Carroll County Circuit Court Adult Drug Court

Pre-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

January 2008

NPC
RESEARCH

4380 SW Macadam Ave.
Portland, OR 97239
(503) 243-2436
www.npcresearch.com

Carroll County Circuit Court Adult Drug Court

Pre-Evaluation

Bob Linhares, M.A.
NPC Research
linhares@npcresearch.com

Juliette R. Mackin, Ph.D.
NPC Research
mackin@npcresearch.com

January 2008

Informing policy, improving programs

BACKGROUND

N PC Research, a Portland, Oregon-based social policy evaluation research firm, is contracted with the Maryland Administrative Office of the Courts to conduct impact/outcome evaluations and cost analyses for Maryland's Drug and DUI Courts. In 2006, NPC conducted a pilot in Prince George's Juvenile Drug Court for introducing a program to these intensive evaluation activities and gathering the preliminary information needed to begin these other types of studies. The information included in this report represents the summary of the pre-evaluation work completed in December 2007 with the Carroll County Circuit Court Adult Drug Court program.

Pre-Evaluation Process Description and Purpose

Process evaluation involves intensive and extensive information collection and analysis. To ensure that NPC's research team gets off to a "running start" in pursuit of this intense research endeavor, it will conduct what it refers to as a "pre-evaluation" for each drug court program that has not undergone a previous process evaluation.

Pre-evaluation activities include an introductory site visit to the drug court, utilization of an electronic survey, and a telephone interview with the program coordinator or other drug court representatives possessing a broad overview perspective of the program. The pre-evaluation data that are collected through these activities provide the researchers with a general understanding of the drug court's organization and current processes, assist the evaluation team in determining the direction and content of further process evaluation questions, and inform future outcome and cost evaluation work. In addition, contact information for key informants, a description of general roles of partnering agency representatives, and related information is collected during the pre-evaluation. Perhaps of greatest importance during this brief period of contact with each site is that NPC's researchers have an opportunity to develop a positive and productive working relationship with drug court representatives, in particular program coordinators.

ELECTRONIC PROGRAM SURVEYS

Since the drug court programs participating in the pre-evaluation process are located throughout the state of Maryland, and in the interest of making the most efficient and effective use of our research staff and resources, it was decided that NPC's process evaluation team would administer an electronic survey to key informants (generally, these are the program coordinators). The use of an electronic survey allows the researchers to begin building the pre-evaluation understanding of the program, described above, as well as to collect data that will support a future full process evaluation of the site.

Carroll County Circuit Court Adult Drug Court Pre-Evaluation Process

NPC staff conducted the following research activities with the Carroll County Circuit Court Adult Drug Court Program:

1. Initial introduction of the pre-evaluation process with the program coordinator, including a general description of future evaluation activities

2. Completion by the program coordinator of the Program Survey

3. An interview (and additional follow-up communications) by NPC staff with the program coordinator, to:

    a. Ensure that the program understands the 10 key components

    b. Share the current status of the research in these areas

    c. Learn about the drug court's program policies and procedures and how they are implementing these as they relate to best practices

4. Confirmation that the site currently has a program flow chart (i.e., a visual illustration of partner agencies and the process for individuals to enter the program)

5. A site visit by NPC staff to discuss data elements, program operations, and to address any questions that arise

Evaluation Products That Resulted From the Above Activities Included:

1. A data elements worksheet, which highlights the specific data to be collected for the program, which agency collects that information, where the data are located (e.g., computer database, hardcopy), and when the agency or agencies began collecting the information (or plan to begin collecting it).

2. Findings and recommendations for the program based on the 10 key components.

General Summary of Findings

This site has successfully implemented its program and is now collecting all relevant program information in the SMART data management system. Other specific findings (also included in the full 10 key component summary) are:

- Referrals for the program are received from a variety of sources. The coordinator sends a letter back to the referral source regarding the outcome of the referral.

- The program is currently facing some staffing challenges (e.g., probation is understaffed and they are looking for ways to increase law enforcement participation), but the team has incorporated all key agencies into the process and members appear to work well together. The agency partners help participants navigate the logistics of the systems they represent efficiently and effectively. The team also focuses on helping participants address their individual challenges.

- The team members representing the Public Defender and State's Attorney's Offices use a non-adversarial approach and work together to address both the best interests of the participants and the community.

