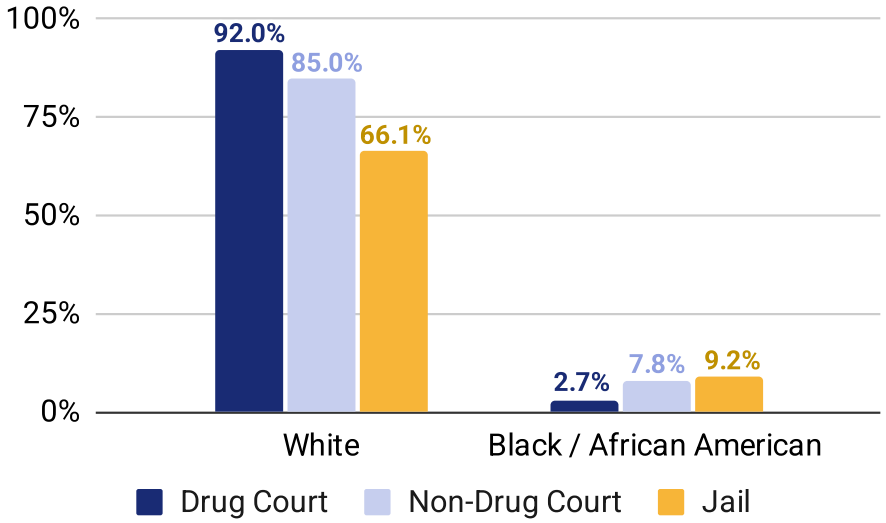


Table 3. Gender and Race Demographics of the Drug Court (Dc), Non-Drug Court (Ndc), and Jail Populations

Population & Source		Karpel, 2019-2023 DTC	Karpel, 2019-2023 NDTC	HOC, 2018-2020 Jail
Gender at Birth	Male	76.2%	74.2%	75.0%*
	Female	22.2%	22.3%	21.1%
Race & Ethnicity	White	92.0%	85%	66.1%**
	Black	2.7%	7.8%	9.2%
	Asian/Pacific Islander	1.6%	<1%	0.6%
	Hispanic or Latino(a)	***	<1%	22.8%**

** At least 10% of this data is reported as unknown/unspecified; the percentage of those whose gender at birth was Male is higher than what is shown.*
*** One county included in analysis provided Hispanic as a Race option, the others break it out into a separate demographic category (Ethnicity). The percentage of those who selected Hispanic/Latino(a) is likely less than what is shown.*
**** Suppressed to protect individual identity.*

The DTC Population is

34 x

more likely to identify as White than Black

Women represent

22%

of the incarcerated population

The DC population is

15x

more likely to be between the ages of 25 and 34 years than the NDC population

Cells highlighted in the accompanying tables indicate key findings that are discussed further in subsequent sections.

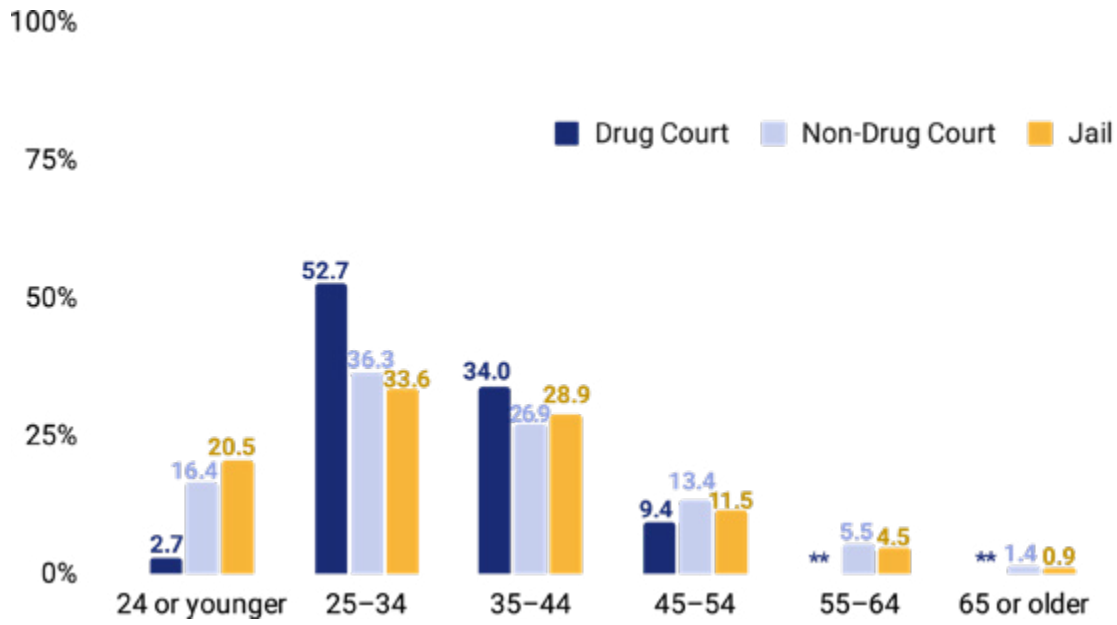
The DTC population's demographics are largely comparable to the NDTC and general jail populations, with gender distribution being notably similar across all three groups. However, as seen in Table and Figure 3 below, significant differences were observed in the race and ethnicity categories.

The DTC population is disproportionately White, at 92%, compared to 85% of the NDTC population and 66.1% of the overall jail population. Conversely, there is a lower percentage of Black participants in the DTC program (2.7%) compared to the NDTC population (just under 8%) and the jail population (over 9%).

The three populations show considerable differences in age distributions. Over half of the DTC participants (52.7%) are between 25 and 34 years old, a proportion much higher than the NDTC population (36.3%) and the jail population (33.6%). Similarly, the DTC population has a larger proportion of individuals ages 35 through 44 (34.0%) compared to both the NDTC (26.9%) and jail (28.9%) populations (Figure 4).

Proportionally, drug treatment court participants are older than the general incarcerated population.

Figure 4. Study Population by Age



*** Suppressed to protect individual identity.*

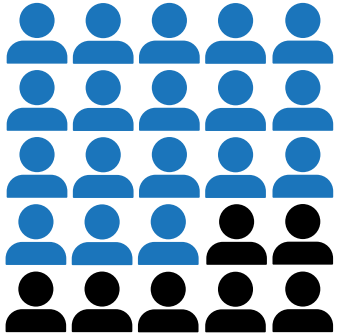
Despite these differences suggesting the DC population is younger overall, the smallest age group (24 years of age or younger) makes up less than 3% of DC participants. This is significantly lower than the proportion of this youngest age group among NDC (16%) and the jail population (21%).

Evaluation Question #2: Are There Demographic Differences in Drug Treatment Court Enrollment, Successful Completion, or Subsequent Offense(s) that Resulted in a Conviction?

The evaluation addressed the first question by analyzing three distinct groups: participants enrolled in drug court, individuals eligible but not enrolled, and the overall jail population. Furthermore, a demographic analysis of drug treatment court referrals and enrollments was conducted to identify significant differences across the following subgroups:

- **Enrolled vs. Unenrolled:** Those accepted into the program compared to those denied or referred elsewhere.
- **Program Outcome:** Among enrolled participants, those who successfully completed the program versus those who were terminated or suspended.
- **Recidivism:** Individuals who had any offense resulting in a conviction during or after drug treatment court involvement versus those without such an offense between 2019 and 2023.

