

# Caroline County Juvenile Drug Court Process Evaluation



*Submitted to:*

**Gray Barton**  
Executive Director  
Office of Problem-Solving Courts  
2011-D Commerce Park Drive  
Annapolis, MD 21401

*Submitted by:*

**NPC Research**  
Portland, Oregon

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4380 SW Macadam Ave., Suite 530  
Portland, OR 97239  
(503) 243-2436  
[www.npcresearch.com](http://www.npcresearch.com)



# Caroline County Juvenile Drug Court *Process Evaluation*

*Submitted By*

NPC Research

*Management Team*

Juliette R. Mackin, Ph.D., Study Manager

Shannon M. Carey, Ph.D., Consultant on Drug Court Research

Michael W. Finigan, Ph.D., Consultant on Drug Court Research

*Research Team*

Theresa L. Allen, Ph.D.

Robert Linhares, M.A.

Judy M. Weller, B.S.

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## EXECUTIVE SUMMARY

**D**rug treatment courts are one of the fastest growing programs designed to reduce drug abuse and criminality in nonviolent offenders in the United States. The first drug court was implemented in Florida in 1989. There were over 1,700 drug courts as of April 2007, with drug courts operating or planned in all 50 states (including Native American Tribal Courts), the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam (BJA 2007).

Drug courts use the coercive authority of the criminal justice system to offer treatment to nonviolent addicts in lieu of incarceration. This model of linking the resources of the criminal justice system and substance treatment programs has proven to be effective for increasing treatment participation and for decreasing criminal recidivism.

The Honorable Karen Murphy Jensen, Circuit Court Judge for Caroline County, was instrumental in starting the Caroline County Juvenile Drug Court (CCJDC) program, which began in 2004. Judge Jensen took the role on voluntarily and continues to be the drug court's judge today.

The CCJDC enrolled 15 participants from July 2004 through May 2007. A total of 3 participants have graduated. For the first 2½ years of the program, a part-time therapist worked with program participants one day a week. In February 2007, the program hired a full-time therapist, and capacity increased from approximately 4 to 20 participants.

In 2001, NPC Research (NPC), under contract with the Administrative Office of the Courts of the State of Maryland, began cost studies of adult drug courts in Baltimore City and Anne Arundel County, Maryland. These studies were completed in 2003. Subsequently, NPC was hired to perform evaluations on 4 adult and 10 juvenile drug courts in Maryland, one of which is the CCJDC.

This report contains the process evaluation for the CCJDC.

Information was acquired for this process evaluation from several sources, including observations of court reviews and team meetings during site visits, key informant interviews, and focus groups. The methods used to gather this information from each source are described in detail in the main report.

According to its procedures manual, CCJDC's program goals are to:

- Provide quality treatment to eligible adolescents with substance abuse/use issues and adjudicated juvenile charges.
- Increase the educational capacity for drug court participants.
- Expedite the process of adjudication and entrance into the drug court program.
- Decrease recidivism potential of juvenile offenders in the drug court program.

### Process Results

Using the Ten Key Components of Drug Courts (as described by the National Association of Drug Court Professionals in 1997) as a framework, NPC examined the practices of the CCJDC program.

The CCJDC fulfills many of the 10 key components through its current policies and structure. It integrates alcohol and other drug treatment services with justice system case processing, uses a non-adversarial approach between prosecution and defense counsel, uses frequent alcohol/drug testing to monitor abstinence, has a consistent structure for responding to participant compliance, has had a continuously sitting judge, and has worked to develop partnerships with public and private community agencies and organizations.

There are several areas in which the CCJDC should and can make program improvements.

The program should consider analyzing the time between identification of participants and getting them into drug court. Through expanded use of the Statewide Maryland Automated Records Tracking (SMART) system, the program will be able to utilize electronic management information for program monitoring and evaluation purposes. The program should consider creating and using its own database to allow easy access to all team members of participant progress.

A summary of suggestions and recommendations that emerge from this evaluation include the following:

#### **SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS**

The drug court team should continue discussing possible community connections and resources, and ideas for generating additional support to enhance the program and be responsive to changes in the environment and participant needs. Building additional connections with recreational, employment/career development, and educational services would be beneficial. If CCJDC decides to convene a steering committee, it is recommended that representatives from public and private community agencies serve on that committee, along with drug court team members. This committee would be responsible for advising partner agencies on program design and ensuring that the program is meeting community needs.

#### **SUMMARY OF AGENCY-LEVEL RECOMMENDATIONS**

The drug court team would benefit from discussions to clarify the roles and responsibilities of each partner agency and representative to the team. Attendance by all team members at local and national trainings would foster this understanding as well as a buy-in concerning drug court principles.

#### **SUMMARY OF PROGRAM-LEVEL RECOMMENDATIONS**

The drug court team would benefit from more frequent policy meetings in which they address the issue of staff turnover and discuss possible solutions. Other topics to discuss include the referral process and how to make that as transparent and as short as possible, the implementation of a database that can be accessed by all team members, the timing of pre-hearing meetings, and the findings from this process evaluation.

Program participants would be best served by a team that is able to identify and work with their strengths, including their cultural differences. To this end, training in the area of strength-based practices and cultural competency would be ideal for the entire team and for the program's efficacy.

A concrete and comprehensive program following treatment completion and graduation should be implemented as soon as possible and should include support groups and plans for helping participants remaining drug-free.

## BACKGROUND

**D**rug treatment courts are one of the fastest growing programs designed to reduce drug abuse and criminality in nonviolent offenders in the United States. The first drug court was implemented in Florida in 1989. As of April 2007, there were over 1,700 drug courts, with drug courts operating or planned in all 50 states (including Native American Tribal Courts), the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam<sup>1</sup> (BJA, 2007).

Drug courts are designed to guide offenders identified as drug-addicted into treatment that will reduce drug dependence and improve the quality of life for offenders and their families. Benefits to society take the form of reductions in crime committed by drug court participants, resulting in reduced costs to taxpayers and increased public safety.

In the typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives who operate outside of their traditional roles. The team typically includes a drug court coordinator, addiction treatment providers, prosecuting attorneys, defense attorneys, law enforcement officers, and parole and probation officers who work together to provide needed services to drug court participants. Prosecuting attorneys and defense attorneys hold their usual adversarial positions in abeyance to support the treatment and supervision needs of program participants. Drug court programs can be viewed as blending resources, expertise, and interests of a variety of jurisdictions and agencies.

Drug courts have been shown to be effective in reducing recidivism (GAO, 2005) and in reducing taxpayer costs due to positive outcomes for drug court participants (Carey &

Finigan, 2003; Carey, Finigan, Waller, Lucas, & Crumpton, 2005). Some drug courts have even been shown to cost less to operate than processing offenders through traditional (business-as-usual) court processes (Carey & Finigan, 2003; Crumpton, Brekhus, Weller, & Finigan, 2004; Carey et al., 2005).

This report contains the process evaluation for the Caroline County Juvenile Drug Court (CCJDC).

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<sup>1</sup> Update retrieved June 2007 from <https://spa.american.edu/justice/documents/1966.pdf>



## METHODS

Information was acquired for this process evaluation from several sources, including observations of court hearings and team meetings during site visits, key stakeholder interviews, focus groups, and program documents. The methods used to gather information from each source are described below.

### SITE VISITS

NPC evaluation staff traveled to Caroline County, Maryland, for site visits in October 2005, July 2006, and March 2007. The visits included interviews with key CCJDC staff and the facilitation of focus groups with current drug court participants and their parents/guardians. Individual interviews were also conducted with former CCJDC participants. These observations, interviews, and focus groups provided information about the structure, procedures, and routines used in the drug court.

### KEY STAKEHOLDER INTERVIEWS

Key stakeholder interviews, conducted in person or by telephone, were a critical component of the CCJDC process study. NPC Research (NPC) staff interviewed eight individuals involved in the administration of the drug court, including the judge, the program coordinator, the public defender, and the state's attorney. Other team members interviewed included the director for the Caroline Counseling Center's addiction treatment program, the case management specialist with the Department of Juvenile Services, the therapist with the Caroline Counseling Center, and the Caroline County Board of Education pupil personnel worker.

NPC has designed a *Drug Court Typology Interview Guide*<sup>2</sup>, which provides a consistent method for collecting structure and process information from drug courts. In the interest of making this evaluation reflect local circumstances, this guide was modified to fit the purposes of this evaluation and this particular drug court. The information gathered through the use of this guide assisted the evaluation team in focusing on the day-to-day operations as well as the most important and unique characteristics of the CCJDC.