- The program staff are clear with participants about the high expectations of the program, the amount of work required to be successful, and the consequences (i.e., serving the original sentence) if the participant does not complete the program successfully.

- The eligibility requirements and target population are clearly defined in the policy and procedure manual. The team uses the context of the individual to make exceptions to the eligibility criteria, in an effort to allow certain individuals into the program whom they feel could benefit from participation (e.g., a person who was arrested for a fight 20 years ago).

- The program is responsive to the evolving needs of participants and is able to anticipate potential relapse and respond accordingly (e.g., by increasing the number of treatment sessions, etc.)

- The program emphasizes the use of incentives and rewards more than sanctions; their reported use of sanctions is low to date. Team members work together to impose sanctions as close in time to when the behavior occurred as possible.

- The current judge, who has a treatment orientation (and an understanding of addiction and its relationship to criminality), volunteered for this drug court assignment and has been in the position since program implementation.

- A large number of partnerships have been developed with community contacts in an effort to provide drug court participants with needed support; these community partners include the Heroin Action Coalition, Business Employment Resource Center, county work release center, Alcoholics Anonymous, a local community college representative, and a representative of the local business community. The program is actively working to expand this network of support.

- One of the program's first participants has recently started an "outside" drug court support group, which meets weekly.

CARROLL COUNTY DISTRICT COURT ADULT DRUG COURT

10 Key Components of Drug Courts

DEFINITIONS AND STRATEGIES FOR ADULT DRUG COURTS

Key Component	Preliminary Site Findings	Suggestions/Questions/ Recommendations
1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.	• Referrals for the program are received from a variety of sources. The coordinator sends a letter back to the referral source regarding the outcome of the referral. • The team incorporates all key agencies and appears to work well together. The agency partners help participants navigate the logistics of the systems they represent efficiently and effectively. The team also focuses on helping participants address their individual challenges. • Policy decisions are made by the entire team, which also includes representatives from the Health Department (addiction treatment staff) and the program's case manager. • Staffing meetings are held weekly, during which the team discusses both active and prospective participants. Drug court sessions occur twice per month. • The program recognizes the need to have more participation from law enforcement, and is looking for ways to fund more time for police involvement in the program (including attendance at all team meetings).	• Continue to pursue additional funding to allow fuller involvement of law enforcement on the drug court team. • Update the policy and procedure manual to include all current team members (i.e., law enforcement representative: drug investigator from State's Attorney's Office).

Key Component	Preliminary Site Findings	Suggestions/Questions/ Recommendations
	• Probation Department is experiencing a hiring freeze and, due to recent staff departures, is currently understaffed. There is a single Probation Agent for the drug court program, but he also works with non-drug court clients. He is unable to attend every session due to his schedule. • The program would like to include a representative from the local county police department, when this agency is established, and/or a representative from the Sheriff's Office.	
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.	• The team members representing the Public Defender and State's Attorney's Offices use a non-adversarial approach and work together to address both the best interests of the client and the community. • The program staff are clear with participants about the high expectations of the program, the amount of work required to be successful, and the consequences (i.e., serving the original sentence) if the participant does not complete the program successfully. Prospective participants must sign off on an 18-point list of expectations (which is reviewed with them prior to accepting entry) as an indication that they know what is expected of them and are prepared to accept the responsibilities related to program participation. • The participant manual is written in a supportive way and is clear about the program's goals to assist participants in making changes in their lives.	• There are no recommendations for this area at this time. The program appears to be operating with a non-adversarial and interdisciplinary team.