High Rate of Enrollment



72% **of those referred to a NH drug court enrolled in a program**

Demographic Differences in Enrolled vs Unenrolled

Analysis of the demographics of individuals enrolled in the drug treatment court program revealed several statistically significant differences from the pool of referred individuals. Of all individuals referred to a drug treatment court program, 72% enrolled.

Table 4. Percent Enrolled in Drug Treatment Court Programs among those Referred by Demographic Category

Race		Age*	
White	73.5%	**19-25**	79.2%
Black/African American	59.3%*	**26-35**	78.4%
Multiple Races	73.7%	**36-45**	63.1%
Other	76.5%	**46 years or older**	56.7%*
Ethnicity		**Gender**	
Hispanic/Latino(a)	71.7%	**Female**	77.6%
Not Hispanic/Latino(a)	74.5%	**Male**	70.0%

** ($p<0.05$)*
Note: 'Other' Race includes American Indian/Alaska Native, Asian, and Hispanic (when not separated out by Ethnicity).

Specifically, Black or African American individuals were enrolled at a significantly lower rate ($p<0.05$) compared to White or multi-Racial individuals who were referred. Enrollment was also statistically significantly lower ($p<0.05$) for individuals 46 years of age or older when compared to all other age groups (Table 4). Additionally, males were enrolled at a slightly lower rate than females.

Demographic Differences in Successful Completion

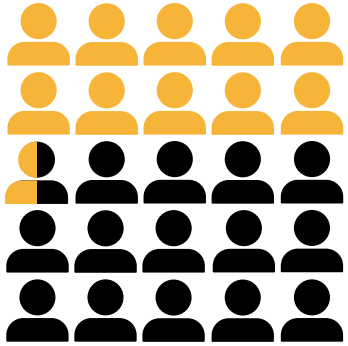
The analysis of a drug treatment court program cohort (n=354[+]) examined successful completion rates (status of 'graduated') versus unsuccessful completion rates (status of 'terminated' or 'suspended'), broken down by demographic groups.

Overall, **42.4% of all enrolled participants successfully completed the drug treatment court program** (regardless of program dosage/duration) during the study years of 2018-2023.[++]

Key Findings on Successful Program Completion by Demographics (Table 5):

- **Age:** The 26–34 age group had the highest successful completion rate across all demographic categories, and they also had a high enrollment rate (78.4%). Conversely, the 19–25 age group had the lowest completion rate (27.0%), a statistically significant finding ($p<0.05$).
- **Race:** Participants identifying as multiple races achieved the highest successful completion rate. Black participants had a slightly higher completion rate (46.0%) than White participants (43.0%). This is notable because Black individuals had the lowest enrollment rate (59%) among referrals, while White participants had a much higher enrollment rate (nearly three-quarters of referrals) but a lower completion rate.

Moderate Completion Rate



42%
of enrolled particpants successfully completed a drug court program

Table 5. Percent Successfully Completed Drug Treatment Court Programs among those Enrolled by Demographic Category

Race	% Enrolled	% Completed	Age	% Enrolled	% Completed
White	73.5%	43.0%	**19-25**	79.2%	27.0%
Black/African American	59.3%*	46.0%	**26-35**	78.4%	51.0%
Multiple Races	73.7%	54.5%	**36-45**	63.1%	33.0%
Other	76.5%	**	**46 years or older**	56.7%*	38.5%
Ethnicity	% Enrolled	% Completed	Gender	% Enrolled	% Completed
Hispanic/Latino(a)	71.7%	26.5%*	**Female**	77.6%	49.0%
Not Hispanic/Latino(a)	74.5%	44.0%	**Male**	70.0%	40.0%

** (p<0.05)*
*** Suppressed*
Note: 'Other' Race includes American Indian/Alaska Native, Asian, and Hispanic (when not separated out by Ethnicity)

+This analysis includes all individuals referred and enrolled (499) and excluded 73 active cases for a denominator of 345.

++ The calculation of successful completion is based on a 5-year average from 2018-2023).

- **Gender:** Female enrollees successfully completed the program at a higher rate than male enrollees, which aligns with the gender enrollment rates among those referred.
- **Ethnicity:** Hispanic or Latino(a) participants completed the program at a significantly lower rate (26.5%) than non-Hispanic participants (44.0%), both of which were statistically significant ($p<0.05$).

Offense During or After Drug Treatment Court Versus No Offense

This specific analysis, a subset of evaluation question #2, focused on the conviction rates of individuals involved in a drug treatment court (DC) program between 2018 and 2023 (status of active, graduated, terminated,
or suspended).

Key Findings on Convictions During or After DC Involvement (Table 6):

- **Overall Conviction Rate:** 18.0% of participants had at least one conviction during or after their involvement with the DC program.
- **Race:** Participants identifying as Black or African American had the lowest conviction rate (7.4%) among racial categories. All other racial categories had rates of 15% or higher.
- **Age:** Younger participants (aged 19–25) had the highest likelihood of conviction at 20.8%. Conversely, participants 46 years or older had the lowest rate, with only 5% having a conviction during or after DC involvement.
- **Gender and Ethnicity:** Female participants had a higher conviction rate than male participants, and those identifying as Hispanic or Latino(a) also had higher rates compared to their counterparts.

Enrolled individuals who identify as Black are *half as likely to have a conviction* during or following their DCP involvement as their White or Multi Racial peers.

Table 6. Percent with a Conviction While In or After DC Involvement by Demographic Categories (n=599)

Race		Age*	
White	15.0%	**19-25**	20.8%
Black/African American	7.4%	**26-35**	14.3%
Multiple Races	15.8%	**36-45**	17.2%
Other	23.5%	**46 years or older**	5.0%
Ethnicity		**Gender**	
Hispanic/Latino(a)	18.2%	**Female**	17.9%
Not Hispanic/Latino(a)	14.5%	**Male**	13.8%

** ($p<0.05$)*
Note: 'Other' Race includes American Indian/Alaska Native, Asian, and Hispanic (when not separated out by Ethnicity).

Charge Categories: Drug and Non-Drug Related

The odds of having a drug-related charge is 58% higher among DTC participants compared to the non-DTC population

Individuals enrolled in drug treatment court were found to be significantly more likely to have a record of at least one drug-related charge compared to those who were not enrolled. Table 7 below outlines charges for each population, both drug-related and non-drug related charges. These percentages will add up to more than 100%, as an individual can have more than one charge.

There is a statistically significant relationship between drug treatment court enrollment and a record of having at least one drug-related charge: the odds of having a drug-related charge are 58% higher for drug treatment court participants.

Table 7. Drug vs. Non-Drug Charges by Demographic Categories (n=599)

Population	Drug Court (n=374)		Non-Drug Court (n=4,708)	
Charge	# of individuals with at least one charge*	# of charges	# of individuals with at least one charge*	# of charges
All Drug Related Charges	297 (79%)	587 (31%)	2,338 (26%)	5,452 (26%)
All Non-Drug Related Charges	265 (71%)	1,283 (69%)	3,929 (84%)	15,244 (74%)

** Percentages will add up to >100% as an individual can have more than one charge.*

Participants in DTC tend to have a higher concentration of drug-related charges. Despite this, a comparison of the overall distribution of charges (drug-related versus non-drug-related) between the two groups, as detailed in Table 7, reveals no statistically significant difference.

