

Montgomery County Adult Drug Court (Circuit Court) *Process Evaluation*



Submitted to:

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Informing policy, improving programs

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EXECUTIVE SUMMARY

Drug 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 Guam¹ (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.

In 2001, NPC Research (NPC), under contract with the Administrative Office of the Courts of the State of Maryland, began conducting studies of drug courts in Maryland. The current contract includes a series of technical assistance assessments, process evaluations, and cost and outcome studies. This report contains a process evaluation for the Montgomery County Adult Drug Court (MCADC).

The MCADC is located in Rockville, Maryland. The program started serving participants on December 2, 2004. The MCADC drug court team, which is in charge of the day-to-day functioning of the program, includes the Judge, Drug Court Coordinator, Case Manager, Office Services Coordinator with the Department of Health and Human Services, and representatives from the Office of the Public Defender and the State Attorney's Office. The team also includes treat-

ment representatives from the Department of Health and Human Services, and a Senior Agent with the Maryland Division of Parole and Probation.

The MCADC program is intended to serve a maximum of 60 participants at a time. Prior to September 2007, the program capacity was 45 participants at one 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 September 2007, 71 individuals had participated in the drug court; 27% of these participants had graduated, 14% were unsuccessful at completing the program, and 59% were currently participating in the program.

Most (87%) of the program's past and current participants are male; 64% are Black, 30% White, and 6% Latino. The average age of participants at program entry is 32 years. The three main drugs of choice for participants of the MCADC program, based on positive test results, are cocaine, marijuana, and phencyclidine (PCP).

The MCADC program works to reduce criminal activity and habitual substance abuse by participants. Currently, the program has five specific goals listed in its Policies and Procedures Manual:

1. Improve the treatment outcomes for addicted offenders.
2. Develop and implement a holistic, comprehensive program model that is specific to the treatment needs of each program participant.
3. Reduce recidivism among drug court participants.
4. Reduce the costs to the community and the state by providing an alternative to long-term incarceration for offenders

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

who successfully graduate from the drug court program.

5. Engage the community in the recovery process through education and awareness of the cycle of alcohol and drug abuse or dependence and the role of the drug court in providing a public safety solution.

Process Evaluation Results

Using the 10 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 MCADC program.

The MCADC program meets many of the 10 key components through its current policies and program structure. The drug court has an integrated treatment and judicial team, it uses a non-adversarial approach—prosecution and defense counsel promote public safety while protecting participants' due process rights, the type and frequency of treatment services offered to MCADC participants are in line with those found to have positive results, and the drug court offers ongoing judicial interaction with each drug court participant. The MCADC benefits from the Judge's position being one that is voluntary, with the Judge having the option of remaining in that role indefinitely. In addition, the program expanded its capacity to better meet the needs of its community.

In terms of enhancements, program adjustments may be beneficial in a few areas, such as identifying funding to support the increase in program capacity and determining whether the program should provide transportation to participants. The steering committee should examine and adjust its policies, staffing, eligibility requirements, and referral sources to accommodate the increased program capacity. An in-depth examination into the referral process may help the drug court identify ways to attract more referrals and expedite the arrest to program entry process. For example, the steering committee could increase

awareness of the program by providing information pamphlets and referral forms to the appropriate members of the drug court's partner agencies.

The drug court team should add a representative from the Sheriff's Department to the team in order to assist the case manager and probation agent with conducting home visits and background checks for potential participants. The team may benefit from an explanation of the program's decision-making process (that is, communication could be increased regarding when decisions are made by the team and when they are made by the Judge). The drug court team, in collaboration with partner agencies, should ensure that all team members receive initial formal drug court training and that there is an expectation for staff to take advantage of ongoing learning opportunities. Drug court staff should seek continued training and technical assistance on the SMART management information system. In addition, the drug court team should discuss findings and recommendations in this process evaluation in order to recognize its accomplishments and to determine where program adjustments are warranted. In order to maximize the findings and recommendations of future evaluations, NPC recommends that the drug court begin to collect data elements in the recommended data elements list (Appendix C).

The program should increase the number of drug tests to three per week in Phase I, 2 per week in Phase II, and 1 per week in Phase III using the randomization computer program that the drug court currently uses on weekends. The drug court should also consider accepting offenders pre-plea and pre-conviction in order to decrease the time between arrest and drug court entry and to use fewer system resources. The drug court should form relationships with additional companies that will hire individuals with a criminal record.

Overall, the MCJDC is doing well in implementing its drug court program and in adjusting the program to meet the needs of the community. Taken together, these findings indicate that the MCADC is beneficial to participants.

Interpretation of the findings of this process evaluation is provided in an analytic framework that distinguishes among community, agency, and program-level issues. Understanding the needs of drug court participants and the larger community, and the impacts of a person's environment on her/his behavior, is crucial to establishing a program that best serves the population.

SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

The program should identify funders to support the increase in capacity and allow future growth. (A needs assessment would help the drug court staff identify areas where funding is needed, such as additional case management positions, treatment slots, etc.)

The drug court should form relationships with additional companies that will employ individuals with a criminal record, in order to assist participants in gaining employment.

SUMMARY OF AGENCY-LEVEL RECOMMENDATIONS

Adding a representative from the Sheriff's Department to the drug court team could provide the case manager and probation agent with assistance in conducting home visits and background checks for potential participants. The drug court may need to find additional funding to support this person's time devoted to the drug court.

An in-depth examination into the referral process may help the drug court identify ways to attract more referrals and to expedite the arrest to program entry process.

The drug court's steering committee could increase promotion of the program by hand-

ing out information pamphlets and referral forms to the appropriate members of their agencies.

The drug court team should discuss findings and recommendations in this process evaluation in order to recognize its accomplishments and to determine whether program adjustments are warranted.

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

SUMMARY OF PROGRAM-LEVEL RECOMMENDATIONS

The drug court steering committee should examine and adjust as necessary its policies, staffing, eligibility requirements, and referral sources to address the increased program capacity and other identified participant needs.

The drug court should discuss strategies for decreasing the time between arrest and drug court entry, or to increase referrals to treatment for offenders prior to drug court entry.

The program should increase the number of drug tests per week during the first phase to three times per week, twice per week during Phase II, and once per week during Phase III using the randomization computer program that the drug court currently uses on the weekends.

The program should ensure that though treatment requirements are standardized, there is room for individualizing treatment services based on participant needs.