For the process interviews, key individuals involved with CCJDC administration were asked many of the questions in the *Typology Interview Guide* during site visits and telephone calls at several points in time. This approach allowed us to keep track of changes that occurred in the drug court process from the beginning of the project to the end.

### FOCUS GROUPS AND PARTICIPANT INTERVIEWS

NPC conducted two focus groups in the offices of the CCJDC in March 2007. The first group included current program participants, and the second group included parents/guardians of current participants. In addition, an interview was conducted with one graduate of the program and that graduate's parent. The focus groups and interviews provided the current and former participants and parents/guardians with an opportunity to share their experiences and perceptions regarding the drug court process. A summary

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<sup>2</sup> The Typology Guide was originally developed by NPC Research under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. A description of the guide can be found in Appendix A, and a copy of this guide can be found at the NPC Research Web site at [www.npcresearch.com/Files/NPC\\_Research\\_Drug\\_Court\\_Typology\\_Interview\\_Guide\\_\(copyrighted\).pdf](http://www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_(copyrighted).pdf)

of results can be found in Appendix B of this report.

#### **DOCUMENT REVIEW**

In order to better understand the operations and practices of the drug court, the evalua-

tion team reviewed the *Caroline County Juvenile Drug Court Policies and Procedures Manual* and the *Caroline County Juvenile Drug Court Participant Handbook* for program information.

## RESULTS

### Caroline County Juvenile Drug Court Program Description

#### CAROLINE COUNTY, MARYLAND

Caroline County is a rural county located on the eastern shore of Maryland. Denton and Federalsburg are the main cities.<sup>3</sup> As of the 2000 census, the population was 29,772 with 27% under the age of 18 and a median age of 37. Caroline County's racial breakdown, in 2000, was 82% White, 15% Black or African American, less than 1% Native American, 1% Asian and Pacific Islander (combined), just over 1% other races, and just over 1% multiracial. Less than 3% of the population was Hispanic or Latino of any race (the total is over 100% due to the fact that the Census counts those with Hispanic ethnicity in two categories). There were 11,097 households reported in 2000; 6,026 of those were married couple households and 3,862 were households with children under the age of 18. The Census also found that the median household income in the county was \$38,832 and the median family (defined as a group of two or more people who reside together and who are related by birth, marriage, or adoption) income was \$44,825. The county's unemployment rate was 4.3%, with 9% of families living below poverty level. Lastly, the main industry categories reported were farming and manufacturing. Denton, the county seat, had a population of 2,960 in 2000.<sup>4</sup>

<sup>3</sup> Retrieved on May 28, 2007, from the Wikipedia Web site:

[http://en.wikipedia.org/wiki/Caroline\\_County](http://en.wikipedia.org/wiki/Caroline_County)

<sup>4</sup> Retrieved on May 11, 2007, from the U.S. Census Bureau Web site:

[http://factfinder.census.gov/servlet/ACSSAFFacts?\\_event=Search&geo\\_id=&geoContext=&street=&county=Montgomery+County&cityTown=Montgomery+County&state=04000US24&zip=&lang=en&sse=on&pctxt=fph&pgsl=010](http://factfinder.census.gov/servlet/ACSSAFFacts?_event=Search&geo_id=&geoContext=&street=&county=Montgomery+County&cityTown=Montgomery+County&state=04000US24&zip=&lang=en&sse=on&pctxt=fph&pgsl=010)

### CAROLINE COUNTY JUVENILE DRUG COURT OVERVIEW

The Caroline County Juvenile Drug Court (CCJDC) is located in Denton, Maryland, with the program servicing the entire county. The program enrolled its first participant in July 2004. A variety of local agencies comprise the drug court. The CCJDC operations team is made up of the judge, coordinator, Department of Juvenile Services (DJS) juvenile case management specialist, state's attorney, assistant public defender, director of the Caroline Counseling Center, adolescent addictions counselor with the Department of Health, therapist and therapist's assistant with the Caroline Counseling Center, and pupil personnel worker with the Caroline County Board of Education. The CCJDC serves juvenile offenders with substance abuse problems. The program provides intensive supervision and treatment through a strength-based restorative justice program to qualifying juvenile-justice and substance-involved youth and their families.

#### IMPLEMENTATION

In 2002, Caroline County Judge Karen Jensen attended an annual judicial conference presentation by Judge Jamey Weitzman and was enthused to learn about drug courts. Judge Jensen contacted Gray Barton, Executive Director, and Jennifer Moore, Deputy Director, of the State of Maryland, Office of Problem-Solving Courts (then named the Drug Treatment Court Commission), to set up an exploratory meeting. Jennifer Moore then came to Caroline County to meet with Judge Jensen and describe drug courts in more detail. Following this meeting, Ms. Moore presented drug court policy and service information for other key players in Caroline County, including representatives from the Department of Juvenile Services,

the Police Department, Social Services, the State's Attorneys Office (SAO), and the Office of the Public Defender (OPD). With funding from the Office of Problem-Solving Courts, the team went to a series of three trainings sponsored by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), and then began to implement a pilot program.

Judge Jensen was the catalyst for CCJDC and, as Caroline County's sole circuit judge, has been with the program from its inception. The planning team consisted of representatives from the Circuit Court, Department of Juvenile Services, SAO, OPD, Caroline Counseling Center, and Caroline County Board of Education. The core agencies have not changed, though in some cases the staff representatives have changed. Judge Jensen directed the program prior to the coordinator being hired in April 2006. Initially, the Caroline Counseling Center was working with program participants one day per week until funding was offered for a full-time therapist, who was hired and began in February 2007. The current coordinator reviews the policies and procedures manual with new drug court members and addresses questions with each member individually.

#### **PARTICIPANT POPULATION AND PROGRAM CAPACITY**

At capacity, the CCJDC program is currently designed to serve 20 participants at a time. Since the drug court program has been operational, it has not reached capacity and therefore has been able to accommodate all eligible participants. As of June 2007, 15 individuals have enrolled in the drug court; 25% of these participants have graduated, 6% were unsuccessful at completing the program, and 44% or 7 youth are currently participating. Of the remaining participants, 20% were transferred back to probation, a process that took place before the coordinator joined the team.

The majority (88%) of the program's past and current participants are male, 50% are White, 44% are Black, and 6% are of mixed race background. The average age of participants is 15 ½ years. The main drugs of choice for participants of the CCJDC program are marijuana and alcohol.

#### **DRUG COURT GOALS**

The CCJDC program works to reduce delinquent behavior and substance abuse by participants. Currently, the program has four specific goals listed in its *Policies and Procedures Manual*:

- Provide quality treatment to eligible adolescents with substance abuse/use issues and adjudicated juvenile charges.
- Increase the educational capacity for drug court participants.
- Expedite the process of adjudication and entrance into the drug court program.
- Decrease recidivism potential of juvenile offenders in the drug court program.

The CCJDC staff's goals for the program, as reported during the key stakeholder interviews, are in line with those listed in the participant handbook. Additionally, several staff members expressed the goal to intervene before individuals are lost into the system and to give them a sense of self worth through the attention paid by intense case management from the court and from various agencies.

#### **ELIGIBILITY CRITERIA**

The CCJDC eligibility criteria are listed in the *Policies and Procedures Manual*. Potential participants who are eligible for the program must be residents of Caroline County, Maryland, and be between the ages of 12 and 17 years. In addition they must have:

- A history of at least 2 of the following: (1) prior substance use/abuse-related charges/dispositions, (2) moderate/severe



substance use/abuse, and/or (3) prior offenses recorded by the Department of Juvenile Services (DJS) or Teen Court

- Willingness of a guardian to be involved in a treatment program

Generally, prospective drug court participants have not responded to regular probation and outpatient treatment. The individual's charge(s) does not have to be directly drug-related; for example, individuals committing forgery or theft are accepted into the program. Charges that preclude an individual's entry into the program are felony sex offenses, adjudicated felony charges, drug and property offenses directly associated with distribution or trafficking convictions, a history of distribution or trafficking charges and/or a history of violent offenses.

#### **DRUG COURT PROGRAM SCREENING AND ENTRY PROCESS**

The following description explains the process that potential CCJDC participants go through before entering the program. Once individuals have had contact with police through being arrested, their paperwork is sent to DJS. Participants are referred to the program exclusively through DJS. The DJS case management specialist completes an intake assessment within 2 weeks of receipt of arrest paperwork to determine if the youth may be an appropriate candidate for program inclusion.