Key Component	Preliminary Site Findings	Suggestions/Questions/ Recommendations
3. Eligible participants are identified early and promptly placed in the drug court program.	• The program accepts clients with a variety of both felony and non-felony charges, from multiple referral sources and through a range of legal decision points (both pre- and post-plea). • The eligibility requirements and target population are clearly defined in the policy and procedure manual. The team uses the context of the individual to make exceptions to the eligibility criteria, in an effort to allow certain individuals into the program whom they feel could benefit from participation (e.g., a person who was arrested for a fight 20 years ago). Program eligibility includes meeting both legal and clinical criteria. • The Health Department is expected to (and typically does) complete an assessment within 7 days of a client being referred to the drug court program. • Program procedures focus on minimizing the time between referral to program entry. • Participants may have dual diagnoses, but mental health issues cannot be the primary diagnosis. Individuals with diagnosed mental health issues are screened for their ability to succeed in the drug court program; participants with severe mental health issues are not eligible for drug court, but are referred to other services better suited to address their needs. • The program has 19 active participants (as of 12/5/07), with 2 more recommended and awaiting admittance. The funder has informed the	• Studies of other drug court programs indicate that the average time spent per participant during drug court sessions is 2½ to 3 minutes. However, those studies were conducted on more experienced programs. It is likely that the review time per client will decrease in this program (from the current estimate of 6 to 8 minutes per participant) as the team becomes more familiar with the process, and with each other. It may be helpful for the team to visit another drug court program that has a higher caseload and has been operating for a longer period of time, to see how they streamline the review process. Within the course of a session, some clients will be reviewed very quickly (a minute or less), while others (usually those who are struggling and/or are receiving sanctions) are more fully reviewed and, thus, take longer. It is suggested that the team conduct the majority of its discussions about clients during the pre-court meeting, and then summarize quickly the participant's progress and status during the court session. • The program may want to have discussions with the funder about the capacity issue and the resources needed for optimal case management. For a program that is offering intensive services (including case management and supervision), the caseload size needs to be realistic for the appropriate level of service to occur. Current Parole and Probation caseload

Key Component	Preliminary Site Findings	Suggestions/Questions/ Recommendations
	program that it should work to achieve a capacity of 50 participants. The team is concerned that this number of clients cannot be effectively served with the single case manager the program currently has on staff, and because drug court sessions already take from 2 to 2½ hours to complete (and adding more participants could potentially increase the duration of those sessions). • The judge has the final say with regard to program entry (although the team has always agreed with her decisions).	standards are 50:1 for a moderate to high risk clientele and 20:1 for intensive supervision. With regard to drug court, it seems that program the case manager should carry a caseload size that falls between these two standards (perhaps 30-35:1), as clients in the earlier phases will typically require more intensive supervision while those in the later phases of the program will require fewer contacts per week. Additionally, the program may want to facilitate discussions that include Parole and Probation, to explore how the probation officer and case manager could share monitoring and case management functions. Another option is for the program to look for resources to hire an additional case manager as the program expands. • During a future full process evaluation, additional information will be collected about the actual time from arrest to drug court program entry, including a more detailed exploration of the referral and assessment process. • Continue to develop outreach opportunities and relationships with existing law enforcement to establish a system for program referrals at this (early) point in the legal process. Identify and engage key individuals who are currently involved in establishing the new county police agency, as this department may serve as an additional source for program referrals.

Key Component	Preliminary Site Findings	Suggestions/Questions/ Recommendations
4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.	• The program has a central point of contact for substance abuse and psychiatric treatment (Carroll County Health Department), which makes all referrals. Most substance abuse treatment is provided by either the Health Department or Mountain Manor (a private provider). • The program has access to a wide variety of mental health services (including assessments and medication management) through the Health Department's in-house psychiatrist and through referrals to Granite House (therapeutic services). • The program specifies the required frequency of group and individual treatment sessions, which in other research studies have been associated with higher graduation rates. • Treatment services include assessment, group, individual therapy, self-help/support groups, and case management, with family therapy and anger management classes made available to participants if needed. • The program is responsive to the evolving needs of participants and is able to anticipate potential relapse and respond accordingly (e.g., by increasing the number of treatment sessions, etc.) • Clinical issues are addressed during team meetings. • The program is working with a new residential treatment facility in the area to establish dedicated drug court beds for participants, which could be	• Continue to creatively explore and develop options for housing support, particularly as it has been identified as a major issue for participants. Consider training the drug court case manager in issues specific to housing support/resources, developing relationships with HUD or other low-income housing providers in the community (to prioritize drug court clients or create subsidy options), and/or consulting with other drug court programs about successful strategies that they have implemented. For example, a graduate of another drug court program in Maryland has established a home for drug court participants in need of transitional housing. • If and when the program's size increases, consider adding gender and culturally-specific treatment services to ensure that the drug court program is equally responsive to the needs of all clients (including female, African-American, Latino/a, etc.). Until specificity is feasible, ensure that program staff is trained in gender and culture-related issues, so they can most effectively work with and support participants from different cultural backgrounds and traditions.