The drug court team may benefit from increased communication about which deci-

sions are within their purview and which will be made by the Judge.

MCADC staff should seek continued training and technical assistance on the new State-wide Maryland Automated Records Tracking System (SMART) management information system.

In order to maximize the findings and recommendations of future evaluations, NPC recommends that the drug court begin to col-

lect data elements in the recommended data elements list found in Appendix C.

Focus group participants suggested that the drug court should offer transportation. Program staff may want to discuss this issue and determine whether it is appropriate to undertake efforts to find funds for taxi or bus services, or to generate other ideas for addressing this need.

BACKGROUND

Drug treatment courts are programs designed to reduce drug abuse and criminality in nonviolent offenders in the United States. 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 Guam² (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 crimes 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 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, 2004a & 2004b; Carey et al., 2005).

In 2001, NPC Research (NPC), under contract with the Administrative Office of the Courts of the State of Maryland, began conducting studies of drug courts in Maryland. The current contract includes a series of technical assistance assessments, process evaluations, and cost and outcome studies. This report contains a process evaluation for the Montgomery County Adult Drug Court (MCADC).

The first section of this report is a description of the methods used to perform this process evaluation, including site visits and key stakeholder interviews.

² 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 a court hearing and a team meeting during a site visit, key stakeholder interviews, a focus group, and program documents. The methods used to gather information from each source are described below.

Site Visits

NPC Research (NPC) evaluation staff conducted a site visit to the Montgomery County Adult Drug Court on July 5, 2007. The visit included an observation of an adult drug court hearing and a pre-court team meeting. A focus group with active drug court participants was facilitated on July 30, 2007. These observations and the focus group provided information about the structure, procedures, and routines used in the drug court.

Key Stakeholder Interviews

Key stakeholder interviews, conducted by telephone, were a critical component of the MCADC process study. NPC received a list of the drug court's participating agencies and key staff from each agency from the Drug Court Coordinator. This list, along with conversations with staff, helped NPC determine which key stakeholders to interview. NPC staff interviewed 7 individuals involved in the administration of the drug court, including the MCADC Judge, Coordinator, Case Manager, Assistant Public Defender, and Assistant State's Attorney. A Therapist II and Manager III of Montgomery County Health and Human Services were also interviewed.

NPC has designed a *Drug Court Typology Interview Guide*,³ which provides a consis-

tent 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 of this particular drug court. Prior to each interview, evaluation staff identified the questions needed from the general typology, and added additional questions based on information gathered in prior interviews or during site visits and in program documents. The additional questions were included to resolve inconsistencies received through various information sources or to elaborate on information already obtained, in order to clarify the evaluation team's understanding of the local process and implementation. 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 MCADC.

Focus Groups and Participant Interviews

NPC conducted a focus group at the Montgomery County Department of Health and Human Services (drug court treatment provider). Sixteen current drug court participants were involved in the focus group. The focus group provided the participants with an opportunity to share their experiences and perceptions regarding the drug court process. The sample of focus group participants was limited to current participants because of the availability of willing participants. NPC staff members were unable to contact any of the terminated/unsuccessful participants or graduates.

Document Review

In order to better understand the operations and practices of the drug court, the evaluation team reviewed the program's docu-

³ 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 copy of this guide can be found in Appendix A of this report.

ments, including the Adult Drug Court Policies and Procedures Manual and the Adult Drug Court Participant Handbook.

Analysis

Once the data were collected, they were compiled into a Microsoft Word table and organized into general categories, such as eligibility criteria, team member training, etc. As much as possible, data from multiple sources were compared in order to account for the variability of perceptions of interviewees and to minimize bias. All sources of information were included in this table and

content analysis process, including interview responses, the drug court hearing and team meeting observations, the document reviews, and focus group data. When necessary, confirmation of data was achieved through follow-up questions with the drug court team members.

NPC evaluators manually extracted key themes that emerged from these data sources that related to the appropriate 10 key components of drug courts (NADCP, 1997). The evaluators then compared the MCADC practices with the 10 key components.

RESULTS

Montgomery County Adult Drug Court Program Description

MONTGOMERY COUNTY, MARYLAND

Montgomery County is an urban county located on the western border of Maryland. The county has three cities: Gaithersburg, Rockville, and Takoma Park; and several towns, villages, and unincorporated areas. According to the 2006 Census American Community Survey estimate, it had a population of 932,131, with more than 75% over the age of 18 and a median age of 38. Montgomery County's racial/ethnic composition in 2006 was estimated at 62% White, 16% Black or African American, 13% Asian, less than 1% American Indian and Alaska Native, less than 1% Native Hawaiian and other Pacific Islander, and 6% some other race. There were also 2% of respondents who identified as two or more races. Those individuals of Hispanic or Latino origin (of any race) comprised 14% of the County's population.⁴ There were 126,402 households with children under the age of 18, representing 37% of all households. The Census also found that the median household income in the county was \$87,624, 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 \$98,662. The county's unemployment rate was 4.4%, with 4.5% of individuals and 2.8% of families living below the federal poverty level. Lastly, the main industry categories reported were professional, scientific, and management;

⁴ Hispanic or Latino origin data are collected in a separate question from racial identification on the U.S. Census Bureau American Community Survey, even though many people who are Hispanic or Latino consider that identification to be their race.

administrative; and waste management services.⁵ Rockville, the county seat, had an estimated population of 47,388 in 2000.⁶

MONTGOMERY COUNTY ADULT DRUG COURT OVERVIEW

The MCADC is located in Rockville. The program started serving participants on December 2, 2004. A variety of local agencies comprise the drug court.

The MCADC **drug court team**, which is in charge of the day-to-day functioning of the program, includes the Judge, Drug Court Coordinator, Case Manager, the Office Services Coordinator with the Department of Health and Human Services, and representatives from the Office of the Public Defender and the State Attorney's Office. The team also includes treatment representatives from the Department of Health and Human Services, and a Senior Agent with the Maryland Division of Parole and Probation.