The DJS case management specialist (case manager) has the initial conversation with potential participants and their families about the drug court program. If a parent/guardian and the youth are willing to participate in the program, paperwork is forwarded to the Counseling Center, the coordinator and the state's attorney. The state's attorney screens the participant for eligibility and the Counseling Center performs a needs assessment. The case manager also gathers signatures on release of information forms from the youth and his or her family, so that the drug court

team can review the assessment and eligibility information together at a team meeting. During the screening process, the state's attorney does a legal screening to ensure that the youth has no history that would deem him/her ineligible, such as sexual offending or presenting a public-safety risk, through such behaviors as chronic violent offending. She then makes a recommendation to the drug court team regarding the potential participant's legal eligibility. Individuals are then assessed through the Counseling Center using the Substance Abuse Subtle Screening Inventory (SASSI). The SASSI instrument is a brief psychological screening measure that helps identify individuals who have a high probability of having a substance use disorder. To assess family functioning, the Problem Oriented Screening Instrument for Teenagers (POSIT) is also given to the potential participant at the Counseling Center. The POSIT and the SASSI instruments are used by CCJDC to assess the level of drug treatment needed along with other issues that need to be addressed by the program. They are not used as screening tools to determine program eligibility.

During the pre-hearing staffing meeting, prior to the potential participant's pre-trial hearing, the juvenile drug court team will make a final decision as to whether the participant is eligible to be offered entrance to the program. If accepted, the participant will be accepted into the program on the day of her/his pre-trial hearing. The program accepts the youth formally, in the presence and with the guidance of the youth's defense attorney.

It is reported that the process from an individual's arrest to a DJS referral is completed within 13 days. The time from referral until he/she enters the program usually takes 2 weeks, but can take as many as 4 weeks. Both the CCJDC coordinator and judge have met with heads of law enforcement agencies to introduce them to the CCJDC and to dis-

cuss minimizing the time between arrest and referral to DJS.

### **INCENTIVES FOR OFFENDERS TO ENTER (AND COMPLETE) THE CCJDC PROGRAM**

The CCJDC is a pre-dispositional program for individuals once they have been arrested. The program accepts young people who have offended multiple times and in fact rarely deals with the first-time offender, who is instead usually enrolled in Caroline County's teen court program. The youth can either volunteer to go into the program and avoid having the charge upon successful completion or s/he can choose not to participate, at which time the judge will assign drug court as a condition of probation without the incentive of avoiding charges. Thus, the primary incentive to enter the CCJDC program (without it being mandated) is to avoid carrying a charge after program completion. Additional incentives for offenders to enter and progress through the drug court program include support in their recovery with treatment and case management, receiving praise from the judge, and material rewards (e.g., gift cards), as they advance from phase to phase.

### **DRUG COURT PROGRAM PHASES**

The CCJDC program has four phases that generally take 255 to 345 days (approximately 8 ½ to 11 ½ months) total to complete. The length of each phase is dependent upon the participant's compliance with the drug court requirements.

All participants are required to be enrolled in school or in a GED program. Participants in Phase I are required to submit to an intake drug test and to attend the drug court hearings every other week. Participants must set an educational plan with the Board of Education and have three to five weekly contacts with the case manager. Participants and their parents/guardians are required to complete Multidimensional Family Therapy with the Counseling Center. In order to advance to

Phase II, participants must have 30 consecutive days of clean UA tests, which are conducted two to three times per week, be in compliance with all of the program requirements, and make at least one payment toward treatment fees.

During Phase II, drug court attendance continues every other week. These participants submit to at least two random urinalysis samples per week. They must attend Moral Reconciliation Therapy with the Department of Juvenile Services and begin working on money management with the therapist assistant. Participants remain in Phase II for 30 to 45 days and must maintain sobriety as measured by drug tests, for 30 consecutive days before advancing to Phase III. Participants must make at least one payment toward treatment fees during Phase II.

Phase III participants must attend drug court hearings once per month and continue submitting one urinalysis sample per week. They must also complete money management courses and complete their educational plan as set forth in the beginning of the program—generally, to obtain a GED or be on track for high school graduation. Participants are held to these requirements for 60 to 90 days and must have 60 consecutive days with clean drug tests. They must make another fee payment before moving to Phase IV.

The fourth phase of participation is intended to provide final opportunities for completing case plan goals and for assessing any unmet needs. This phase lasts 45 to 60 days, during which the participant is required to complete Moral Reconciliation Therapy, and any assigned community service hours. Court appearances continue monthly. The participant must also complete treatment with the Counseling Center, complete fee payment, and have 45 consecutive days clean to graduate from the program. While participants could accomplish these goals in less than 6 months, most participants take longer to complete all program requirements

## GRADUATION

In order to graduate from CCJDC, participants must satisfy program requirements for all four phases and complete a minimum of:

- All program requirements, including payment of treatment fees
- Community service and other program assignments
- 45 consecutive days being clean and sober (as evidenced by drug test results)

When all requirements are met, a date is set with the judge for graduation. The CCJDC holds individual graduations for each graduate at the same time as the drug court hearings. A cake and certificate are presented to the graduate, and the judge shakes his/her hand. In addition, community college fees were covered by the drug court team for one graduating participant.

## TREATMENT OVERVIEW

There is one treatment provider associated with the CCJDC: the Caroline County Health Department Addictions' Program housed at the Caroline Counseling Center. When the program began, a therapist worked with CCJDC participants one day per week. In early 2007, the program received funds for a full-time therapist. The center's director, who provides clinical supervision; the adolescent addiction therapist; and the therapist assistant, who connects participants to resources; have all received training in the Multidimensional Family Therapy (MDFT) treatment model. Dr. Gayle Dakof, of the Center for Treatment Research on Adolescent Drug Abuse, traveled to Caroline County twice during program implementation to conduct training and review therapy sessions.

MDFT is an outpatient family-based drug abuse treatment. The therapist meets with the participant and family during in-home sessions to teach them to create a supportive environment that will prevent relapsing. Family

sessions are held every week, and individual sessions are held one to two times per week. The sessions last at least 4 months. Following completion of MDFT, participants continue to get counseling every week with family sessions happening once monthly.

There is not an aftercare component to treatment in the CCJDC. The program is looking at implementing an alumni support group in the 2008 fiscal year.

## THE DRUG COURT TEAM

### *Judge*

As the driving force behind Caroline County's juvenile drug court, Judge Karen Jensen has been with CCJDC since implementation and currently presides over the court. The position of drug treatment court judge is voluntary, and the duties performed are in addition to her responsibilities as the sole Caroline County circuit court judge. Judge Jensen presides over the drug court hearings.

### *Coordinator*

The CCJDC coordinator is responsible for coordinating the CCJDC. She organizes and disseminates information to the team every other week at pre-court team meetings and addresses issues and questions about the program from families and agencies. She administers all of the program's grants and acts as a resource to the team for training and workshop opportunities. The coordinator attends pre-court meetings and drug court hearings. In addition, she educates the court and the community about the CCJDC. The coordinator is the liaison between the team and the judge.

### *Case Manager*

The drug court case manager works for DJS as a probation officer. During the screening process, the case manager identifies individuals who have been arrested and may have alcohol and drug issues or meet the criteria for juvenile drug court. She also gathers

information from the individual and his or her family to help determine eligibility.

Once eligibility has been determined, the case manager forwards the referral to the state's attorney and also discusses the individual's appropriateness for drug court at the next team meeting. After the young person has been accepted into the program, the case manager conducts home visits and drug testing on a regular basis.

The case manager also facilitates Moral Reconciliation Therapy classes for participants. She attends all pre-hearing meetings and review hearings to maintain case involvement.

#### *Treatment Provider*

There are three representatives from the Caroline Counseling Center on the CCJDC team: the agency director, the adolescent addictions counselor and the therapist assistant. The director has been involved in policy decision-making and attends team policy meetings, which currently take place every 6 months. The adolescent addictions counselor attends the pre-hearing meetings. She conducts family and individual counseling. The therapist assistant deals with ancillary issues, such as connecting youth to resources, including offering transportation and helping with completion of the money management component.

#### *Assistant Public Defender*

The assistant public defender (APD) in the CCJDC represents the program's participants using a non-adversarial team approach. Participants are permitted to hire private attorneys; however, this has not happened yet. If there are juvenile co-defendants involved in the charge, two other APDs are able to step in. The APD attends the pre-court team meetings, where he contributes to team decisions and advocates for participants along with the other team members. He also attends the drug court hearings. The APD ensures that juvenile drug court procedures and protocols are in the defendant's best interest.