Key Component	Preliminary Site Findings	Suggestions/Questions/ Recommendations
	included in a transition plan for some participants coming out of 28-day residential treatment (to help them better prepare for the shift to community-based intensive outpatient treatment).	
	• Participants may only receive treatment from certified treatment providers as part of their drug court involvement.	
	• The program focuses on helping participants find employment. It partners with several community agencies that assist in this area.	
	• Because participants remain on probation (for 5 years) after completing the drug court program, there is a mechanism in place to provide continued support and monitoring as needed.	
	• The program does not currently have an active housing assistance component, due to budgetary cuts that eliminated many of the resources in this area. However, the program identifies housing as a priority and is actively working on several strategies to obtain resources and supports, in an effort to create safe, drug-free housing options for drug court participants. It is currently working to create a non-profit foundation, through which the program plans to apply for federal grant monies, and form partnerships with local agencies. The program is supporting the Carroll County HSP in their efforts to secure a grant for HOME Initiative funds for housing. The program is submitting a federal housing grant proposal as well in January '07. This grant would also provide funds for	

Key Component	Preliminary Site Findings	Suggestions/Questions/ Recommendations
	dental services/oral surgery and psychiatric medications. • Culturally-specific and gender-specific services are not currently offered. However, treatment services, including AA groups, are available in Spanish if needed.	
5. Abstinence is monitored by frequent alcohol and other drug testing.	• Drug testing, conducted through the Sheriff's Office, the Health Department, and Parole and Probation, is always observed. Testing occurs both at scheduled times and randomly, or as needed/suspected. The frequency of testing can be increased if necessary. • The program uses SCRAM units, as needed, for detecting alcohol use. • Positive tests are sent to a lab for confirmation upon client request. Lab confirmations are paid for by the participant. • Participants must have negative drug screens for a minimum of 180 days prior to program completion in order to graduate. • The program policy and procedure manual clearly states the drug testing requirements, procedures, and schedule.	• There are no recommendations in this area at this time. In a future process evaluation, the specific procedures for assigning and informing participants about testing (including the coordination of schedules, testing locations and other requirements) will be explored more fully.
6. A coordinated strategy governs drug court responses to participants' compliance.	• Incentives for program participation include a suspended sentence (which typically would have included jail time), and access to services and supports to become drug-free. • The consequence for not completing the program is the having to serve the entire original sentence, including all earlier specified jail time (there is no	• In a program (drug court) that is oriented toward providing treatment and support to individuals with substance abuse problems, it is important to consider the messages sent to participants (and to staff) when using particular activities as sanctions (e.g., drug testing/monitoring). The team may want to

Key Component	Preliminary Site Findings	Suggestions/Questions/ Recommendations
	consideration for time served). • The program utilizes a wide variety of sanctions and implements a graduated sanctions model. • Incentives and sanctions are described generally in the policy and procedures manual. There is not a specific set of sanctions for specific behaviors – sanctions are determined on an individual basis. • Sanctions are discussed by the team and a best response is determined. The judge imposes the sanction during the court session. • The program emphasizes the use of incentives and rewards more than sanctions; their reported use of sanctions is low to date. • This program works to impose sanctions as close to the behavior as possible.	talk about the distinction between responses to relapse and those related to program non-compliance. • While it does not seem to occur frequently, be aware that when sanctions can be imposed by multiple partners (e.g., the team, treatment, probation), it is important for all partner agencies to communicate clearly with one another about the consequences levied, so the total "package" of responses to noncompliant behavior is appropriate to the infraction. Prior evaluation research has found that when only the judge can impose sanctions in a program, participant anxiety is reduced and participants have a clearer sense of what to expect from the program (in terms of responses to their behavior). • While individualizing responses helps to ensure that the response is most effective for the context and the person, be aware of the importance of clearly communicating (particularly in court) why certain responses have been selected and imposed, so that the other participants continue to view the program as being fair and balanced (this will reduce the risk of undermining your relationships with the other participants when different sanctions are given to individuals exhibiting a similar problem behavior).