The MCADC **steering committee** makes all policy changes for the drug court. It includes the Drug Court Judge, two other Associate Judges, an Administrative Judge, the Court Administrator, an Assistant State's Attorney, an Assistant Public Defender, the Behavioral Health Operations Manager for the Department of Health and Human Services, the Field Supervisor for the Department of Public Safety and Correctional Services Division of Parole and Probation, the Director of the Department of Correction and Rehabilitation for Montgomery County, the Director of the Pre-Trial Services Unit at the Department of

⁵ Census data retrieved on November 11, 2007, from the U.S. Census Bureau Web site: <http://factfinder.census.gov>

⁶ Census data retrieved on November 11, 2007, from the U.S. Census Bureau Web site: <http://factfinder.census.gov>

Corrections and Rehabilitation, a representative from Montgomery County Behavioral Health and Crisis Services, a representative from the Montgomery County Police Department, the Director of Maryland Alcohol and Drug Abuse Administration, a representative from the Sheriff's Department, and the Executive Director of the Maryland Office of Problem-Solving Courts.

The MCADC serves nonviolent adult offenders with substance abuse problems in need of intensive treatment and monitoring services. The program provides services aimed at participant rehabilitation for a minimum of 10 months. While being supervised by the Drug Court Judge, participants are held to probation requirements. They receive substance abuse treatment as well as supervision from a Case Manager.

IMPLEMENTATION

Prior to implementation of the MCADC, the local criminal justice system was burdened by high rates of drug offenses; the need for a drug court to confront the cycle of substance abuse and crime in the county became apparent. Implementation of the program began in 2003 when Judge Nelson W. Rupp, Jr., Associate Judge, and the Court Administrator of the Circuit Court of Montgomery County traveled to Salt Lake City for the Bureau of Justice Assistance Drug Court Planning Initiative training. During the training session, initial design of the MCADC program was facilitated. The drug court planning team was then formed, consisting of representatives from various community agencies. Joining Judge Rupp and the Court Administrator on the team were another Associate Judge for the Circuit Court, an Administrative Judge for the Sixth District Court of Maryland, an Assistant Public Defender, an Assistant State's Attorney, the Behavioral Health Operations Manager with the Department of Health and Human Services, the Field Supervisor of the Department of Public Safety and Correctional Services Division of Parole

and Probation, the Chief Administrator of Pre-trial Services from the Department of Correction and Rehabilitation Unit, and a Researcher/Evaluator with the Circuit Court.

The group agreed on the need for a drug court program in Montgomery County; however, the logistics of how the program would run required compromise between the various agencies. The group worked together to decide upon a target population and to create a policy and procedures manual.

In December 2004, the program began serving participants, with Judge Rupp presiding as the court's judge. Judge Rupp has remained with the program since implementation. The program, starting with the implementation process, has been funded by a Byrne Justice Assistance Grant (BJAG) from the Federal Bureau of Justice Assistance and is distributed by the Maryland Governor's Office of Crime Prevention and Control.

PARTICIPANT POPULATION AND PROGRAM CAPACITY

The MCADC program is intended to serve a maximum of 60 participants at a time. Prior to September 2007, the program capacity was 45 participants at one 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 September 2007, 71 individuals had participated in the drug court; 27% of these had graduated, 14% were unsuccessful at completing the program, and 59% were currently participating in the program.

Most (87%) of the program's past and current participants are male; 64% are Black, 30% White, and 6% Latino. The average age of participants at program entry is 32 years. The three main drugs of choice for participants of the MCADC program, based on positive test results, are cocaine, marijuana, and phencyclidine (PCP).

DRUG COURT GOALS

The MCADC program works to reduce criminal activity and habitual substance abuse by participants. The program has five specific goals listed in its Policies and Procedures Manual:

1. Improve the treatment outcomes for addicted offenders.
2. Develop and implement a holistic, comprehensive program model that is specific to the treatment needs of each program participant.
3. Reduce recidivism among drug court participants.
4. Reduce the costs to the community and the state by providing an alternative to long-term incarceration for offenders who successfully graduate from the drug court program.
5. Engage the community in the recovery process through education and awareness of the cycle of alcohol and drug abuse or dependence and the role of the drug court in providing a public safety solution.

The MCADC staff's goals for the program, as reported during the key stakeholder interviews, agreed with those listed in the participant handbook. Additionally, staff members expressed the goal of enabling participants to be gainfully employed and lead productive lives.

ELIGIBILITY CRITERIA

The MCADC eligibility criteria are listed in the Policies and Procedures Manual, and were confirmed by key stakeholder interviews. Adults eligible for the program must be residents of Montgomery County, Maryland, and be:

- Nonviolent
- Either:
 - Sanctioned and approved by the State's Attorney's Office for referral

to the drug court program as part of a binding plea agreement; or

- Referred as a condition of a violation of probation (VOP);
- Willing and able to consent to enter the drug court program;
- Assessed as a substance abuser;
- Subject to at least 18 months of probation; and,
- Physically, emotionally, and mentally capable of participating in drug court activities and programs.

Generally, prospective drug court participants have not responded successfully to traditional probation. They usually have a history of prior substance abuse treatment and patterns of relapse. The individual's charge(s) does not have to be directly drug-related to qualify for drug court; for example, individuals committing forgery or theft are accepted into the program.

DRUG COURT PROGRAM SCREENING

The following description explains the process that potential MCADC participants go through before entering the program. Originally, the program was designed to only accept participants with a VOP. There are now two main routes into the drug court: potential participants agree to enter the program either when faced with a VOP or as part of a plea agreement (with agreement by the State's Attorney and defense counsel) on a new charge. Prospective program candidates are identified by the Judge, an attorney, or Probation Agents. A Drug Court Referral Form is then filled out and sent to the Drug Court Coordinator.

Upon receiving a referral, the Coordinator ensures that the offender is a County resident and completes a legal screen on the candidate. In addition to the legal screen conducted by the Coordinator, the drug court Probation Agent and the Assistant State's

Attorney also conduct legal background checks with their agencies to catch additional charges that might not show up in the screen conducted by the Coordinator. Next, the Coordinator, who has a clinical background, reviews the candidate's substance abuse history to make sure they may qualify for the clinical eligibility for the program. She then forwards the referral to the Outpatient Addiction Services (OAS) Unit at the Department of Health and Human Services.

The Department of Health and Human Services conducts an eligibility assessment and treatment evaluation using the Addiction Severity Index (ASI) in order to determine the candidate's clinical eligibility for the program. Once the Department of Health and Human Services makes a recommendation for clinical eligibility, the prospective participant's case is presented to the rest of the drug court team during the following pre-court meeting. The team discusses and then decides together whether or not an individual should be granted program entry based on all available information. For example, drug court entry could be denied because the individual has a history of unsuccessful participation in other programs.