The drug treatment court and non-drug court groups were found to be comparable, as there was no significant difference in the average total number of charges or the average number of unique charges between the individuals in each group (Table 8).

Table 8. Average Number of Charges

	Drug Court	Non-Drug Court
Average number of total charges per individual	***5.0***	***4.4***
Range	*1-22*	*1-84*
Average number of unique charges per individual	***2.8***	***2.6***
Range	*1-13*	*1-13*

Most Frequent Convicted Charges

The convicted charges significantly differ between individuals involved in drug treatment court and those who are not. Table 9 illustrates the most frequent convicted charges, ranked by prevalence, separated by drug treatment court participation.

Charges related to Acts Prohibited and Theft are markedly more prevalent among drug treatment court participants. Specifically, these charges occur 35% and 70% more often, respectively, for the drug treatment court population compared to the non-drug court population. Furthermore, the average number of convicted theft charges per individual is substantially higher for drug treatment court participants, showing a 72% increase compared to non-drug court individuals.

Charges related to Acts Prohibited & Theft are more common among DC participants.

Violent crimes and charges related to Domestic Violence are more prevalent among NDC participants.

Table 9. Charges with the Greatest Frequency by Population

Population	Drug Court (n=374)		Non-Drug Court (n=4,708)	
Charge	# of individuals with at least one charge*	# of charges per individual	# of individuals with at least one charge*	# of charges per individual
Acts Prohibited**	216 (58%)	2.6	2,020 (43%)	2.2
Theft	147 (39%)	3.1	1,103 (23%)	1.8
Unauthorized Entries *(i.e. Burglary, Criminal Trespass)*	62 (17%)	1.7	433 (9%)	1.4
Obstructing Govt Operations *(i.e. Bail Jumping, Resisting Arrest)*	47 (13%)	1.4	503 (11%)	1.3
Probationers and Parolees	44 (12%)	2.4	283 (6%)	1.4
Falsification in Official Matters *(i.e. Falsification of Evidence, Perjury, Witness Tampering)*	29 (8%)	1.2	315 (7%)	1.2
Destruction of Property	27 (8%)	1.3	528 (11%)	1.4
Habitual Offenders***	25 (7%)	1.4	437 (9%)	1.4

** Percentages will add up to >100% as an individual can have more than one charge.*
*** Drug-related charges*
**** Habitual Offenders is a Section within Chapter 262: Antitheft Laws, Offenses, Penalties, Habitual Offenders, Arrest of Non Residents, and Abandoned Vehicles. These are largely vehicle-related violations and charges.*

Violations of Probation and Parole occur twice as frequently (100% greater frequency) among the drug treatment court population. The average number of these violations per individual is also 71% higher for drug treatment court participants than for non-drug court individuals.

While table 9 is ranked by top convicted charges for drug treatment court participants, not included are several of the top charges for the non-drug court population. Notably, these include:

- **Domestic Violence** is the third highest convicted charge for the non-drug court population. It has a higher average number of charges per individual than the top charge of Acts Prohibited– 2.3 vs 2.2, respectively.
- **Interference with Freedom** is the sixth highest convicted charge for the non-drug court population. These charges include stalking, kidnapping, trafficking, and related domestic violence charges. Interference with Freedom charges are not within the top 10 charges for drug-court participants.
- **Violent crimes** in general are more prevalent among the non-drug court population. Of this population, 8% have been convicted of at least one Second Degree Assault charge and 8% have been convicted of at least one Criminal Threatening charge.

Key or "Enriched" Charges with Higher Representation in DC Participants

DC participants are most likely to have engaged in "crimes of acquisition," which are indicative of drug-seeking behavior.

These include charges categorized as Theft and Unathorized Entries, as well as drug-related charges like Acts Prohibited.

The following analysis focuses on the distinct criminal charge categories that are significantly more prevalent among drug treatment court participants compared to the general non-drug court population. These are the "enriched" charges, which most accurately define the typical offense profile of a person in a drug treatment court program.

Table 10 provides three key statistical measures to validate these observed differences are not due to chance:

1. Percentage Comparison ("Number of individuals with at least one charge"): Shows the raw difference in the frequency of each charge category.
2. Chi-Squared p-value: Indicates the level of statistical significance. A p-value below the 0.05 threshold suggests that the association between the charge type and the drug treatment court population is highly unlikely to be random. All values in this study are well below 0.05, confirming that the disparity is highly likely to be genuine.
3. Chi-Squared Residual: Measures the difference between the observed and expected counts. A high positive residual (e.g., 6.91 for Theft) signifies a much stronger presence in the drug treatment court group than in the non-drug court group, allowing us to identify the most significant or "enriched" contributing offense.

The criminal charges most characteristic of the drug treatment court population predominantly fall into categories related to economic crimes, direct drug and regulatory violations, and non-compliance with the legal system—offenses often linked to drug-seeking behaviors.

The highest disparities are seen in Theft and Unauthorized Entries, which suggests that a considerable proportion of drug treatment court participants engage in property crimes, often described as "crimes of acquisition." Although the total number of incidents is smaller, charges related to Pharmacist and Pharmacies are also significantly higher in the drug treatment court group. Furthermore, the elevated number of charges for failing to comply with court orders or supervision suggests that participants often have a history of non-compliance, which likely accounts for their diversion into the more intensive monitoring provided by a drug treatment court.

Drug treatment court participants were *significantly less likely* than the non-drug court population to have been charged with violent or domestic abuse-related offenses.

Drug treatment court participants were significantly less likely than the non-drug court population to have been charged with violent or domestic abuse-related offenses, reflecting observations from previous analysis.

Specifically, the least frequent charge among participants was Domestic Violence, with a Chi-squared p-value of less than .001. This highly significant result confirms that the difference in the frequency of this charge between the populations is highly unlikely to be due to random chance. Overall, violent crimes, including domestic violence, criminal threatening, and sexual assault-related offenses, were extremely infrequent in the drug treatment court population compared to the non-drug court population.