Key Component	Preliminary Site Findings	Suggestions/Questions/ Recommendations
7. Ongoing judicial interaction with each drug court participant is essential.	• Court reviews occur every other week for participants in the Orientation Phase and Phase I and will generally decrease in number in the later program phases. This frequency is consistent with current best practices. • The current judge, who has a treatment orientation (and an understanding of addiction and its relationship to criminality), volunteered for this drug court assignment and has been in the position since program implementation. • Currently, there is no set timeframe (or time requirement) for the judge to preside over the drug court.	• It is beneficial for the judge to gain direct experience through service over an extended period of time, so the program should work to retain the same person in this position for at least 2 years. • Make sure that clients appear before the judge at least once per month in the final phase of the program – this frequency is associated with higher graduation rates in other studies.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.	• The program is in the process of transitioning to the SMART system. • The coordinator does a significant amount of monitoring with regard to drug court cases. She has developed her own system (using an Excel spreadsheet) to collect and manage participant data and is aware that maintaining statistical information is crucial to the program's success. • Program staff is scheduled to attend their third training on the SMART system in January 2008.	• Retain data from the current system even after transitioning to SMART, including both paper records and electronic files. These materials will be useful for future evaluations. • Establish times for regular review of and an ongoing discussion about program data, to determine whether program policies or procedures may need to be adjusted. In the future, make sure to assess whether all participants are benefitting equally from the program, based on identified program goals (for example, are males and females, people of different ages, or people from different racial backgrounds graduating at the same rate?).
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.	• Most of the current team members attended the National Drug Court training in Washington, D.C., in 2007; however, the judge was unable to attend because of a conflict in scheduling.	• Initial and ongoing training for team members has been demonstrated in national research to contribute to positive participant outcomes and higher graduation rates. Work with

Key Component	Preliminary Site Findings	Suggestions/Questions/ Recommendations
	• The Office of Problem-Solving Courts provides opportunities for team members to receive drug court specific trainings. There have been some difficulties with regard to making trainings when a training date is changed with little notice (and the individual has already taken time off for the previously advertised date). • The program encourages team members to participate in drug court and role specific trainings, but is aware that it is often difficult for team members to find time for training activities with their heavy workload responsibilities. • The program has recently developed a training log system for recording staff trainings to record when staff receives initial and continuing training and education.	partnering agencies to support their sending team representatives to trainings, including talking with them about developing flexibility in their staffing system to allow team representatives the ability to modify their schedules when trainings dates are changed unexpectedly. • Focus on orientation and training for new staff to ensure that they understand the functions and processes of the drug court, as well as their particular roles within the program.
10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.	• The program's steering committee, which oversees the program and addresses policies and procedures, has a representative from AA, the county government, law enforcement, and other community-based agencies. • A development committee is being established to address the drug court's specific needs and fundraising. • The program has a relationship with the Heroin Action Coalition, a small grassroots organization that provides education and support for families with loved ones recovering from heroin addiction. This organization has donated money to the drug court for incentives, and its president even sits on the drug court steering committee.	• Continue to look for resources that will support participants in meeting their education goals, including finding sponsorships for participants in the local business community or helping participants to identify and obtain education grants and scholarships. • As discussed in KC #1, the program is likely to benefit from increased law enforcement involvement. In other studies, programs with a representative from law enforcement on the drug court team had higher graduation rates. • Consider building relationships with leadership at the Carroll Area Transit System, to explore options for scheduling drug court specific transportation services. For example, consider

Key Component	Preliminary Site Findings	Suggestions/Questions/ Recommendations
	• The County gateway to employment is the Business Employment Resource Center (BERC), which helps drug court participants with resume development and provides them with access to computers to conduct job searches. The program plans to work with the BERC to create an employment bank. • The program has also partnered with the county work release center, which has developed connections in the community with employers willing to hire people with criminal histories. • There is a local community college contact that assists drug court participants with placement testing. The program is looking for ways to support participants interested in attaining a GED, specifically with regard to helping those who need it pay for testing costs. • As with many rural drug court programs, a number of participants face transportation challenges. The program has attempted to help with the cost of transportation assistance, for example, providing participants with Carroll Area Transit System vouchers. However, it has found that the Transit System's hours of availability do not adequately meet participants' needs (e.g., limited availability of rides to evening treatment meetings), and the service generally needs to be called days ahead of time to make a reservation. There is no bus or train system in Carroll County. The program is looking into other possibilities in this area, including borrowing local church vans when they are not in use, and helping participants	inviting a representative from this organization to sit on the steering committee.