Before officially entering the program, new participants must sign a Drug Court Agreement, stating that they will abide by the rules of drug court. They must also sign a confidentiality waiver, which releases their treatment information to be shared with the drug court team for the purpose of providing and coordinating drug court services with partner agencies.

The MCADC is a post-plea, post-conviction program. Upon entry into the drug court program, participants are placed on 2 to 3 years of probation. A new participant's first drug court hearing generally occurs 2 weeks after referral to the program.

INCENTIVES FOR OFFENDERS TO ENTER (AND COMPLETE) THE MCADC PROGRAM

Once the participant successfully completes the program (on average after 18 months) his/her probation is terminated successfully. The program is optional, with the alternative generally being jail/prison. The incentive to enter the MCADC is to stay in the community and avoid incarceration, while getting support in all areas of their lives to enable them to focus on treatment for their addictions. Participants are given support in their recovery with treatment and case management, housing assistance, and praise from the Judge and drug court team as they progress through treatment and the program.

DRUG COURT PROGRAM PHASES

The MCADC program has three phases plus an aftercare phase. Generally, it takes a year and a half to complete all phases. The length of each phase is dependent upon the participant's compliance with the drug court requirements. Phase I lasts 4 months, Phase II lasts 6 months, and Phase III lasts between 4 and 8 months. All participants are required to go to 12-step meetings and to find and maintain employment throughout the program.

Participants in Phase I are monitored for sobriety with urinalyses (UA) three times per week, including two times during weekdays and once each weekend. They must attend weekly drug court hearings and meetings with their Case Manager. In order to advance to Phase II, participants must have spent a minimum of 4 months in Phase I while meeting all the program requirements of Phase I. Additionally, once participants leave a stable environment (such as inpatient treatment) and re-enter the community, they must have at least 30 consecutive days of clean UA results before advancing in the program.

The requirements of Phase II are identical to those of Phase I except that drug court attendance requirements are reduced to every other week. Once participants have met the requirements of Phase II for at least 6 months and have 90 consecutive days of negative UA results, they may advance to Phase III.

The UA requirements are reduced to two per week in Phase III—one test is required on a weekday and one on the weekend. Phase III participants continue to attend drug court hearings every other week. Case management meetings continue on a weekly basis. Community service participation (24 hours) is optional for the first two phases of the program and becomes required in the third phase. To complete Phase III successfully, participants must meet the requirements for at least 4 to 8 months in Phase III/Aftercare and have 9 months of negative UA screens.

There is often a gap between the end of Phase III and graduation, because graduation ceremonies only occur twice per year. Participants remain on probation after they complete Phase III until they graduate from the program; this period is called Aftercare.

AFTERCARE

Aftercare was created and implemented in May 2007, in response to participants relapsing after finishing Phase III and prior to graduating. Aftercare entails continued urinalyses and meetings with the probation officer both on a monthly basis. Aftercare also requires participation in the AA/NA alumni group, which is conducted by the Case Manager every Monday evening. It offers peer support for continued sobriety.

GRADUATION

In order to graduate from MCADC, participants must satisfy program requirements for all three phases and complete an aftercare plan with their Case Manager for the time between completion of Phase III and the next graduation (typically held every 6 months).

Other requirements:

- Meeting all probation requirements, including paying all restitution;
- Satisfactory completion of community service and other program assignments;
- 9 months being clean and sober (demonstrated by drug test results);
- The MCADC team grants a recommendation for graduation;
- The MCADC Judge approves the graduation; and
- The participant and Case Manager have completed and started implementing an aftercare plan.

The MCADC holds graduation ceremonies approximately every 6 months in the ceremonial courtroom. The Drug Court Judge presides over the graduation, and opens the ceremony. Guest speakers then address the graduates, drug court staff, and other guests. Past guest speakers have included a representative from the Governor's Office, the Chair of the Criminal Justice Coordinating Commission, President of the Montgomery County Bar Association, County government officials, Treatment Providers, and representatives of the Public Defender's and the State's Attorney's Offices. Graduates are then individually called up by the Judge, who says something about each person and then awards each a plaque, an order that ends their probation successfully, a certificate of graduation, and a \$50 gift certificate to Ruby Tuesday's restaurant. The graduation is followed by a reception.

TREATMENT OVERVIEW

Substance abuse treatment is provided for the drug court participants by Maryland's Department of Health and Human Services community-based substance abuse treatment programs. When participants enter the program, they are assessed on their history and level of substance abuse using the Addiction

Severity Index. The results of this assessment inform the treatment plan, which is developed for each participant by his/her assigned therapist.

Participants are required to attend one individual meeting per week with their assigned therapist and at least three self-help group meetings each week throughout the program. In the first phase, participants are required to attend three 3-hour sessions of group therapy per week. In the second phase, they are required to attend two 3-hour group therapy sessions, and one 3-hour session is required in phase III.

Outpatient treatment, offered through the Department of Health and Human Services Outpatient Addiction Services, is the primary model used for the drug court participants. If participants need more intensive services, they enter a 28-day maximum inpatient program at the Avery Road Treatment Center (ARTC). ARTC is a county-funded treatment facility that has been utilized by 40% of all drug court participants (30% of whom were in phase I, 9% in phase II, and 1% in phase III). If necessary, a 2-year out-of-state inpatient program is available as well; this had been utilized for only two participants as of November 2007.

Outpatient Addiction Services has a co-occurring component to the program tailored for participants with co-occurring substance use and mental health disorders. The majority (75%) of the drug court participants have been diagnosed with co-occurring disorders. The mental health disorders include such diagnoses as post traumatic stress disorder (PTSD), major depression, anxiety disorder/panic disorder, and attention deficit disorder (ADD). An in-house psychiatrist, who is an Addictionologist, is available for the participants as needed.

The outpatient treatment is offered in both a peer group and an individual setting. It is applied with a holistic, cognitive-behavioral and dialectical-behavioral approach, provid-

ing participants with more pro-social coping strategies as an alternative to negative coping strategies such as substance abuse. A curriculum called "Criminal Thinking" (produced by Dr. Stanton Samenow) is incorporated into the psycho-education groups, which last for 12 weeks, 3 weeks of which focus on Criminal Thinking. The education groups also discuss the disease model, medical aspects of addiction, defense mechanisms, 12-step programs, and recovery. Relapse prevention, triggers, symptoms, family issues, and anger management are also discussed.