Table 10. Charges Most Represented Among the Drug Court Population Compared to the Non-Drug Court Population

Charge Category	# of individuals with at least one charge		Residual for drug court individuals
	Drug Court	Non-Drug Court	
Theft+	147 (39%)	1,103 (23%)	6.91
Probationers and Parolees+	44 (12%)	223 (5%)	6.17
Acts Prohibited*++	216 (58%)	2,020 (43%)	5.41
Unauthorized Entries+	62 (17%)	433 (9%)	5.01
Bails and Recognizances+	18 (5%)	83 (2%)	4.32
Pharmacists and Pharmacies*++	17 (5%)	118 (2.5%)	2.65
Obedience to and Effect of Traffic Laws++	24 (6%)	188 (4%)	2.60

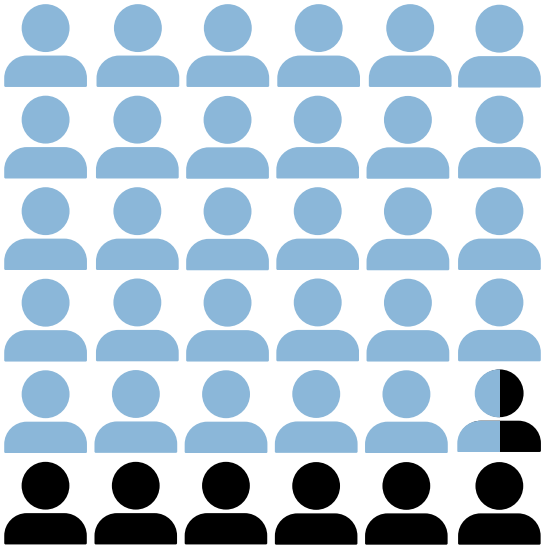
** Drug-related charges.*
+ Statistically significant difference ($p<0.0001$)
++ Statistically significant difference ($p<0.01$)

Recidivism Findings

Drug court participants have an

82%

successful reintegration rate



18%

had a conviction subsequent to enrollment

Evaluation Question #3: Is There a Relationship Between the Length of Time in the Drug Treatment Court Program and Having Any Offense that Resulted in a Conviction, Whether During or After Drug Court Involvement?

All drug court enrollments from 2018 to 2023 were included in this study question (n=427), and offenses were examined if they occurred between 2018 and 2023 and resulted in a conviction. This includes all enrollments within that five year period, regardless of their completion status.

Enrollment was split into three different groups based on length of time enrolled from admission to last status update (note: this includes 35 active cases at the time of the study).

1. Enrolled for 7 – 12 months
2. Enrolled for 13 – 24 months
3. Enrolled for more than 24 months

Table 11 presents the outcomes of this analysis, which excludes 372 individuals enrolled in a program for six months or less. Of the remaining participants, 14% were enrolled for 7–12 months, 42% for 13–24 months, and 44% for more than two years.

Table 11. Dosage & Subsequent Convictions (During or After Involvement) Among DC Enrollments

Length of Enrollment*	% n	% with conviction
7 – 12 months	14%	21%
13 – 24 months	42%	16%
> 24 months	44%	22%
Ever enrolled from 2018 to 2023	***100%***	***18%***

** based on length of time from admission to last status update for those enrolled for more than 6 months (n=372; includes 35 active cases)*

We observed a U-shaped trend in convictions during or after program involvement across these groups, though the relationship between length of enrollment and convictions was not statistically significant ($\chi 2(2, N=372) = 1.95, p=0.38$). However, examining these raw fluctuations offers valuable program evaluation insights:

- **7 – 12 months (21% Conviction Rate):** The "Early Risk" Phase. This relatively high rate may indicate individuals struggling to stabilize in their first year, possibly committing "crimes of acquisition" or "survival-based" offenses (e.g., Theft or Unauthorized Entry).

- **13 – 24 months (16% Conviction Rate):** The "Stabilization" Window. This lowest rate suggests a potential 'sweet spot' for program efficacy. Participants in this period have typically completed core treatment and established new routines but have not yet experienced treatment or program fatigue.
- **Longer than 24 months (22% Conviction Rate):** The "High-Risk/High-Need" Paradox. The highest rate may reflect a population with a higher baseline risk and need. A lengthy enrollment often indicates difficulty in graduating, potentially due to relapses or minor new offenses. Therefore, a higher conviction rate in this group may be a reflection of their underlying risk rather than a program failure.

Table 12. Relationship Between Duration of DC Enrollment and Recidivism

Group	p-value	Details
Split enrollment periods (n = 372)	0.380	This test looked at individuals enrolled for more than 6 months.
All individuals enrolled (n = 427)	0.140	This test included everyone ever enrolled.

Individuals enrolled in a DC were nearly 3x less likely to recidivate within 1-year of when their program involvement ends

compared to those who were denied or refused enrollment.

When including all n=427 individuals of the wider dataset who have ever been enrolled (including those enrolled for 6 months or less), regardless of their completion status, **82% did not have an offense that resulted in a conviction at any time during or after their involvement.**

The analysis, using a chi-square test of independence, investigated the relationship between the duration of drug court enrollment and the occurrence of any offense during or after participation. The results showed no statistically significant relationship ($\chi 2$ (3, N = 427) = 5.478, p=0.140). Despite the program's generally high rate of "no-conviction," these findings indicate that **a longer enrollment time, or increased program "dosage," does not directly result in a lower risk of recidivism.**

Evaluation Question #4: Is There a Relationship Between Being Enrolled in the Drug Treatment Court Program and Having Any Offense that Resulted in a Conviction Within One Year Following Drug Court Involvement?

The study focused on drug court involvement episodes between 2018 and 2022 to assess subsequent offenses resulting in a conviction through 2023 (n=490).

Key findings show that **7.4% of all treatment episodes were followed by an offense**. Notably, 3.7% of these offenses occurred within one year of the drug court involvement ending.

A chi-square test was conducted to compare recidivism outcomes for individuals enrolled versus unenrolled (denied or referred) in the drug treatment court program. **This analysis revealed a statistically significant relationship between program enrollment status and subsequent conviction**, $\chi 2$ (1, N = 490) = 4.01, p=0.05.

2.5%
Of those enrolled had an offense resulting in a conviction within 1 year of their drug court involvement.

6.1%
Of the non-enrolled had an offense resulting in a conviction within 1 year following their refusal or denial.

Those enrolled in the drug treatment court program were less likely to have an offense resulting in a conviction within 1-year of their drug court involvement compared to those who were denied or referred – 2.5% versus 6.1%, respectively. Meaning, any involvement in drug court leads to statistically lower rates of recidivism than those who are eligible and referred, but never become involved. Small sample sizes did not allow for statistical testing of the relation between those who successfully completed the drug treatment court program and those who were terminated or suspended.

Evaluation Question #5: Is There a Relationship Between Being Enrolled in the Drug Treatment Court Program and Having Any Offense that Resulted in a Conviction Within Three Years Following Drug Court Involvement?

We limited the study group to individual treatment episodes that were involved with the drug court from 2018 to 2020 (n=206) and examined offenses that resulted in a conviction from 2021 to 2023.

Overall, **11.7% of treatment episodes resulted in an offense after their drug court involvement and 6.3% were within 3 years**.

4.9%
Of those enrolled had an offense resulting in a conviction within 3 years of their drug court involvement.

8.4%
Of the non-enrolled had an offense resulting in a conviction within 3 years following their refusal or denial.

A chi-square test of independence was performed to examine the relationship between those enrolled in the drug treatment court program and those denied or who declined when referred. While the relation between these variables was not statistically significant, $\chi 2$ (1, N = 206) = 1.06, p=0.30, there was a substantive difference in 3-year recidivism rates between those enrolled in the drug treatment court program compared to those who were denied or referred: 4.9% versus 8.4%, respectively. Small sample sizes did not allow for statistical testing of the relation between those who successfully completed the drug treatment court program and those who were terminated or suspended.

In other words, **those enrolled in a drug treatment court program were nearly 2 times less likely to recidivate (have a subsequent conviction) within 3 years** of when their program involvement concluded compared to those who were denied or refused enrollment following referral.