Key Component	Preliminary Site Findings	Suggestions/Questions/ Recommendations
	to purchase a car (e.g., through Carroll County Human Services Program's vehicle exchange program). However, most agencies connected with the drug court program (e.g., the Health Department, the county courthouse, local employers, DSS), are located within the Westminster City Limits. • The program has partnered with a representative of the local business community (who sits on the steering committee), and it is currently looking for representation from someone in the faith-based community, as well as another business partner (possibly a representative from the local Chamber of Commerce). • One of the program's first participants has recently started an "outside" drug court support group, which meets weekly. In addition to this group, it was reported that there are a lot of support groups available to participants the community.	

CARROLL COUNTY CIRCUIT COURT ADULT
DRUG COURT DATA ELEMENTS WORKSHEET

Notes: Most data elements are being collected and maintained in electronic format. In the transition to SMART it is recommended that the program begin entering information currently in the hard copy file into this database (elements 2d through 2o, 8, 9, & 10, 17, 25 through 28 below).

DRUG COURT PROGRAM (OR PROGRAM PARTNERS) DATA:

	Variable/Data element	Where located/who collects? (electronic/written records?)	When agency began collecting or plans to begin?	Notes
	DEMOGRAPHICS & ID (collect from all possible sources)			
1	Name	Carroll County Health Department/Drug Court (SMART	Program Start or Before	Items 1-5: Coordinator contacts Health Dept. with any new DC referrals. Approx. 90% of participants have existing records at the Health Dept. for having received prior services. If the participant has a health record in SMART, the HD must provide the DC with permission to access those data. If the participant has not previously accessed Health Department services, the drug court coordinator collects these items and enters them into SMART.

	Variable/Data element	Where located/who collects? (electronic/written records?)	When agency began collecting or plans to begin?	Notes
2	SSN, state ID, FBI ID, DL#, DC case number, state TX number	Carroll County Health Department/Drug Court (SMART)	Program Start or Before	
3	Birth Date	Carroll County Health Department/Drug Court (SMART)	Program Start or Before	
4	Gender	Carroll County Health Department/Drug Court (SMART)	Program Start or Before	
5	Race/Ethnicity	Carroll County Health Department/Drug Court (SMART)	Program Start or Before	
	CLIENT INFORMATION			
6	Employment status at drug court entry	Carroll County Health Department (SMART)	Program Start or Before	
7	Employment status at drug court exit	Carroll County Health Department (SMART)	Program Start or Before	
8	Highest grade of school completed at time of drug court entry	Carroll County Health Department (SMART)	Program Start or Before	
9	Number and ages of children	Carroll County Health Department (SMART)	Program Start or Before	At Intake
10	Housing status at entry	Carroll County Health Department (SMART)	Program Start or Before	
11	Housing status at exit	Carroll County Health Department (SMART)	Program Start or Before	
12	Income at entry (if self-supporting)	Carroll County Health Department (SMART)	Program Start or Before	

	Variable/Data element	Where located/who collects? (electronic/written records?)	When agency began collecting or plans to begin?	Notes
13	Income at exit (if self-supporting)	Carroll County Health Department (SMART)	Program Start or Before	As reported by the treatment provider or program
14	Other demographics	Carroll County Health Department (SMART)	Program Start or Before	
15	Drug court entry date	Drug Court Program (SMART)	At Program Start	
16	Drug court exit date	Drug Court Program (SMART)	At Program Start	
17	Date of drug court-eligible arrest, VOP, or modification of sentence	Case Manager (SMART)	At Program Start	
18	Charge for DC arrest	Case Manager (SMART)	At Program Start	
19	Arresting agency	Case Manager (SMART)	At Program Start	
20	Court case number for case leading to drug court participation	Case Manager (SMART)	At Program Start	
21	Date of referral to drug court program	Drug Court Program (SMART)	At Program Start	Entered by Coordinator
22	Drug court status on exit (e.g., graduated, revoked, terminated, dropped out)	Drug Court Program (SMART)	At Program Start	Entered by Coordinator
23	If participation in drug court is revoked or terminated, reason	Drug Court Program (SMART)	At Program Start	Entered by Coordinator