A female therapist offers a woman's issues group monthly and has the ability to offer Spanish-speaking groups; however, this bilingual service has not been necessary thus far. Additionally, socio-cultural activities are offered to participants. Experiential activities, such as ropes course activities, are provided occasionally for participants as well.

THE DRUG COURT TEAM

Judge

Judge Rupp was a driving force behind the implementation of the MCADC and has remained as the presiding judge of the program. The Judge ensures participants' compliance with the conditions of drug court through the administration of sanctions and incentives. The Judge supports a team approach to the drug court by consulting with the team during the pre-court meetings before making the final decisions about whether to sanction or reward participants. The Drug Court Judge's position is in addition to his duties as a Circuit Court Judge and does not rotate through other judges. On the rare occasions that Judge Rupp is unable to preside over the drug court, a substitute judge oversees the hearings.

Coordinator

The MCADC Coordinator is responsible for coordinating the Montgomery County juvenile and adult drug courts. For MCADC, she

manages the team and program funding, conducts the legal and initial clinical screening of prospective participants, and informs the team of new candidates. The Coordinator also relays any necessary information between the other team members and attends the team meetings and drug court sessions. In addition, she has a clinical background and extensive drug court experience, so is therefore able to advise and provide informal training for the team.

Case Manager

The Case Manager, with occasional assistance from the treatment providers, connects drug court participants with resources such as housing, medical services, dental services, credit counseling, clothing, and start-up funds for sober housing. She monitors their self-help group (AA/NA) attendance, urine analysis results, and employment status (and if necessary assists them in obtaining employment). The Case Manager has weekly sessions with participants and stays in contact with their Parole or Probation Agents on a weekly basis. She attends the weekly pre-court team meetings and court hearings.

Probation

The Senior Probation or Parole Agent on the drug court team is with the Maryland Division of Parole and Probation. She attends the drug court's pre-court meetings and court hearings every week. She monitors all drug court participants and conducts record checks on prospective participants. When participants fail to comply with the drug court program, she writes the violation of probation reports and testifies against them in the hearing, possibly leading to the end of their drug court participation.

The Probation Agent conducts home verification visits, to make sure that the participants are in an environment that is conducive to their recovery. If a participant is rearrested or has a pending court date, the Probation Agent will inform the rest of the team. The Proba-

tion Agent checks in with participants during drug court hearings and, once participants enter the aftercare phase of the program, they report to her as instructed.

Assistant Public Defender

There are three Assistant Public Defenders (APDs) on the MCADC team. They represent participants in VOP trials (leading to possible start and/or end of drug court participation). The APDs refer potential participants to the program and take turns attending the drug court team meetings and hearings. The APDs represents all of the participants by advocating for them during the team meetings.

Assistant State's Attorney

There are three Assistant State's Attorneys (ASAs) that work with the drug court (and two backup ASAs). There is one "Captain" of the ASA drug court team, who has chosen other assistant state's attorneys to work on the drug court. As the main ASA liaison to the drug court, she is the central contact for the Judge, the Coordinator and the Office of the Public Defender. She follows the progress of all participants while attending all pre-court team meetings; however, she is unable to attend all drug court hearings and therefore coordinates the rotating schedules of the ASA team for court attendance. The Captain represents the state at VOP hearings for drug court participants. The ASAs also refer potential participants to the program and help determine their legal eligibility for the program.

Law Enforcement Agencies

The drug court steering committee has representatives from the Sheriff's Department and the Police Department. There is no member of law enforcement on the drug court team; however, a bailiff from the Sheriff's Department attends drug court hearings to escort participants in and out of custody.

Treatment Providers

There are currently three treatment representatives with the Department of Health and Human Services working with drug court participants—two Therapists and a Manager. All three attend weekly treatment team meetings, the pre-court team meetings, and court hearings. The Manager provides supervision to the clinical team for the drug court. He gives technical assistance on program design and treatment issues. The Manager oversees the budgetary issues for the program and coordinates ancillary services for drug court participants, including placing participants in the pre-release center (which offers education such as job training and other services to help offenders re-enter the community after jail) and ensuring that participants are scheduled with the psychiatrist when necessary.

The Therapists assess participants for clinical eligibility and then develop treatment plans for them once they enter the program. They conduct education groups and peer groups for the participants. The Therapists also meet with participants individually and document/monitor participant contacts, progress, and UA results; all of which they relay to the drug court team in progress reports. Additionally, they observe the collection of urine samples for analysis for the appropriate gender.

Office Services Coordinator

The Office Services Coordinator with the Department of Health and Human Services supports the drug court team by compiling the weekly drug court update reports on the participants' progress. She also assists the treatment providers with their notes and schedules interviews for potential participants.

DRUG COURT TEAM TRAINING

In order to inform the implementation process, the Judge and the Court Administrator attended the Bureau of Justice Assistance

Drug Court Planning Initiative training. Several MCADC team members have attended national and statewide drug court training conferences; however, the majority of the training has been on-the-job training. The Coordinator and Case Manager have attended the National Association of Drug Court Professionals (NADCP) Annual Training Conference and attended the Maryland Drug Court Symposia sponsored by the Maryland Office of Problem-Solving Courts with assistance from the National Drug Court Institute. The symposia covered various drug court-related topics, including cultural competency. The Office of Problem Solving Courts provides Drug Court 101 training for new team members, in which the Assistant Public Defender and treatment providers have participated. Specific team members also attend selected trainings; for example, the Probation Agent attended a Secure Continuous Remote Alcohol Monitor (SCRAM) bracelet (worn by participants to monitor their substance use) training.

TEAM MEETINGS

The pre-court meeting is held every Thursday from 4:30 p.m. until 5:30 p.m. The Judge, Coordinator, APD, ASA, Case Manager, Probation Agent, two Therapists, and a Manager with the Department of Health and Human Services attend the meetings.

The entire team reviews written reports on the participants' progress at each pre-court meeting and provides verbal reports and input to assist the Judge in making the final decision on the court and treatment responses to participant behaviors. There are two different kinds of responses to participant behavior, depending on the type of behavior—a clinical (for relapse) and a court/judicial (for other non-compliance) response. The court is responsible for the court response, and the treatment team is responsible for recommending the clinical response.