Conclusion

Implications

The results from the evaluation are intended to be used by the DTC leadership, partners, and stakeholders to: 1) assess program impact, ensuring participants have equal and equitable access to treatment and recovery services; 2) engage the statewide DCP in data-driven strategic planning; 3) identify training and technical assistance needs across the state; and 4) improve program delivery and support long-term sustainability of New Hampshire's DTC. The results may also be used for training and technical assistance activities to build capacity across the New Hampshire network of treatment courts, partners, and stakeholders.

According to the NH Department of Corrections, "Successful reintegration represents those who have been successful in the community and have not returned to incarceration within the 3- Year post release study." Given that definition, 54% of individuals released to the community in New Hampshire will not be reincarcerated within 3 years of release. In those terms, it could be stated that 82% of individuals who were enrolled in a DTC did not have a subsequent conviction and could be considered successfully reintegrated into the community.

The 2025 evaluation of New Hampshire's DTC programs demonstrates that the multidisciplinary, health-centered approach significantly outperforms traditional justice system tracks in reducing recidivism. By diverting high-risk/high-need individuals into a framework of rigorous monitoring and graduated incentives, the DTC model has successfully mitigated the "revolving door" effect for a substantial majority of its participants.

Key Takeaways

- **Significant Reduction in Recidivism:** Individuals enrolled in a drug treatment court program were nearly 3 times less likely to recidivate within one year of completion compared to those who were eligible but not enrolled (2.5% versus 6.1%). At the three-year mark, enrolled individuals remained nearly 2 times less likely to have a subsequent conviction.
- **High Rate of Successful Reintegration:** Overall, 82% of individuals enrolled in a DTC did not have a subsequent conviction during the study period. This represents a high rate of successful community reintegration, especially when compared to broader state-wide recidivism trends.
- **The "Stabilization Window":** Analysis of program "dosage" suggests that while simply increasing the duration of enrollment does not automatically guarantee lower recidivism, a "sweet spot" for efficacy exists between 13 and 24 months. Participants in this window showed the lowest conviction rates (16%) compared to those with shorter or significantly longer enrollments.
- **Targeted Population Profile:** The DTC population is primarily characterized by economic and drug-related "crimes of acquisition," such as Theft and Unauthorized Entry. Conversely, DTC participants are significantly less likely to have histories of violent or domestic abuse-related offenses compared to the general jail population.
- **Identified Disparities:** The evaluation uncovered critical gaps in equitable access. Black or African American individuals and those 46 years of age or older were enrolled at significantly lower rates following referral. Furthermore, Hispanic or Latino(a) participants completed the program at a statistically lower rate than their counterparts.

Recommendations

Address Enrollment and Completion Disparities

To ensure the New Hampshire DTC program achieves its goal of providing equitable access to recovery services, the program must address significant demographic disparities in enrollment and completion rates.

- Investigate Racial Inequity in Enrollment: Conduct a deep-dive analysis to understand why individuals identifying as Black or African American are enrolled at a significantly lower rate (59.3%) than White (73.5%) or Multi-Racial (73.7%) individuals.
- Enhance Support for Hispanic/Latino(a) Participants: Implement culturally tailored retention strategies, as this demographic currently completes the program at a statistically significant lower rate (26.5%) compared to non-Hispanic participants (44%).
- Evaluate Age-Related Barriers: Review screening and referral processes for individuals 46 years of age or older, who are currently enrolled at the lowest rate (56.7%) of any age group.

Optimize Program "Dosage" and Duration

To optimize program outcomes, the New Hampshire DTC program should tailor clinical and judicial interventions based on enrollment duration, specifically targeting the identified "U-shaped" recidivism trend.

- Focus on the 13–24 Month "Stabilization Window": Align program phases to maximize the efficacy found in the 13–24 month timeframe, which yielded the lowest conviction rate (16%) among all analyzed enrollment lengths.
- Mitigate "Treatment Fatigue" for Long-Term Participants: For individuals enrolled longer than 24 months—who showed a higher conviction rate (22%)—implement specialized "high-risk/high-need" protocols to address potential relapses or phase restarts.
- Strengthen Early Phase Support: Develop enhanced stabilization services for those in the 7–12 month "early risk" phase to lower the 21% conviction rate observed during the first year of enrollment.

Tailor Interventions to "Enriched" Offense Profiles

Based on the evaluation findings, the following summary highlights the need for specialized interventions within New Hampshire's DTC programs:

To improve long-term outcomes, DTC programs should prioritize interventions that address the specific criminal profiles of their participants, particularly the high prevalence of economic and compliance-related offenses.

- Target Property Crime Pathways: Since DTC participants are significantly over-represented in "crimes of acquisition" like Theft (39% vs. 23% in NDC) and Unauthorized Entries (17% vs. 9% in NDC), integrate vocational training and economic stability resources into recovery plans.
- Enhance Compliance Support: Prioritize interventions that address legal system non-compliance, given that DTC participants have a 100% greater frequency of Probation and Parole violations than the non-drug court population. The program should enhance compliance support and utilize its system of graduated sanctions and incentives to address underlying legal system non-compliance.

Recommendations

1. Address Enrollment & Completion Disparities
2. Optimize Program "Dosage" & Duration
3. Tailor Interventions to "Enriched" Offense Profiles
4. Data Quality & Systemic Improvement
5. Expand Geographic Representation

Data Quality and Systemic Improvement

Currently, evaluating the efficacy of DTC requires a labor-intensive, manual reconciliation process because the AIMS database—which tracks drug court participants—does not natively collect the unique NHDOC "File#". This "File#" is the only permanent linking variable that follows an individual throughout the state's criminal justice system indefinitely. To improve program transparency and real-time impact assessment, the state should:

- Standardize an 'ID' as a Primary Key: A single unique identifier assigned at the point of entry would eliminate the need for manual matching by the Statewide Treatment Court Director and the Administrative Office of the Courts across un-linked data systems (KARPEL, CORIS, CONNEXIS).
- Bridge Information Silos: Create a seamless data link between Judicial, Prosecution, and County Corrections records to ensure that recidivism and demographic trends can be monitored without the current 13-to-37-month retrospective lag required for manual study cohorts.
- Enhance Data Reliability: By automating the connection between these three disparate systems, the state can resolve existing data collection discrepancies and provide more robust, valid state- and county-level data that the current processes cannot support.
- Facilitate Strategic Planning: A statewide integrated system would allow leadership to use data-driven insights to identify training needs and ensure equitable access to services in real time.

Expand Geographic Representation:

The evaluation currently relies on a purposive sample of three counties—Cheshire, Hillsborough, and Strafford—selected because they demonstrate high fidelity (at least 80%) to national Best Practice Standards and maintain robust data sets. It is suggested that the DTC move beyond using these sites merely as a "proxy" for statewide results and instead use them as a blueprint for statewide improvement.

Strategic Expansion Through Mentorship and Training

Establish a Peer-to-Peer Mentorship Model: Utilize the teams from the three high-proficiency courts to provide direct technical assistance to northern and western jurisdictional courts. This should focus on the 10 national standards where the study sites already average an 83% proficiency score.

Address Capacity in Low-Census Jurisdictions: Northern and western courts were excluded from the current study due to lower proficiency and lower census counts. Capacity building should focus on identifying if these lower counts are due to strict eligibility barriers or a lack of local referral awareness.