#### *Assistant State's Attorney*

The assistant state's attorney (ASA) on the CCJDC team is part of the eligibility process of potential participants and helps determine their legal eligibility for the program. She examines the candidates' juvenile justice records; based on that information, she provides a recommendation to the team on whether or not an individual should be allowed into the program. As a drug court team member, the ASA regularly participates in the pre-court team meetings and the drug court hearings.

#### *Pupil Personnel Worker*

As a member of the drug court team, the Caroline County pupil personnel worker provides the rest of the team with information on participants' school issues. He attends pre-court meetings and relays to the team concerns about grades, suspension information, and information on educational programs for which participants may be eligible.

### **DRUG COURT TEAM TRAINING**

A representative from each participating agency in the drug court team has received the four-part National Drug Court Institute training. In 2006, five team members attended a Maryland Office of Problem-Solving Courts 1-day conference specifically for Maryland drug courts. Additionally, two team members attended the National Association of Drug Court Professionals' annual drug court conference in 2005, 2006, and 2007.

### **TEAM MEETINGS**

The pre-court meeting is held every other Tuesday. The coordinator, assistant public defender, assistant state's attorney, DJS case management specialist, Caroline County pupil personnel worker, adolescent addictions therapist, and therapist assistant regularly attend the pre-hearing meetings. During these meetings, each team member provides an oral summary of participants' overall goals

and progress along with a summary of progress in the specific areas of home, school, treatment, employment, and community. The team members then make recommendations on sanctions and rewards to the judge, who makes final decisions.

When necessary, policy issues are discussed during the pre-court meetings, and the team makes the decisions on policy changes together.

#### **PROVIDER AND TEAM COMMUNICATION WITH THE COURT**

Most issues are required to be communicated in writing by e-mail for documentation. Communication to the judge is generally funneled through the program coordinator from other team members.

#### **DRUG COURT HEARINGS**

The drug court hearings are held every other Friday at 8:30 a.m. and usually last 45 to 90 minutes, depending on the number of participants in attendance. They take place in the same week as the pre-hearing meetings on Tuesdays.

Participants in Phases I and II attend drug court hearings every other week. Phase III and IV participants attend every other week or once a month, depending on their progress. Team members that regularly attend the hearings include the judge, coordinator, assistant public defender, state's attorney, case manager and adolescent addictions counselor.

All drug court participants are present to hear the reviews of other participants. Only drug court participants and their family members are permitted in the courtroom until drug court reviews are complete. Court is technically open, but staff ask other individuals with business before the court to remain in the lobby. Participants are expected to remain for the entire hearing to observe the rewards and sanctions administered to their peers. During the hearings, the participants sit at a

long table. The judge then asks each team member how the participant was doing and then offers the participant and his/her family an opportunity to comment. After the status of each participant is discussed, the judge imposes a sanction or provides a reward if deemed appropriate.

#### **FAMILY INVOLVEMENT**

Participating family members, along with their child, have to sign a consent form for disclosure of confidential information upon that child's admittance into drug court. The parents/ guardians are expected to come to the drug court hearings; however, there are currently no consequences in place for non-compliance with this expectation. Initially, families are disqualified if they are not willing to participate in their child's recovery. It is imperative that at least one adult member from the household sign up with the child so that MDFT can take place.

#### **SUBSTANCE ABUSE TREATMENT FEES**

There is a flat rate fee of \$125 paid to the Caroline Counseling Center. Payment is required in full to successfully graduate, but special considerations are made on a case-by-case basis for inability to pay. Payments are made by participants when they are able, and community service can be used to pay treatment fees in lieu of cash payments.

#### **DRUG TESTING**

Participants' compliance with the program is assessed by urinalysis tests. There is a minimum of eight drug tests given per participant during the entire program. If drug use is suspected, there is also an as-needed option. Instant "redicups," instant oral swabs, lab oral swabs, sweat patches, ETG and regular lab urine cups are used for drug testing, which is conducted by the Counseling Center and the Department of Juvenile Services. All positive results are sent to Redwood Technology Laboratory for confirmation and generally take three days to get back. Drugs tested for

include cocaine, amphetamines, opiates, THC and alcohol.

### **REWARDS**

CCJDC participants receive rewards from the judge for doing well in the program. These are generally provided during the court hearing and have consisted of verbal praise, gift certificates, reducing curfew hours, and reducing or eliminating electronic monitoring time. In addition to the judge, the adolescent addictions counselor gives out small rewards including pizza, bowling, movies, and candy outside of the court hearings for behavior such as completing assignments.

### **SANCTIONS**

After a non-compliant act occurs, such as a new charge, skipping school, or missing treatment or case management appointments, the CCJDC team discusses the issues related to the infraction at the pre-hearing team meeting prior to the participant's next regularly-scheduled drug court hearing. If news of an infraction occurs at the hearing or between the pre-court meeting and the hearing, the team meets before the court hearing in chambers, or the coordinator will report any changes to the judge on the bench, depending on the severity of the infraction. The drug court team contributes to decisions on sanctions. The judge listens to the team and then makes the final decisions, but generally agrees with the team's decision. Historically, the judge has been present at the pre-hearing meetings, however it is reported that she no longer attends these meetings due to potential bias created during discussion of a youth's eligibility. The judge then imposes the sanctions at the drug court hearing that day. The type of sanction is dependent on the type of non-compliant behavior.

Possible sanctions include a warning from the judge, community service assignment, a writing assignment, stricter curfew, placement on home electronic monitoring, and

delayed movement to the next phase of the program.

### **UNSUCCESSFUL PROGRAM COMPLETION (TERMINATION)**

Participants' program participation may be revoked for the following reasons, but are not limited to:

- Continual non-compliance
- Arrest on a new charge, which the team determines warrants dismissal from the program
- Demonstrating violent behaviors towards program staff

The CCJDC program to date has discharged one participant as unsuccessful. Instead of discharging participants, staff tries all available options to encourage behavior change, including electronic monitoring, detention, curfew, and taking away privileges.

### **DATA COLLECTED BY THE DRUG COURT FOR TRACKING AND EVALUATION PURPOSES**

The Counseling Center tracks information using the Statewide Maryland Automated Records Tracking (SMART) system and charts. Progress notes are kept separately. The coordinator is responsible for keeping all other program records.

### **DRUG COURT FUNDING**

The CCJDC operates under 4 different funding streams. The circuit court judge allots \$5,000 from her budget for incidentals, such as mileage reimbursement for the coordinator, meals for meetings, training, and incidentals that are not covered by another grant. The State of Maryland Office of Problem-Solving Courts funds the drug court coordinator's position, and the adolescent addictions counselor's position has been funded through the Alcohol and Drug Abuse Administration (ADAA) since January 31, 2007. The program has a \$15,000 grant

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through DJS that pays for case management two days per week. The Human Services Council, a local management board, provided a 1-year equipment grant for the program to purchase equipment such as electric monitoring devices.

#### **COMMUNITY LIAISONS**

In late May 2007, CCJDC held an open house to try to expand the list of available community agencies as resources for the participants in drug court. Team members have

partnered with a number of community agencies in Caroline County in a concerted effort to provide needed services to drug court participants. The case manager and adolescent addictions counselor have several connections to community organizations that have been used for community service projects, including Habitat for Humanity and the Parks and Recreation Department. Relationships have been forged with local organizations, such as 4H, that are used for employment referral.





## 10 KEY COMPONENTS OF DRUG COURTS AND 16 JUVENILE DRUG COURT STRATEGIES

This section lists the 10 Key Components of Drug Courts as described by the National Association of Drug Court Professionals (NADCP, 1997). Following each key component are research questions developed by NPC for evaluation purposes. These questions were designed to determine whether and how well each key component is demonstrated by the drug court. Juvenile drug court strategies as described by the National Drug Court Institute and the National Council of Juvenile and Family Court Judges (NDCI and NCJFCJ, 2003),<sup>5</sup> are included as well. Within each key component, drug courts must establish local policies and procedures to fit their local needs and contexts. There are currently few research-based benchmarks for these key components, as researchers are still in the process of establishing an evidence base for how each of these components should be implemented. However, preliminary research by NPC connects certain practices within some of these key components with positive outcomes for drug court participants. Additional work in progress will contribute to our understanding of these areas.

The key component, research question, and juvenile strategy(ies) are followed by a discussion of national research available to date that supports promising practices, and relevant comparisons to other drug courts. Comparison data come from the National Drug Court Survey performed by Caroline Cooper

at American University (2000), and are used for illustrative purposes. Then, the practices of this drug court in relation to the key component and strategy(ies) of interest are described, followed by recommendations pertinent to each area.