	Variable/Data element	Where located/who collects? (electronic/written records?)	When agency began collecting or plans to begin?	Notes
24	Dates of entry into each phase	Case Manager (SMART)	At Program Start	
25	Criminal justice status on exit (e.g., on probation, charge expunged, etc.)	Case Manager (SMART)	At Program Start	
26	Dates of UAs	Case Manager/Health Department (SMART)	At Program Start	Data for this item are entered throughout the program
27	Dates of positive UAs	Case Manager/Health Department (SMART)	At Program Start	Data for this item are entered throughout the program
28	Dates of other drug tests	Case Manager/Health Department (SMART)	At Program Start	Data for this item are entered throughout the program
29	Dates of other positive drug tests	Case Manage/Health Department (SMART)	At Program Start	Data for this item are entered throughout the program
30	Agency provided test results	Case Manager/Health Department (SMART)	At Program Start	Data for this item are entered throughout the program
31	Drugs of choice (primary and secondary)	Health Department (SMART)	At Program Start	Entered by Health Department only
32	Dates of drug court sessions	Case Manager (SMART)	At Program Start	Data for this item are entered throughout the program
33	Attitude toward treatment/readiness to change at entry	Health Department (SMART)	At Program Start	Treatment provider sends client information to the HD case manager who enters the data into SMART (33-34b)

	Variable/Data element	Where located/who collects? (electronic/written records?)	When agency began collecting or plans to begin?	Notes
34	Dates of services received with types of service received (see examples below) [Note: If dates are not available, then we would at least need the different types of services received and approximate time periods or the number of times the individual received a particular service].	Case Manager/Health Department (SMART)	At Program Start	
34a	○ Group A&D sessions	Health Department (SMART)	At Program Start	Entered by Health Department only
34b	○ Individual A&D sessions	Health Department (SMART)	At Program Start	Entered by Health Department only
34c	○ Mental health services	Case Manager/Health Department (SMART)	At Program Start	
34d	○ Anger management classes	Case Manager/Health Department (SMART)	At Program Start	
35	Agency providing TX	Case Manager/Health Department (SMART)	At Program Start	
36	Mental health or A&D diagnoses	Case Manager/Health Department (SMART)	At Program Start	
37	Aftercare services (dates and types), if applicable	Health Department (SMART)	At Program Start	If client is referred out to a HD treatment professional for aftercare services

	Variable/Data element	Where located/who collects? (electronic/written records?)	When agency began collecting or plans to begin?	Notes
38	Dates of re-arrests/re-referrals during program participation	Case Manager/Health Department (SMART)	At Program Start	
39	Charge(s)/allegation(s) associated with re-arrests/re-referrals during program participation	Case Manager/Health Department (SMART)	At Program Start	
40	Outcome(s) of re-arrests/re-referrals (conviction, dismissed, etc.) during program participation	Case Manager (SMART)	At Program Start	Entered by Case Manager only
41	Other noncompliant behavior (types, dates) during program participation	Case Manager/Health Department (SMART)	At Program Start	
42	Probation violations during program participation	Case Manager (SMART)	At Program Start	Entered by Case Manager only
43	Rewards and sanctions (dates, types, and duration)	Case Manager (SMART)	At Program Start	Entered by Case Manager only
44	Detention/jail time as a sanction	Case Manager (SMART)	At Program Start	Entered by Case Manager only

OUTCOME DATA (DATA COLLECTED BY THE EVALUATION TEAM; USUALLY FROM OTHER AGENCIES, NOT DRUG COURT PROGRAM)

	Variable/Data element	Where located/who collects? (electronic/written records?)	When began collecting or plans to begin?	Notes
	TREATMENT DATA			
45	Subsequent treatment episodes	Case Manager/Health Department (SMART)		
45a	o Start and end dates/Dates of sessions	Case Manager/Health Department (SMART)		
45b	o Modality	Case Manager/Health Department (SMART)		
45c	o Name of provider(s)	Case Manager/Health Department (SMART)		
	Other very useful information			
46	Health care use (type of service, date of service, agency)	Case Manager/Health Department (SMART)	At Program Start	Case Manager enters information into SMART after receiving it from reporting agency
47	Social service use (type of service, date of service, agency	Case Manager/Health Department (SMART)	At Program Start	Same as above
48	Child Welfare involvement	Case Manager/Health Department (SMART)	At Program Start	Same as above
49	o Out of home placements (placement and return dates)	Case Manager/Health Department (SMART)	At Program Start	Same as above