When adjustments to the drug court policies are necessary, the Judge and the Coordinator discuss the issues and bring them to the Drug Court Steering Committee, which meets two to three times per year to make policy decisions. Once the decisions are made, the Coordinator makes the appropriate changes in the Policy and Procedures Manual.

PROVIDER AND TEAM COMMUNICATION WITH COURT

Team members, including the treatment providers, are able to communicate with the court (the Judge) at the weekly pre-court meetings. In addition to the Treatment Providers having direct contact with the Judge during meetings, information on participant progress and treatment compliance is communicated through written progress reports that are compiled with information from the Probation Agent and the Case Manager by the Office Services Coordinator each week. The reports include a summary of updates on the participants' treatment, medical, vocational, legal, probation, and psychiatric status; sponsor identification; and sober date. Their progress is entered every week into case summary reports completed by the Office Services Coordinator and e-mailed to the team on Wednesday evening, for the team to review before the pre-court meetings.

DRUG COURT HEARINGS

The MCADC hearings occur every Thursday at 5:30 p.m. The length of each hearing varies, but typically lasts until 8:00 p.m. Prior to coming into court, the participants complete a form called "Tracking Your Progress," which they read out loud when requested by the Judge during the court hearing.

During the hearings, the Judge sits on the raised bench, and the Drug Court Coordinator sits in the witness chair beside the Judge, while the ASA, APD, and Probation Agent sit at the counsel table. Each client stands

beside the counsel table when speaking to the Judge. Some of the participants sit in the audience, and 12 participants sit in the jury box. The Judge arranges the cases so that those who are doing the best are called first.

Once a participant reads his/her "Tracking Your Progress" form, the Judge addresses the participant and/or drug court staff with any clarifying questions. The Judge then addresses the participant with any concerns, or praises him/her for doing well. The Judge then administers sanctions or rewards as appropriate.

There were 16 participants at the drug court hearing that NPC observed. On average, the Judge spoke with the participants for 4 minutes each.

FAMILY INVOLVEMENT

MCADC staff attempt to engage families as much as possible, which is a challenge because many of the participants are estranged from their families, are homeless, or have other barriers to connections with significant others in their lives.

SUBSTANCE ABUSE TREATMENT FEES

Participants are charged a fee for their treatment services on a sliding scale. Approximately 10% of participants are able to pay the entire fee on the sliding scale. Participants must pay their treatment fees before they are permitted to graduate from the program.

DRUG TESTING

Participants' clinical compliance with the program is ensured through urinalysis testing, Breathalyzers, and SCRAM bracelets. Urine samples are collected by treatment providers on Mondays, Wednesdays, and often on Thursdays. Samples are analyzed at Addiction Coordination Services (ACS), the main lab for the County. The Case Manager randomly tests participants. On Saturdays and Sundays, a randomization computer pro-

gram selects participants' names, and participants must call a number to find out if their name was selected. When randomly selected, participants are required to go to the Pre-Release Center (Department of Corrections) that day to submit a urine sample, which is then sent to ACS for analysis.

If a participant missed or has a urine sample that is diluted or tampered with, it is considered a positive sample. The participant is then sanctioned at the next hearing.

The cost of drug testing is covered by the County. If a participant wishes to dispute a positive UA result, he/she can have the sample re-tested at an independent lab. If the results are confirmed positive, the participant must pay for the re-testing cost. If the sample is found to be negative, the participant is not responsible for the re-testing cost.

REWARDS

MCADC participants receive rewards from the Judge during drug court hearings for progressing in the program and in their recovery. Participants receive \$25 gift certificates for advancing to Phase III of the program and a \$50 gift certificate for graduating from the program. The Judge also gives verbal praise to participants for their effort and determination in maintaining sobriety. The program keeps track of participants' sobriety, and when sobriety milestones are met, the Judge requests that they bring in their chip (small token awarded by AA/NA for sobriety maintenance) to the court for recognition. As discussed earlier, during court sessions the Judge calls participants in order of those doing the best to the worst in their program. Each participant must stay through the entire hearing; however, being called first gives the participants extra recognition for their accomplishments.

Treatment providers have discretion with imposing sanctions and rewards to participants. If a participant has been doing well with her/his recovery, the treatment provider

is permitted to offer latitude for minor non-compliance, such as being tardy to a treatment session. When participants are doing well as a group, the treatment providers occasionally reward them with pizza or movie and popcorn nights.

SANCTIONS

Sanctions are usually imposed by the Judge during the drug court hearing following a non-compliant act. If the Drug Court Coordinator feels that a participant needs a more immediate response, she will ask the Judge to advance the participant's next court date on the Judge's docket.

Some behaviors have automatic sanctions attached to them and others the team will decide upon considering each participant's unique situation. Examples of automatic sanctions include 8 hours of community service to complete before the next drug court appearance for participants that fail to show their NA or AA slips (to prove their meeting attendance) in the drug court hearings. An automatic community service sanction is also imposed for participants who receive new criminal charges (prior to conviction). A conviction may result in termination from the drug court program.

The following list includes examples of sanctions written in the Participant Handbook (which is given to participants when they enter the program):

- Warnings and admonishments from the Judge during drug court sessions.
- Increased frequency in court appearances.
- Increased number of drug/breath tests or other elements of the defined treatment program.
- Assignment to a work detail.
- Increased community supervision.
- Extension of the time required to complete any given phase of the program.

- Demotion to a lower program phase.
- Escalating periods of jail confinement (including AOD treatment while confined), including as a last resort possible enrollment in jail-based treatment programs with incarceration not to exceed the duration of the jail-based program, termination from drug court and imposition of a non-drug court sentence.

UNSUCCESSFUL PROGRAM COMPLETION (TERMINATION)

Participants are informed in the Participant Handbook of the reasons why their participation in the program may be terminated, as follows:

- Committing a crime of violence, or behavior that is violent or threatening to the safety of others, as defined by the standards of the Bureau of Justice Assistance.
- Co-occurring disordered individuals whose mental illness is so severe to prevent active and full participation in the drug court program.
- A demonstrated lack of capacity or willingness to engage in treatment and to comply with the conditions of probation imposed by the drug court.
- Continued criminal activity while under the supervision of the drug court.
- Acts of violence while under the supervision of the drug court program. Special emphasis will be placed on any violence, or threats of violence, that occur in the participant's home, place of work, or at treatment centers/programs.