### **Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing.**

*Research Question: Has an integrated drug court team emerged?*

#### *Juvenile Strategy #1: Collaborative Planning*

- Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.

#### *Juvenile Strategy #2: Teamwork*

- Develop and maintain an interdisciplinary, non-adversarial work team.

### National Research

Previous research (Carey et al., 2005) has indicated that greater representation of team members from collaborating agencies (e.g., defense attorney, treatment, prosecuting attorney) at team meetings and court sessions is correlated with positive outcomes for clients, including reduced recidivism and, consequently, reduced costs at follow-up.

### Local Process

The Caroline County Juvenile Drug Court (CCJDC) has an integrated treatment and judicial team that includes the judge, drug court coordinator, representatives from the office of the public defender, a representative from the state's attorney's office, a pupil personnel worker, and a DJS case manager. The drug court has one full-time treatment counselor and one full-time therapist assistant who work with drug court participants. Con-

<sup>5</sup> NPC felt that both the 10 Key Components and the 16 juvenile drug court strategies provided important perspectives on the operation of juvenile drug courts. We have retained the numbering of the juvenile strategies as they appear in the source document (NDCI and NCJFCJ, 2003), so the strategies are not numbered consecutively in this section. In addition, some juvenile strategies appear more than once, if they contribute to more than one key component.

sistent assessment and information tracking is achieved through the Caroline Counseling Center, the program's sole treatment provider. The director of the treatment center is also on the drug court team and supervises counseling.

Policy meetings used to take place every few months but now only happen twice annually. Past meetings have looked at completion and revision of the Policies and Procedures Manual. More recent policy meetings have dealt with the potential implementation of more liberal referral requirements. With the exception of the treatment center's director, everyone on the drug court team attends biweekly pre-hearing meetings. Treatment providers working with the program share progress reports with the drug court team during pre-hearing meetings. Providers enter information regarding each contact made (e.g., level of participation by the participant, services provided, whether the participant showed up) following each scheduled appointment into a database meant to accompany MDFT. They also share general information about what is happening with the participant's family.

The CCJDC has experienced some change in staff since its initial implementation: specifically, it has had various representatives from the SAO as well as DJS. In addition, with the hiring of a full-time therapist, the part-time therapist returned to her former counseling duties unrelated to the drug court. There has been some concern expressed that Caroline County is often seen as a stepping-off point rather than an endpoint in terms of career life. In addition, adult dockets are preferable to juvenile dockets in the state's attorney's office and, therefore, the juvenile population may be seen as a necessary step to a more desirable work situation. Both of these factors are systemic issues that negatively impact the CCJDC.

### Recommendations/Suggestions

- Team members need to prioritize drug court meetings, attending reliably and arriving on time, to use everyone's time wisely and to maintain engagement from all team members. In order to facilitate quarterly policy meeting attendance, the program might consider setting dates 6 months to 2 years in advance to avoid scheduling conflicts. These times could be indicated by choosing a consistent day and month—every 2<sup>nd</sup> Wednesday of the third month, for example.
- The drug court team should implement more frequent and regular policy meetings in order to discuss issues concerning the program process and challenges. For example, topics to look at could be issues around consistent staffing, entry time into the program and the recruitment and inclusion of partner agencies and community organizations.
- To the extent possible, the program should work to reduce turnover and look into the reasons behind short tenures. All team members should be well integrated and have a stake in the program goals. If necessary, the team may need to bring systemic challenges to the attention of state officials to discuss possible incentives (such as compensation rates) that might help the county and program be seen as desirable long-term career options.
- The program should ensure that new staff are thoroughly oriented to the program's mission and trained in policies and procedures.
- Representatives from all agencies should attend pre-hearing meetings in order for the entire team to be integrated and have the most current information on participants and decisions arising from these meetings. This recommendation relies on the understanding that meeting attendance is punctual and that the meeting is

engaging to all members. Information discussed should not go beyond that which is relevant to program goals for each participant.

**Key Component #2: using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.**

*Research Question: Are the Office of the Public Defender and the State's Attorney's office satisfied that the mission of each has not been compromised by drug court?*

*Juvenile Strategy #1: Collaborative planning*

- Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.

*Juvenile Strategy #2: Teamwork*

- Develop and maintain an interdisciplinary, non-adversarial work team.

National Research

Recent research by Carey, Finigan, & Pukstas, under review, found that participation by the prosecution and defense attorneys in team meetings and at drug court sessions had a positive effect on graduation rate and on outcome costs.

In addition, allowing participants into the drug court program only post-plea was associated with lower graduation rates and higher investment costs. Higher investment costs were also associated with courts that focused on felony cases only and with courts that allowed non-drug-related charges. However, courts that allowed non-drug-related charges also showed lower outcome costs. Finally, courts that imposed the original sentence instead of determining the sentence when participants are terminated showed lower outcome costs (Carey et al., under review).

Local Process

Prosecution and defense counsel are included as part of the drug court team. Key stakeholders reported that the public defender's role in the drug court is equal to that of the other team members. The public defender and the state's attorney relax their normally adversarial roles in the interest of supporting the needs of participants. While the relationship between the public defender and the state's attorney is reportedly positive, their roles as they relate to agency commitment may need some additional clarification.

Recommendation/Suggestion

- It is important that all team members receive training appropriate to their roles in the program and to understand the mission and process of drug courts, regardless of their levels of experience in the judicial system as a whole.

**Key Component #3: Eligible participants are identified early and promptly placed in the drug court program.**

*Research Question: Are the eligibility requirements being implemented successfully? Is the original target population being served?*

*Juvenile Strategy #3: Clearly defined target population and eligibility criteria*

- Define a target population and eligibility criteria that are aligned with the program's goal and objectives.

National Research

Carey, Finigan, & Pukstas, under review, found that courts that accepted pre-plea offenders and included misdemeanors as well as felonies had both lower investment and outcome costs. Courts that accepted non-drug-related charges also had lower outcome costs, though their investment costs were higher.

Local Process

The CCJDC relies on the DJS case manager as the gatekeeper and sole source for referrals to drug court. Once arrests are made, paperwork on the individuals is sent to DJS. This step can take up to 2 weeks, depending on police agency procedures, which are not transparent to the drug court team. The treatment provider and the state’s attorney then make a determination of eligibility based on requirements which are clearly set forth in the Caroline County Drug Court Policies and Procedures Manual.

CCJDC is a pre-disposition court. The time for DJS to process referrals, including meeting with prospective participants and their families, is about 13 days. Following this process, it can take another 2 weeks before the individual is offered drug court by the judge at his/her disposition hearing. Consequently, the length of time from arrest to participation in drug court can be from 45 to 60 days.

Recommendation/Suggestion

- The program may want to have a policy discussion with DJS and judicial staff to determine if there are places where time could be saved in the process from arrest to entry into drug court. Conducting an in-depth review and analysis of case flow can identify bottlenecks or structural barriers, and points in the process where potential adjustments to procedures could facilitate quicker placement into drug court.

**Key Component #4: Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation service.**

*Research Question: Are diverse specialized treatment services available?*

*Juvenile Strategy #7: Comprehensive treatment planning*

- Tailor interventions to the complex and varied needs of youth and their families.

*Juvenile Strategy #8: Developmentally appropriate services*

- Tailor treatment to the developmental needs of adolescents.

*Juvenile Strategy #9: Gender-appropriate services*

- Design treatment to address the unique needs of each gender.

*Juvenile Strategy #10: Cultural competence*

- Create policies and procedures that are responsive to cultural differences, and train personnel to be culturally competent.

*Juvenile Strategy #11: Focus on strengths*

- Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.

*Juvenile Strategy #12: Family engagement*

- Recognize and engage the family as a valued partner in all components of the program.

*Juvenile Strategy #13: Educational linkages*

- Coordinate with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.

## National Research

Programs that have requirements around the frequency of group and individual treatment sessions (e.g., group sessions 3 times per week and individual sessions 1 time per week) have lower investment costs<sup>6</sup> (Carey et al., 2005) and substantially higher graduation rates and improved outcome costs<sup>7</sup> (Carey, Finigan, & Pukstas, under review). Clear requirements of this type may make compliance with program goals easier for program participants and also may make it easier for program staff to determine if participants have been compliant. They also ensure that participants are receiving the optimal dosage of treatment determined by the program as being associated with future success.