- **Standardize Data Collection State-Wide:** A primary reason for the limited geographic scope of this study was the lack of "high quality and completeness" of data in other jurisdictions. Training should prioritize the use of the statewide DTC database to ensure all 10 state-funded courts can eventually contribute to a truly comprehensive statewide analysis.
- **Adapt Successful "Stabilization" Strategies:** The high-proficiency courts have successfully identified a "stabilization window" of 13–24 months where recidivism is lowest (16%). These sites can lead training sessions for other counties on the specific multi-phase program structures and judicial status hearing frequencies that foster this success.

- **Equitable Access Initiatives:** Because the study found disparities in enrollment for Black/African American and older individuals, high-proficiency courts can lead the development of "data-driven strategic planning" to ensure that as the program expands geographically, it does so with an explicit focus on equitable access.

Final Perspective

The New Hampshire Drug Treatment Court (DTC) program is effective in lowering reconviction rates and promoting sustained behavioral change. To build on this success, program leadership should use the study data for strategic planning, with a specific emphasis on addressing demographic differences in enrollment and completion. This focus is necessary to guarantee fair access to recovery services throughout the state.

Through ongoing investment and the expansion of training, technical assistance, and integrated data systems, New Hampshire's DTC is poised to make the **82% successful reintegration rate** achieved in the study sites the consistent standard for all participants, regardless of their county.

The New Hampshire Drug Treatment Court Program is effective in lowering reconviction rates and promoting sustained behavior change.

Evaluation Design & Methods

Study Design

There are 10 state-funded adult treatment drug courts in New Hampshire. All are required to implement programs that align with the National Association of Drug Court Professionals (NADCP) Practices Standards. JSI analyzed 1- and 3-year recidivism rates of drug treatment court participants who completed a drug treatment court program between the years of 2018-2020 from a purposive sample of three drug treatment courts. These programs were chosen based on selection criteria. These courts:

- demonstrated a high level of fidelity to the national model (NADCP Practices Standards),
- ensured geographical representation across the state (North, South, East, West, Central);
- recorded high quality and completeness of data collected in the AIMS database;
- managed a large drug treatment court caseload (# of participants); and
- have been in operation for at least five years as of 2018.

The selection criteria supported the inclusion of higher functioning courts that demonstrated the impact of a successful treatment court in comparison to non-treatment court offenders. The selected adult treatment drug courts for this study were as follows:

- Cheshire County Adult Drug Court
- Hillsborough County Superior Court (South) Adult Drug Court
- Strafford County Adult Drug Court

The data from all three counties was compiled into an aggregate report to maximize analytic rigor. The selection of the more robust DTCs was intentional to provide a proxy for statewide results. County-level data were not considered valid based on the study design and sample size.

The study population includes individual drug treatment court involvements, regardless of status (referred, denied, terminated, suspended, graduated, active) between 2018 and 2023 (n=599) in Cheshire, Hillsborough, or Strafford County programs. A total of 427 individuals were enrolled in a drug treatment court during that period.

Of note, several individuals had more than one treatment episode; 29 individuals had two treatment episodes, and 1 individual had three treatment episodes during this timeframe. Therefore, there were a total of 538 individuals referred to DTC during that 5-year period.

The following assumptions, informed by the literature review, were used to define the sample, comparison group, and analytic plan.

Study Assumptions

- Study sites are implementing the national treatment court standards and practices to high fidelity (minimum aim of 80% proficiency).
- Data are available retrospectively to include the years 2018 through 2023.

- Data are available 1 year plus at least one day after completion (e.g. if a participant completed the program on January 31, 2018, the earliest a 1-year recidivism rate could be calculated would be February 1, 2019).
- Data for 3-year recidivism are available 3 years plus one day after completion (e.g. if completion is January 31, 2018 the earliest a 3-year recidivism rate could be calculated would be February 1, 2021).

Comparison Group Assumptions

- Comparison conviction and demographic data based on county prosecutor data from the three participating counties will be made available for the same study years (2018 through 2023).
- Comparison group data will follow the same timeline as the intervention group.

Table 13. Definition Assumptions

Length of Enrollment*	Sample Group	Comparison Group
1-year recidivism	An individual who completed a drug treatment court program, reoffends, and is convicted within 1 year of completion/discharge date	An individual who reoffends and is convicted within 1 year of release date
3-year recidivism	An individual who completed a drug treatment court program, reoffends, and is convicted within 3 years of completion/discharge date	An individual who reoffends and is convicted within 3 years of release date

Fidelity to Standards and Practices

All Rise, previously the National Association of Drug Court Professionals (NADCP), shares Standards and Best Practices (S&P) for Adult Drug Courts.

Over the course of the past five years, three iterations of surveys have been completed by NH drug treatment court team members. These surveys are conducted to gain a perspective on the extent to which a team thinks their drug treatment court is implementing these standards and practices and/or if they think such practices are even relevant to their court.

The survey asks: “To what extent do you think your drug treatment court is implementing the following practices?” Each item was ranked on a scale of 0 (Don’t Know/Not Sure) to 4 (Fully Implementing).

An aggregate score for the 10 standards is generated following each survey to measure each county program’s and the NH drug treatment court program’s overall fidelity to All Rise’s S&P.

Table 14 below outlines the 10 S&P categories, inclusive of changes to the S&P made over the course of the past five years. Aggregate scores for each standard from the 2020, 2023, and 2025 survey results are included (statewide).

Table 14. NH Self-Assessment of Fidelity to the Adult Drug Treatment Court Best Practice Standards

	Score 2020	Score 2023	Score 2025*
Target Population	3.42	3.45	**3.17**
Equity & Inclusion *(Removed)*	2.71	3.20	–
Roles and Responsibilities of the Judge	3.62	3.72	**3.58**
Multidisciplinary Team	3.68	3.78	**3.17**
Substance Use, Mental Health, and Trauma Treatment & Recovery Management *(Previously Substance Abuse Treatment)*	3.28	3.56	**3.26**
Complimentary Services and Recovery Capital *(Previously Complimentary Treatment and Social Services)*	2.80	3.03	**2.56**
Community Supervision	–	–	**2.60**
Incentives, Sanctions, and Service Adjustments *(Previously Incentives, Sanctions, Therapeutic Adjustments)*	3.42	3.62	**3.46**
Census and Caseloads *(Removed)*	3.13	3.12	–
Drug and Alcohol Testing	3.42	3.59	**3.17**
Program Monitoring, Evaluation, and Improvement *(Previously Monitoring and Evaluation)*	2.28	2.52	**1.97**
OVERALL SCORE (0-4)	**3.17**	**3.36**	**3.01**
FIDELITY RATE	**79.3%**	**84.0%**	**75.3%**

**Revised Best Practice Standards were published in April 2025.*

In April 2025, the Best Practice Standards for Adult Drug Courts were revised, and a decrease in the overall fidelity rate as courts reorient and adjust to new best practices was anticipated. Subsequent training conferences have been utilized to orient DTC teams to these changes.