When a participant commits an act that may result in termination, the drug court team discusses the matter in the pre-court team meeting. The Drug Court Judge then makes the final decision of whether or not to end the participant's drug court involvement. Once a participant is released from the program, the Drug Court Judge sentences her/him. The

sentence is dependent upon their "backup time." Backup time is the probation and/or incarceration time remaining on the sentence when he/she enters the drug court program. To be eligible for drug court entry, the person must have a minimum of 18 months' backup time, which is suspended during their participation in the drug court. A jail sentence is not used if participation is ended due to a mental health issue (which has not occurred as of November 2007); if necessary, these will be decided on a case-by-case basis.

DATA COLLECTED BY THE DRUG COURT FOR TRACKING AND EVALUATION PURPOSES

The MCADC tracks participants' ongoing status and progress in the program in a table within a Microsoft Word document. The information tracked includes the following:

- Date of birth
- Program admission date
- Dates of positive drug tests
- The substances associated with the positive drug tests
- Phase advancement dates
- Infractions and the resulting sanctions
- The dates when participants received rewards for their achievements
- Re-arrests, including the type of charge and date of the offense

DRUG COURT FUNDING

The drug court has been funded by a 3-year Byrne Justice Assistance Grant (BJAG) from the Federal Bureau of Justice Assistance, through the Governor's Office of Crime Control and Prevention. The grant's funding supports the treatment provider positions. Montgomery County Department of Health and Human Services has now institutionalized these positions and began covering the cost

when the grant funding ended in November 2007.

In order to support fundraising for the program, MCADC has created a non-profit 501(c)(3) program called Montgomery's Miracles. The funds from the non-profit support the participants in such areas as housing (by providing the first month's rent for sober housing), as well as medical and dental bills. With such support, participants are able to place more focus on their recovery efforts. The funds are also used for graduation ceremony costs and for the rewards given throughout the program and at the graduation ceremony.

COMMUNITY LIAISONS

MCADC has partnered with a number of community agencies in Montgomery County in a concerted effort to provide needed services to its participants. A recent partnership has formed due to the work of the treatment

manager: The Public Health Services Unit of the Department of Health and Human Services has opened a primary care clinic located in the same building as the treatment services at the Department of Health and Human Services. Through this clinic, drug court participants are able to get primary medical care. The drug court also has a connection with local food pantries, where participants complete community service activities. As needed, program staff members refer participants to a county-sponsored program, The Abused Persons Program, which addresses domestic violence issues. For participant housing, the drug court works closely with Oxford and other sober houses. The Pre-Release Center, through the Department of Corrections, is another drug court partner that offers a structured sober housing option for participants. For employment assistance, the participants are referred to the Montgomery Works program.

10 KEY COMPONENTS OF DRUG COURTS

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. 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 research questions based on the key components 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 appropriate key component 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?

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 Montgomery County Adult Drug Court has an integrated treatment and judicial team. The team includes the Judge, Drug Court Coordinator, Case Manager, a Senior Agent with the Maryland Division of Parole and Probation, treatment providers from the Department of Health and Human Services and representatives from the Office of the Public Defender and the State Attorney's Office. The integrated team allows for the integration of substance abuse treatment services with judicial supervision.

Drug court policy decisions are made by the drug court steering committee. The committee is able to draw from a wide variety of perspectives due to the variety of agencies that are represented on the committee, including representatives of the Montgomery County Circuit Court, State's Attorney's Office, Office of the Public Defender, Department of Health and Human Services, Department of Public Safety and Correctional Services Division of Parole and Probation, the Department of Correction and Rehabilitation, Montgomery County Police Department, Montgomery County Sheriff's Department, Maryland Alcohol and Drug Abuse Administration, Behavioral Health and Crisis for Montgomery County, and Maryland Office of Problem-Solving Courts.

Team members reported that they work well together and that they collaborate to make

decisions about responses to participant behavior and other day to day programmatic decisions. The team represents a wide cross-section of important partner agencies (with the exception noted below in the recommendation). A steering committee that includes key team members also meets about policy issues.

Recommendation

The drug court team could be further improved by the addition of a law enforcement representative. Law enforcement is represented on the steering committee, however not on the drug court team. Stakeholder interviews revealed a desire to have a representative of the Sheriff's Department on the drug court team. The role of this representative could be to support the Probation Agent in conducting background checks for potential participants and home visits to check on program compliance of participants. The drug court may need to find additional funding to support the Sheriff's Department representative's time devoted to the drug court.

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?

National Research

Recent research by Carey, Finigan, & Pukstas, 2008, 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 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., in press).

Local Process

The State's Attorney's mission of promoting community safety by holding offenders accountable for their actions is not compromised by the drug court. The APD is also able to uphold the mission of the Public Defender's Office by advocating for the interests of participants while taking a non-adversarial team approach.

Discussions about participants' status and next steps (i.e., sanctions or phase promotion) occur in pre-court team meetings. This allows the Assistant State's Attorneys and Assistant Public Defenders to present a united front during the drug court proceedings.

Recommendations

There are no recommendations at this time, as the MCADC ASAs and APDs are succeeding in taking a non-adversarial team approach while participating in the team meetings and drug court proceedings.

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?

National Research

Carey, Finigan, & Pukstas, 2008, 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 MCADC is a post-plea, post-conviction program. The program originally only allowed violators of probation into the program. This was expanded to grant entry as part of plea agreements at the end of 2006. The program allows offenders with non-drug related charges into the program and does not have eligibility restrictions on felony or misdemeanor charges.

The program capacity was recently (fall of 2007) increased from 45 to 60; as of September 11, 2007, the program had 42 active participants, and thus was not meeting this capacity. An increase of staff did not accompany the increase in capacity, however. The interviews revealed that staff are limited on time and need additional assistance.

The MCADC's screening process has allowed the drug court staff to enforce the program's eligibility criteria. The drug court team has not measured the time it takes before potential participants are referred to the program; however, it was reported that they are not being referred to the program as quickly as the drug court team would like. Once referrals are made, the team estimates that new participants usually enter the program two weeks later.

The majority of referrals come from the Office of the Public Defender. As awareness has spread about the program, more referrals are starting to come from the State's Attorney's Office and the Division of Parole and Probation.

Recommendations

It is evident that the program is trying to better meet the needs of the large community (population of 918,046) by recently expanding its capacity to 60 participants. A needs assessment might be able to assist the drug

court staff in appealing to funders for additional funding for the staff necessary to support the increase in capacity and to allow for further growth.