Clients who participate in group treatment sessions two or three times per week have better outcomes (Carey et al., 2005). Programs that require more than three treatment sessions per week may create a hardship for clients, and may lead to clients having difficulty meeting program requirements. Conversely, it appears that one or fewer sessions per week is too little service to demonstrate positive outcomes. Individual treatment sessions, used as needed, can augment group sessions and may contribute to better outcomes, even if the total number of treatment sessions in a given week exceeds three.

The American University National Drug Court Survey (Cooper, 2000) shows that most drug courts have a single provider. NPC, in a study of drug courts in California (Carey et al., 2005), found that having a single provider or an agency that oversees all

the providers is correlated with more positive participant outcomes, including lower recidivism and lower costs at follow-up.

Discharge and transitional services planning is a core element of substance abuse treatment (SAMHSA/CSAT, 1994). According to Lurigio (2000), “The longer drug-abusing offenders remain in treatment and the greater the continuity of care following treatment, the greater their chance for success.”

## Local Process

Participants of the CCJDC are required to attend individual and family therapy at least 3 times per week in Phase I as part of Multi-dimensional Family Therapy (MDFT). The therapist meets twice per week with the individual one-on-one and once per week with the parent or guardian one-on-one. The fourth session is with the parent or guardian and the participant together. MDFT sessions are conducted in the family’s home. The case manager makes daily contact with the participant in Phase I. In Phases II and III, the participant continues to meet with the therapist twice per week, and family sessions are held once per month. Phase IV is considered aftercare, though no substance abuse treatment occurs during this phase. The program plans to implement an alumni group to serve as long-term support.

The treatment provider for CCJDC is the Department of Health, Caroline Counseling Center. The current therapist has a close relationship with all drug court participants as well as involvement with their parents or guardians as required by the treatment model, MDFT. According to a key stakeholder, this model is intended to create a family system that will support the participant’s recovery and prevent relapse. Overall, parents/guardians appreciated the family therapy. One parent/guardian explained that the therapist is able to take the issues the parent/guardian has confided in the therapist and present them to her child in a neutral and constructive manner, eliciting positive re-

<sup>6</sup> Investment costs are the resources that each agency and the program overall spend to run the drug court, including program and affiliated agency staff time, costs to pay for drug testing, etc.

<sup>7</sup> Outcome costs are the expenses related to the measures of participant progress, such as recidivism, jail time, etc. Successful programs result in lower outcome costs, due to reductions in new arrests and incarcerations, because they create less work for courts, law enforcement, and other agencies than individuals who have more new offenses.

sponses. Another parent/guardian explained that:

*We're learning about attitudes and how to respond better. They take you through the steps. They're not just there to treat [my child]; they treat the family. You can move toward the goals and know the triggers.*

Participants must attend Moral Reconciliation Therapy (MRT) with other participants. This group meets weekly for 3 months during Phases II, III, and IV, and is facilitated by the DJS case manager. It is a group learning process to help youth improve their decision-making abilities.

Racial/ethnic minorities are served in the CCJDC; however, key stakeholders indicated that Spanish-speaking participants currently cannot be accommodated by the program. The program has not yet implemented cultural competency training. However, the therapist has had training focusing on the barriers to reaching adolescent males in a clinical context.

The pupil personnel worker has been with the drug court since its inception and is integrated into the team effectively as a liaison to the board of education. Observations of team meetings indicate that he has updated education information on each participant and is able to obtain information on new participants expeditiously.

#### Recommendations/Suggestions

- A clear aftercare plan that offers support to the participant as s/he transitions back into the community should be implemented by the drug court team, including linkages to family and community supports. Each youth should be connected to safe recreational activities, an educational/vocational plan, and other support for remaining drug-free.
- The program staff would benefit from cultural competency training and a review of policies and practices to ensure

that youth from all groups (including different racial/ethnic backgrounds, females and males, and both older and younger youth) are being well served by the program.

- The program may benefit from training on motivational or solution-focused interviewing, adolescent development, strength-based practice, or positive youth development.

#### **Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing.**

*Research Question: Compared to other drug courts, does this court test frequently?*

#### *Juvenile Strategy #14: Drug Testing*

- Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.

#### National Research

Research on drug courts in California (Carey et al., 2005) found that drug testing that occurs randomly, at least three times per week, is the most effective model. If testing occurs frequently (that is, three times per week or more), the random component becomes less important.

Programs that tested more frequently than three times per week did not have any better or worse outcomes than those that tested three times per week. Less frequent testing resulted in less positive outcomes. It is still unclear whether the important component of this process is taking the urine sample (having clients know they may or will be tested) or actually conducting the test, as some programs take multiple urine samples and then select only some of the samples to test. Further research will help answer this question.

Results from the American University National Drug Court Survey (Cooper, 2000) show that the number of urinalyses (UAs) given by the large majority of drug courts

nationally during the first two phases is two to three per week.

#### Local Process

The number of urinalyses administered in CCJDC is comparable to most drug courts nationally. The administration of two to three UAs per week in the first two phases and one to two UAs per week in the third and fourth phases is consistent with national experience. CCJDC administers UAs randomly in all phases, with the exception of the intake UA. Drugs tested for include cocaine, amphetamines, opiates, THC and alcohol.

#### Recommendations/Suggestions

There are no recommendations at this time for this area, as the program appears to have implemented a successful drug use monitoring system.

#### **Key Component #6: A coordinated strategy governs drug court responses to participants' compliance.**

*Research Question: Does this court work together as a team to determine sanctions and rewards? Are there standard or specific sanctions and rewards for particular behaviors? Is there a written policy on how sanctions and rewards work? How does this drug court's sanctions and rewards compare to what other drug courts are doing nationally?*

#### *Juvenile Strategy #15: Goal-oriented incentives and sanctions*

- Respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.

#### National Research

Nationally, experience shows that the drug court judge generally makes the final decision regarding sanctions or rewards, based on input from the drug court team. All drug courts surveyed in the American University study confirmed they had established guidelines for their sanctions and rewards policies,

and nearly two-thirds (64%) reported that their guidelines were written (Cooper, 2000).

Carey, Finigan, & Pukstas, under review, found that for a program to have positive outcomes, it is not necessary for the judge to be the sole person who provides sanctions. However, when the judge is the sole provider of sanctions, it may mean that participants are better able to predict when those sanctions might occur, which might be less stressful. Allowing team members to dispense sanctions makes it more likely that sanctions occur in a timely manner, more immediately after the non-compliant behavior. Immediacy of sanctions is related to improved graduation rates.

#### Local Process

Currently, drug court hearings are held 3 days following the pre-hearing team meetings. At these meetings, team members discuss and generally agree upon responses to participant behavior. However, it has been reported that if disagreements persist, the judge will make the final decision. While both the CCJDC therapist and the judge offer incentives to drug court participants, team members agreed that only the judge imposes sanctions. CCJDC has clearly stated guidelines on what constitutes compliant and non-compliant behavior. Information related to incentives, rewards, and sanctions is addressed in the CCJDC Policies and Procedures Manual, but without specific information as to what behavior and how much will elicit which reward or sanction. Team members reported that sanctions and rewards were handed out in a consistent manner. Neither the program participants nor their parents/guardians reported that the sanctions were imposed unfairly.

#### Recommendations/Suggestions

- The drug court team should include guidelines regarding the graduation of sanctions in response to repeated non-compliance in both the Policies and Procedure Manual and the Participant Hand-

book. In addition, detailed information about incentives and rewards should be included in both documents.

- The drug court team may want to consider offering graduating participants an additional reward related to completing the program and commencing their lives post-program. For example, the team covered costs related to attending college for one term for a graduating participant. This type of reward may help to make the graduation and transition process seem more meaningful.
- The team should consider holding pre-hearing meetings closer to the court hearing day and time so that participant progress is updated in the most timely and efficient manner possible.

**Key Component #7: Ongoing judicial interaction with each drug court participant is essential.**

*Research Question: Compared to other drug courts, does this court’s participants have frequent contact with the judge? What is the nature of this contact?*

**Juvenile Strategy #4: Judicial involvement and supervision**

- Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.

National Research

From its national data, the American University Drug Court Survey (Cooper, 2000) reported that most drug court programs require weekly contact with the judge in Phase I, contact every 2 weeks in Phase II, and monthly contact in Phase III. The frequency of contact decreases for each advancement in phase. Although most drug courts follow the above model, a substantial percentage reports less court contact.