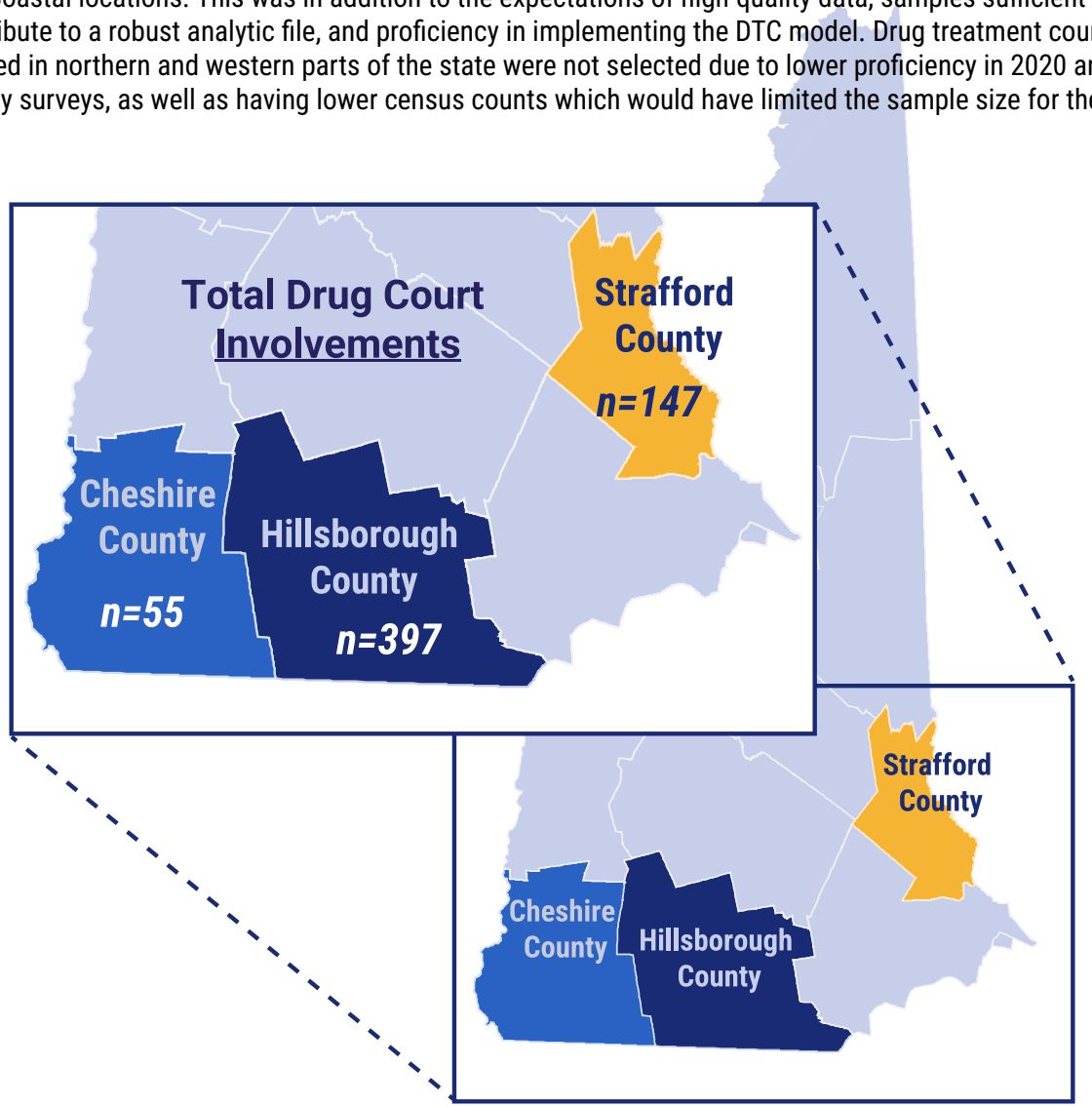
This is reflected in several of the more established roles and practices, whose scores remained fairly strong over the course of the three survey iterations (Roles and Responsibilities of the Judge; Incentives, Sanctions, and Service Adjustments; Substance Use, Mental Health, and Trauma Treatment & Recovery Management). Standards that had significant changes to their best practices, or were new altogether, had poorer scores overall and a greater proportion of "Don't Know/Not Sure" responses.

For instance, 58% of the statements and best practices within the second-lowest scoring Standard, Complementary Services & Recovery Capital, were entirely new in 2025. This not only makes direct comparisons from year to year difficult, but seems to have introduced significant uncertainty among drug treatment court teams.

Despite this, the introduction of new standards and best practices has revealed significant gaps in training, community outreach, and program evaluation. Longer, more detailed statements regarding the newly added or altered practices may be producing doubt and uncertainty about the specificity, especially when the role is not one directly involved in the practice in question.

Geographic Location

With a sample of three drug treatment court (DTC) programs for the study, priority was given to Rural, Urban, and Coastal locations. This was in addition to the expectations of high-quality data, samples sufficient to contribute to a robust analytic file, and proficiency in implementing the DTC model. Drug treatment courts located in northern and western parts of the state were not selected due to lower proficiency in 2020 and 2023 fidelity surveys, as well as having lower census counts which would have limited the sample size for the study.



Data Sources

The three sources of secondary data were used for the study (Table 15) and provided for this retrospective study that spanned the five years between 2018 and 2023. Data sharing agreements were put into place and comply with data security protocols for each study partner. These data sources and the data shared with JSI are described in further detail in the Analytic Approach section.

Table 15. Data Sources

Database	Description	Measures
AIMS	Treatment Court participant information and case management system	Participant demographics; descriptives; date of program completion; dosage; risk/need; screening results
NH House of Corrections (HOC)	County jail census data	Comparison group demographics; descriptives; date of release; length of incarceration; rearrest data
KARPEL	County Prosecutors criminal case management system (PROSECUTORbyKarpel [PbK])	Comparison group demographics; descriptives; offense(s); reconviction(s)

Drug Treatment Court (DTC) / AIMS Database

JSI utilized data already entered in the statewide database (AIMS) by NH Drug Treatment Court staff. The vendor (Automon), who managed the AIMS database, provided JSI with participant descriptive data from the years 2018 through 2021. AIMS data was used to review drug treatment court participants' demographics (race, ethnicity, gender, age), discharge disposition, length of time in NH DCP, date admitted to NH DCP, who provided the referral to the program, living situation at discharge, employment, educational level, primary drug of choice, and recovery support upon completion of program.

House of Corrections Booking Records

The second data source was provided by the jails in the three county Departments of Corrections. House of Corrections data (HOC) was used to identify a comparison group that shared similar characteristics to the the participant group. Comparison group sample and data was extracted from county-level HOC data. Data used identified incarceration patterns and recidivism among non-treatment court inmates. Efforts were made to isolate the comparison group that was similar in descriptive variables such as offense, risk and need screening results, and history of substance use disorder. These data were used to assess how similar or different the DTC population was to the jail population from which they were referred. Two of the three study sites were able to provide local, disaggregate, county-level comparison data.

KARPEL Conviction Data

The third source of data was the county-level prosecutor conviction data that is recorded in a data system called KARPEL. Karpel Solutions (KARPEL) provided JSI with customized reports of public prosecutor data (criminal conviction records of all NH offenders) based on data points requested to match selected variables in the AIMS database (case ID, demographics, offense type, substance use disorder). Public prosecutor data provided by KARPEL data was used to determine who was referred to a drug treatment court program, who was not referred and why, and to assess the criminogenic history of participants to determine any themes/ trends among those participants who successfully completed the program versus those who were terminated. These data were used to measure the number and type of convictions committed by DTC participants compared to the general population of individuals with convictions.