Further, research in California and Oregon (Carey et al., 2005; Carey & Finigan, 2003) demonstrated that participants have the most

positive outcomes if they attend at least one court session every 2 to 3 weeks in the first phase of their involvement in the program. In addition, programs where judges participated in drug court voluntarily and remained with the program at least 2 years had the most positive participant outcomes. It is recommended that drug courts not impose fixed terms on judges, as experience and longevity are correlated with cost savings (Carey et al., 2005; Finigan, Carey, & Cox, 2007).

Local Process

Participants in CCJDC have biweekly (every 2 weeks) interaction with the judge in Phases I and II, once or twice per month in Phase III, and once per month in Phase IV. This level of interaction is consistent with common practices nationally.

The current CCJDC judge has been with the program since its inception and does not have a fixed term. Judge Jensen was the driving force behind CCJDC implementation and serves the court voluntarily. Other team members gave only positive remarks concerning Judge Jensen. One of the key stakeholders commented that, “We have a very dedicated and passionate judge.” Other comments were similar to this one and indicated that the judge has a deep concern and empathy for participants. Family members are required to attend drug court hearings with their children. This involvement allows the judge to build relationships with the participants’ families. Parents/guardians interviewed unanimously felt that the CCJDC judge was genuinely concerned for their children’s welfare.

Recommendations/Suggestions

There are no recommendations at this time for this area, as the program appears to have positively implemented Key Component #7.



**Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.**

*Research Question: Are evaluation and monitoring integral to the program?*

**Juvenile Strategy #5: Monitoring and evaluation**

- Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to the knowledge in the field.

**Juvenile Strategy #16: Confidentiality**

- Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team [and evaluators] to access key information.

National Research

Carey, Finigan, & Pukstas, under review, found that programs with evaluation processes in place had better outcomes. Four types of evaluation processes were found to save the program money with a positive effect on outcome costs: 1) maintaining paper records that are critical to an evaluation, 2) regular reporting of program statistics led to modification of drug court operations, 3) results of program evaluations have led to modification to drug court operations, and 4) drug court has participated in more than one evaluation by an independent evaluator. Graduation rates were associated with some of the evaluation processes used. The second and third processes were associated with higher graduation rates, while the first process listed was associated with lower graduation rates.

Local Process

The CCJDC currently operates without a database, due in part to the small number of participants who have entered the program. Information is kept in individual files and program data are compiled manually by referring to these files. The Counseling Center

tracks information using the Statewide Maryland Automated Records Tracking (SMART) system.

Participants and their parents/guardians are informed of their rights to privacy before entering the drug court program. Information sharing is done once both the parent/guardian and the participant have signed the proper release of information forms. Treatment providers share only information deemed necessary for the team to track the participant's progress.

Recommendations/Suggestions

- As enrollment grows, the drug court should implement a database that tracks necessary detailed information on participants, their progress through the program, and their use of services. The program should also ensure the data management system is available to all team members.
- Drug court staff are encouraged to discuss the findings from this process evaluation as a team, to identify areas of potential program adjustment and improvement.

**Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.**

*Research Question: Is this program continuing to advance its training and knowledge?*

National Research

The Carey, Finigan, & Pukstas, under review, study found that drug court programs requiring all new hires to complete formal training or orientation, team members to receive training in preparation for implementation, and all drug court team members to be provided with training were associated with positive outcomes costs and higher graduation rates.

It is important that all partner agency representatives understand the key components and best practices of drug courts, and that they are knowledgeable about adolescent development, behavior change, substance abuse, mental health issues and risk and protective factors related to delinquency.

Local Process

The drug court team attended several federal drug court trainings in 2005, and five members attended several implementation and other training programs offered by the Maryland Office of Problem-Solving Courts more recently, in 2007. The coordinator reports plans to send select team members to the next National Drug Court Institute training, to ensure that all team members fully understand the drug court model and their roles in the program.

In addition to drug court training, the most recent DJS case manager worked as an addiction counselor before she became a probation officer, contributing pertinent background experience and knowledge to her understanding of her role and likely encouraging a holistic perspective in her work with drug court participants and their families. However, at the time of this report, the authors learned that the DJS case manager had left her position and a new case manager was being trained. Treatment providers working with the CCJDC have had intensive training on MDFT, and their use of the model is monitored by the Counseling Center’s director.

Recommendations/Suggestions

- The drug court team, in collaboration with the partner agencies, should ensure that all team members receive initial and continuing drug court training. There should be an expectation of and encouragement for staff to take advantage of ongoing learning opportunities, both locally and nationally. To support this goal, a training plan and a log system should be established, the results of which

should be reviewed by program administrators periodically. These tools will be useful in keeping track of training activities and in reinforcing the importance of professional development.

- To facilitate team-wide, cost-effective training, the program could invite key speakers to come to Caroline County and do on-site training. Speakers might include staff from the Maryland Office of Problem-Solving Courts and/or past presenters at drug court conferences.

**Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.**

*Research Question: Compared to other drug courts, has this court developed effective partnerships across the community?*

*Juvenile Strategy #6: Community partnerships*

- Build partnerships with community organizations to expand the range of opportunities available to youth and their families.

National Research

Responses to American University’s National Drug Court Survey (Cooper, 2000) show that most drug courts are working closely with community groups to provide support services for their drug court participants. Examples of community resources with which drug courts are connected include self-help groups such as AA and NA, medical providers, local education systems, employment services, faith communities, and Chambers of Commerce.

Local Process

At the time of this reporting, the drug court coordinator and other key stakeholders were hoping to strengthen their local ties by holding a community open house. This event took place at the end of May 2007. Team mem-

bers have also done some individual networking with organizations such as 4H, Habitat for Humanity, and the Department of Parks and Recreation in order to offer community service and volunteer and paid employment opportunities to the participants. Employment Services are offered through the Workforce Investment Board and job training is conducted through the Chesapeake Culinary Center. The team has strong ties to Caroline County Schools through its pupil personnel worker.

#### Recommendation/Suggestion

- The program should continue to identify new community partners, connections, or resources that would be interested in supporting the program, and strengthen relationships/ties with existing agency partners. Some examples include faith-based organizations, community colleges and universities, and employment agencies.



## CAROLINE COUNTY JUVENILE DRUG COURT: A SYSTEMS FRAMEWORK FOR PROGRAM IMPROVEMENT

**D**rug courts are complex programs designed to deal with some of the most challenging problems that communities face. Drug courts bring together multiple—traditionally adversarial—roles, and stakeholders from different systems with different training, professional language, and approaches. They take on groups of clients that frequently have serious substance abuse treatment needs. Juvenile drug courts add the challenges involved in working with young people, and the additional stakeholders of parents/guardians/custodians, schools, and recreational resources. Adolescents are also a generally underemployed group and face more obstacles than adults in linking to the legitimate economy.

The challenges and strengths found in the CCJDC can be categorized into community, agency, and program-level issues. By addressing issues at the appropriate level, change is more likely to occur and be sustained. In this section of the report, we provide an analytic framework for the recommendations in the prior section

### COMMUNITY LEVEL

Juvenile justice-involved youth with substance abuse issues must be seen within an ecological context; that is, within the environment that contributes to their attitudes and behaviors, risks and protective factors. This environment includes their neighborhoods, families, and schools. We must understand the various social, economic, and cultural factors that affect them.

Social service and criminal/juvenile justice systems respond to community needs. However, to be most effective, they need to clearly understand those needs. They need to analyze and agree on the problem to be solved, what the contributing factors are,

who is most affected, and what strategies are likely to be most successful at addressing the problem. An analysis of need will begin to define what programs and services should look like, what stakeholders exist, and what role each will play.

### SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

The drug court team should continue discussing possible community connections and resources, and ideas for generating additional support to enhance the program and be responsive to changes in the environment and participant needs. Building additional connections with recreational, employment/career development, and educational services would be beneficial. If CCJDC decides to convene a steering committee, it is recommended that representatives from public and private community agencies serve on that committee, along with drug court team members. This committee would be responsible for advising partner agencies on program design and ensuring that the program is meeting community needs.

### AGENCY LEVEL

Once community and participant needs are clearly defined and the stakeholders identified, the next step is to organize and apply resources to meet the needs. No social service agency or system can solve complicated community problems alone. Social issues—compounded by community-level factors, such as unemployment, poverty, substance abuse, and limited education—can only be effectively addressed by agencies working together to solve problems holistically. Each agency has resources of staff time and expertise to contribute. At this level, partner agencies must come together in a common under-

standing of each other's roles and contributions. They must each make a commitment to their common goals.

This level of analysis is a place to be strategic, engage partners and advocates, leverage resources, establish communication systems (both with each other and with external stakeholders, including funders), and create review and feedback loop systems for program monitoring and quality improvement activities. Discussions at this level can solidify a process for establishing workable structures for programs and services, as well as identify key individuals who will have ongoing relationships with the program and with other participating agencies and key stakeholders.

#### **SUMMARY OF AGENCY-LEVEL RECOMMENDATIONS**

The drug court team would benefit from discussions to clarify the roles and responsibilities of each partner agency and representative to the team. Attendance by all team members at local and national trainings would foster this understanding as well as a buy-in concerning drug court principles.

#### **PROGRAM LEVEL**

Once a common understanding of need exists and partner agencies and associated resources are at the table, programs and services can be

developed or adjusted as needed to ensure that the program is meeting the identified needs and utilizing public funds as efficiently and effectively as possible. Program policies and procedures should be reviewed to ensure that they create a set of daily operations that works best for the community.

#### **SUMMARY OF PROGRAM-LEVEL RECOMMENDATIONS**

The drug court team would benefit from more frequent policy meetings in which they address the issue of staff turnover and discuss possible solutions. Other topics to discuss include the referral process and how to make that as transparent and as short as possible, the implementation of a database that can be accessed by all team members, the timing of pre-hearing meetings, and the findings from this process evaluation.

Program participants would be best served by a team that is able to identify and work with their strengths, including their cultural differences. To this end, training in the area of strength-based practices and cultural competency would be ideal for the entire team and for the program's efficacy.

A concrete and comprehensive program following treatment completion and graduation should be implemented as soon as possible and should include support groups and plans for helping participants remain drug-free.

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**APPENDIX A: DRUG COURT TYPOLOGY  
INTERVIEW GUIDE TOPICS**



## **Drug Court Typology Interview Guide Topics**

The topic/subject areas in the Typology Interview Guide were chosen from three main sources: the evaluation team's extensive experience with drug courts, the American University Drug Court Survey, and a paper by Longshore et al. (2001), which lays out a conceptual framework for drug courts. The typology interview covers a number of areas—including specific drug court characteristics, structural components, processes, and organizational characteristics—that contribute to a more comprehensive understanding of the drug court being evaluated. Topics in the Typology Interview Guide also include questions related to eligibility guidelines, specific drug court program processes (e.g., phases, treatment providers, urinalyses, fee structure, rewards/sanctions), graduation, aftercare, termination, non-drug court processes (e.g., regular probation), identification of drug court team members and their roles, and a description of drug court participants (e.g., general demographics, drugs of use).

Although the typology guide is modified slightly to fit the context, process and type of each drug court (e.g., juvenile courts, adult courts), a copy of the generic drug court typology guide can be found at [www.npcresearch.com/Files/NPC\\_Research\\_Drug\\_Court\\_Typology\\_Interview\\_Guide\\_\(copyrighted\).pdf](http://www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_(copyrighted).pdf).



## **APPENDIX B: FOCUS GROUP RESULTS SUMMARY**



## Focus Group Summary

As described in the methodology section of this report, NPC conducted two focus groups in the offices of the Montgomery County Juvenile Drug Court in March 2007. Three current drug court participants were involved in the first focus group. Three parents/guardians of current participants and graduates were included in the other. The focus groups provided the current and former participants and parents/guardians with an opportunity to share their experiences and perceptions regarding the drug court process. In addition, NPC interviewed one program graduate and the graduate's parent/guardian.

The topics discussed during the interviews and focus groups included what participants liked about the drug court program, what they disliked, general feelings about the program (including program staff), the program's effect on personal relationships, why youth were referred to the program, (for parents/guardians) how the participant had changed since starting the program, perceptions regarding family treatment team meetings, advice participants would give someone considering entering the drug court program, and recommendations for the program.

### *What they liked/what worked*

#### Active/graduated participants:

- Learning coping skills, instead of doing whatever I wanted to do.
- They are helping. They got me a job at a --- a volunteer job.

#### Parents/Guardians:

- Caroline Counseling: I think it's good
- He had one relapse and they put him on EM (electronic monitoring) and got him back on track.
- It's an intense program. It's good that they have the court every 2 weeks and it's good that they're getting drug tested.
- They have one-on-one sessions [with the addictions counselor]. We talk to them once a week and they [counselor] present it differently to the kid. They're not scared to tell the kids they have a contract and they'll do EM. Nowadays, parents don't have a lot of power over their kids. The program gives them some.
- We're learning about attitudes and how to respond better. They [counselors] take you through the steps. They're not just there to treat him; they treat the family. You can move toward the goals and know the triggers. Caroline Counseling is good. If there's a problem you can call them. They return calls.

### *What they didn't like*

#### Active /graduated participants:

- I was doing placement really good and then I do one little thing wrong [forgot MRT book] and they punish me for it, but I don't know if there's another way.
- We do groups too much...3 times a week and Friday we've got to come to drug court and [they're] checking up on us every day - they call my mom.
- MRT is dumb.
- It's like they don't trust us. I see them more than 3 times a week. I see them almost every day. I don't want to. I'm cleaning at home and doing work.

Parents/Guardians:

- I live far away. It's a big county. It covers so much. It was a challenge for me to get around.
- I had to get him to all his appointments and I work full-time so that was kind of a challenge. I went to court with him and made sure that he got where he needed to go.
- Scheduling...I think one woman even lost her job because of all the court dates and things she had to go to.
- It was really hot, 100 degrees outside and they had him doing community service outside. It was really hard, it felt like he was being punished and it really didn't help his self-esteem at all.
- They do not tell us far enough in advance. Everything is at their convenience. I have a 10 o'clock appointment that I can't make. Things are sometimes last minute.
- Juvenile Services is a crock. I feel like they slap the children on the hands, that's why we end up here in drug court.

***General feedback regarding the program (including drug court staff)***

Active/graduated participants:

- I liked her....she [judge] was cool. She gave me too many chances.
- Family therapy. It's boring. I don't like how they try to get in our family business. It causes more problems between me and my mom.
- I haven't seen nobody graduate. I hate it. I will get it over with. Everybody does what they got to do and then they go right back to what they were doing.
- The Judge is very nice. All of them are trying to help us but its like we're a bug on a microscope.

Parents/Guardians:

- Drug court is great. It's just getting into drug court. I made a call to DJS and told them what I thought my son was doing and they didn't do anything. The parents do everything they do and they reach out for help and it's not there.
- The judge has real concern for the children. She cares. I feel very comfortable coming here and going in front of her.
- I don't like going to all these classes. At first I was against it, then when I talked to someone else about it and my daughter about it I'm like well, I think it sounds like a good program.

***Drug court's effect on personal relationships***

Active/graduated participants:

- I'm not going to quit hanging around with my friends because they tell me.

***How is your child different now than when he/she first entered drug court?***

Parents/Guardians:

- Like he said, it was easy but I think it pretty much saved his life because he was going down the wrong path ...and having someone over him constantly, checking in and seeing how he's doing in school. He wasn't doing well in school. (The parent indicated that the court came up with a creative and individualized intervention that proved very effective



in this case)..... I can have a conversation with him, because before that attitude – they're zombies. It's been a rough start, but I'm hoping that with the consequences that he won't want to go back to these places and we'll get him on the right path. He used twice in three months compared to four times a week, I feel like I have someone to talk to now.

- Before he wasn't doing well in school, he wasn't doing anything. He was hanging out with his friends and lying. He dropped out of school and he only finished the 9<sup>th</sup> grade. When he got into placement he got GED classes, got his GED, got himself focused...he's got goals now, attitudes better.

### ***Reported Successes***

#### Active /graduated participants:

- I went from the bottom all the way to the top.

#### ***Why they decided to participate in drug court***

#### Active/graduated participants:

- They made us [do the program]. If I had a choice I wouldn't be doing it. I would be home on regular probation. I wouldn't have to do all the classes, the MRT.

#### ***What advice would you give someone considering drug court (a prospective participant or parent)?***

#### Active/graduated participants:

- Don't do drug court. I think they're forcing them to do it. Nobody wants to do it. I'd rather be sent away for a month or 3 months than do drug court...go to an institute to deal with my drugs and get me clean.

### ***Recommendations for the program***

#### Active/graduated participants:

- I shouldn't have to talk to 3 or 4 other people besides mom where I'm going. They need to get off our backs.
- Take away the drug testing. Once a week is fine. They don't trust us.

#### Parents/Guardians:

- More notice could be given. As parents, we have other things to do. We want to be involved every step of the way.
- I didn't know about drug court beforehand. They should have a brochure at DJS.
- Be more accessible. Listen to the parents more.