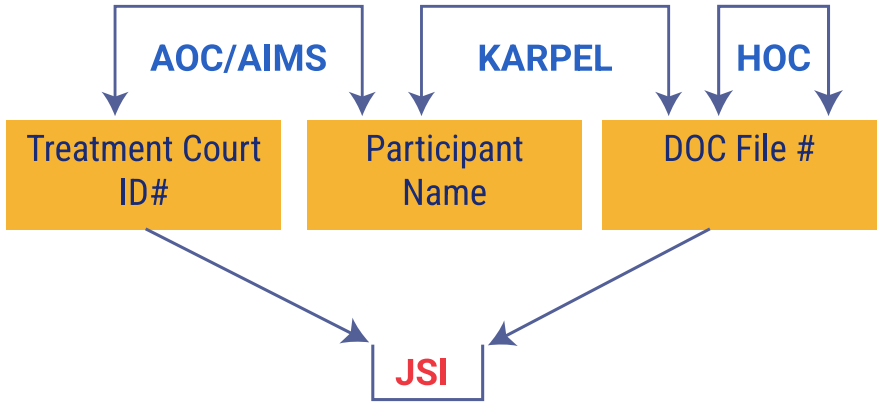
Study Timeline

The study timeline included JSI entering into data use agreements with all secondary data sources, securing prosecutor data releases, completing an IRB review, identifying data points, preparing analytic files for preliminary analysis, and completing a final report.

Fall 2023	Winter 2024	Spring 2025	Summer 2025	Fall 2025	Winter 2025
· Data assessment · Intergration and cleaning legacy data · IRB application submitted	· Data points identified · Data Use Agreements (DUAs) established · Prosecutor data releases obtained	· Secondary data compiled and cleaned	· Analytic files prepared	· Preliminary analysis completed	· Final report created
After pulled by Automon (AIMS database), de-identified data were cleaned and prepared Received IRB Exemption Status	Created list of data points for Karpel to include customized reports for selected sites. Established agreements with selected study sites, Automon, and Karpel. Collected study site prosecutor releases to gain access to prosecutor data for the years 2018, 2019, and 2020.	Obtained de-identified county-level prosecutor data and NH HOC data for selected sites from the Administrative Office of the Courts (AOC).	1- and 3-year recidivism data and a matched comparison group data (KARPEL) compiled, cleaned, and prepared for analysis.	Recidivism rates calculated and analyzed (1- and 3-year rates) for completion years 2018 – 2021 among program participants and comparison groups. Study findings presented at the 2025 NH Treatment Court Conference.	A final report was drafted and internally reviewed, formatted, and designed for dissemination.

Analytic Approach

JSI performed the recidivism analysis utilizing data already collected in three different systems throughout the state. The three secondary data sources collected by NH treatment courts, prosecutors, and NH House of Corrections were used for analysis. The three data sources were linked using a unique identification number that was assigned once a person entered the NH Department of Corrections (NHDOC) or the DTC data system. Unfortunately, all three systems use a different number convention and the only way to link individuals across the data systems was through the use of name, date of birth, gender, and DTC enrollment status. Therefore, in order to establish that File# as the key linking variable, a File# was generated and handled by the NH Statewide Treatment Court Director for the AIMS database, which included the participant's name and drug treatment court ID. The list of participant names and IDs were then sent to KARPEL by the NH DCP Coordinator at the Administrative Office of the Courts (AOC) to populate with the File#. The File# was then added to the AIMS data using the unique drug treatment court ID as a matching key. Once the File# appeared in all three data sets and data was de-identified, JSI used that file # as the linking key for analysis.



The study cohorts by year of completion and corresponding year of conviction data were used in the analysis. Data analysis looked to identify if a participant who successfully completed the program was convicted of a crime within 1 year and at least one month after completion of program – 13 months post completion (e.g., if a participant completed in January 2018, the earliest we could calculate 1-year recidivism would be in March 2019; if the participant completed the program in December 2018, the earliest the calculation can be made is in February 2020). Similarly, for the 3-year analysis, data was analyzed for convictions 3 years and at least one month after completion – 37 months post completion (e.g., if a participant completed in January 2018, the earliest we could calculate 3-year recidivism would be in February 2021).

Limitations

While the findings of this evaluation provide critical insights into the impact of NH's Treatment Drug Courts on recidivism rates, the results should be interpreted within the context of several methodological and data-related constraints. As with most quasi-experimental studies in criminal justice, challenges such as selection bias in the comparison group, variations in data quality, and the inherent limitations of small sub-sample sizes can influence statistical power. Acknowledging these limitations is essential to ensure evaluation transparency and to identify areas that can be strengthened in future study cycles.

One of the most significant limitations to completing this study had to do with the time it took to receive certain datasets (in appropriate, usable formats). Many of the following limitations below will contribute to this as well. Hopefully future iterations of this study can learn from and improve upon these processes.

Data Quality & Consistency

- **Information Gaps:** HOC data presented significant challenges, the most significant being missing or unspecified records.
- **Non-Standardized Demographics:** Demographic reporting varied by county; for instance, some counties combined race and ethnicity into a single field while others kept them separate. Furthermore, age "binning" was irregular across platforms and data sources, making direct comparisons difficult.
- **Aggregate Limitations:** Some data from study sites were only provided in aggregate form via Microsoft Word documents, which allowed for demographic review but prevented individual-level analysis.
- **Database Linking:** The primary drug treatment court database (AIMS) did not initially collect the unique NHDOC
  File # required to link participants across the HOC and KARPEL systems, necessitating a manual work-around to generate that alignment, which may introduce administrative error and/or increase data cleaning burdens.
- **Data Delivery:** HOC data for one of the sample county courts was provided in PDF format with nested or long-form data for each individual. This created a significant time challenge, requiring repeated cleaning and validating for the three years worth of data.

Statistical Power of Sample Sizes

- **Small Sample Sizes:** The evaluation was limited by small sample sizes for certain sub-groups (such as those who successfully completed versus those terminated), which did not always allow for robust statistical testing of those specific dynamics.
- **Geographic Bias:** To ensure data quality and high program fidelity, the study only utilized data from three "higher functioning" courts. Consequently, these findings may not fully represent outcomes for courts in northern or western parts of the state which were excluded based on various inclusion criteria.

Potential Sample Contamination

- **Cross-County Offending:** There is a risk that participants may have committed offenses or were convicted in counties outside of the three study sites, meaning some recidivism may not have been captured in the localized conviction data.
- **Program Overlap**: Individuals in the "referred/not enrolled" comparison group may have eventually received drug treatment court services in a different county not covered by this study, potentially contaminating
the control group data.

Methodological Constraints

- **Quasi-Experimental Design:** Because this study used a quasi-experimental design rather than a randomized controlled trial, there is an inherent challenge in defining a comparison group that completely minimizes selection bias.

It is the hope of the evaluation team at JSI that future study of the recidivism rates for treatment court programs across the state will build on this study to enhance and inform continued program evaluation and data-driven strategic planning for the NH Drug Court Program.