The needs assessment should include discussions that result in answers to the following questions:

- What is the level of need for the MCADC?
- How big does the program capacity need to be to meet the need?
- What are realistic caseloads for each staff member?
- What additional ancillary services need to be in place to support the drug court's core services?

Once the community needs are assessed, additional funding could be sought to meet the need. The drug court steering committee should then examine and adjust as necessary its policies, staffing, eligibility requirements, and referral sources.

An in-depth examination into the referral process may help the drug court identify ways to attract more referrals and to expedite the process from arrest to entry into the program.

Although increased awareness of the program has recently led to greater numbers of referrals from a greater variety of sources, the drug court steering committee members could further promote the program by handing out information pamphlets and referral forms to the appropriate members of their agencies.

Carey, Finigan & Pukstas, 2008, found that accepting offenders post-plea leads to greater use of system resources and more time between arrest and drug court entry. In addition, courts that accepted pre-plea offenders and included misdemeanors as well as felonies had both lower investment and outcome costs. Therefore, the steering committee

should consider the feasibility for this program of accepting offenders pre-plea and pre-conviction.

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

Research Question: Are diverse specialized treatment services available?

National Research

Programs that have requirements around the frequency of group and individual treatment sessions (e.g., group sessions three times per week and individual sessions one time per week) have lower investment costs⁷ (Carey et al., 2005) and substantially higher graduation rates and improved outcome costs⁸ (Carey, Finigan, & Pukstas, 2008). 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 posi-

⁷ 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.

⁸ 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.

tive 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; Carey, Finigan, & Pukstas, 2008), 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 and recovery (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

The MCADC participants receive treatment from one provider - Maryland's Department of Health and Human Services, a practice correlated with positive outcomes. The majority of participants receive services from Outpatient Addiction Services (OAS). OAS has a co-occurring component to the program to fit the needs of the participants (75% of whom have co-occurring substance use and mental health disorders). OAS treatment is applied with a holistic, cognitive-behavioral and dialectical-behavioral approach. An in-house psychiatrist, who is an Addictionologist, is available for the participants as needed. If needed, participants may enter a 28-day inpatient program called Avery Road Treatment Center (ARTC).

Participants are required to attend a weekly one-on-one session with their assigned therapist throughout the program. During the first phase of the program, participants attend

three group therapy sessions per week, during Phase II participants attend two group sessions per week, and they attend one per week in Phase III.

Recommendations

The type and frequency of treatment services offered to MCADC participants are in line with those with positive results. It is important for this program to ensure that treatment services are individualized to the needs of each participant even though the program maintains standard treatment requirements.

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?

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 MCADC requires participants to submit to urinalysis testing, Breathalyzers, and Secure Continuous Remote Alcohol Monitor (SCRAM) bracelets (worn by participants and monitors substance use through sensory of the perspiration). Urine samples are collected by treatment providers on Mondays, Wednesdays, and often on Thursdays. On Saturdays and Sundays, a randomization computer program selects participants' names, and participants must call a number to find out if their name was selected to submit a required urine sample for analysis.

Recommendation

Since it is possible that the participants may only be tested a minimum of two times per week (Monday and Wednesday) the random component of testing is important. It is therefore recommended that the program test participants in the first phases three times per week, Phase II participants twice per week, and Phase III participants once per week using the randomization computer program that the drug court currently uses on the weekends.

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?

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).

Most programs (99%) use praise from the judge and promotion to subsequent phases (90%) as rewards for participant progress. Most programs also used increased frequency or intensity of treatment (94%), increased frequency of urinalysis (93%), and increased numbers of court status hearings (91%) as responses to relapse. The American University survey did not specifically measure use of various sanctions, though program termination and bench warrants were common responses to specific participant behaviors [new violent offenses (91%) or failure to appear at a court hearing (67%), respectively] (Cooper, 2000).

Carey, Finigan, & Pukstas (2008) 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

The drug court team reviews written reports on the participants' progress each week and discusses possible responses to participant behavior during pre-court team meetings. The treatment providers suggest the clinical response, and the Coordinator suggests the court response. The Judge then makes the final decision on the court and treatment responses to participant behaviors. The team recently created a menu of possible sanctions in order to implement a more consistent structure to sanction enforcement.

Program staff members, including the Judge, provide verbal recognition and praise throughout the program for participants who are progressing successfully. The program also provides rewards for advancing to Phase III and for graduating from the program. Treatment providers occasionally offer food or social events when participants are doing well.

The MCADC program has implemented strategies for rewards and sanctions that are commonly used in other drug court programs.

Recommendations

Some respondents indicated that they felt their input was not being fully considered in the Judge's final decision and that these decisions needed to be made with greater consistency. The drug court team may benefit from an explanation of the decision-making process (as not a team decision, but a judicial decision) or could pursue discussions about the benefits of the Judge considering team input to a greater extent.

The team may want to assess whether its efforts to create greater decision-making consistency through the recently-created menu of sanctions have resulted in positive changes. Further development of guidelines for when to impose various sanctions could also contribute to increased consistency.

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

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

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).

Studies that directly relate drug court judge characteristics to court outcomes are limited. A 10-year study found that great length of time on the drug court bench was related to better participant outcomes (Finigan, Carey, & Cox, 2007). As reported in Satel (1998), the National Association of Drug Court Professionals (NADCP) asked 12 drug court judges to name the six most important characteristics of an effective drug court judge.⁹ The ability to be empathic or show genuine concern appeared most often on the lists, followed by knowledge about drug addiction and pharmacology, team leadership, acceptance of an unconventional role, and many others. Focus group participants named praise and approval from the judge as motivating factors in another study (Cisner & Rempel, 2005) and personal attention from the judge during status hearings was rated as the most important influence of drug court, according to authors at NIJ (2006). Judges find their therapeutic role in drug court fulfilling, compared to their role in traditional court (Nolan, 2002). Satel (1998) found that judges (based on interviews) “chiefly valued

the relationship between themselves and the participant,” “being the leader of a team,” and their function to “organize a community of recovering people.”

Local Process

Participants in the MCADC attend drug court hearings once a week during the first phase, and once every two weeks in phases II and III. During the first two phases of the MCADC program, the number of required drug court hearings is in line with the majority of drug court programs nationally; while drug court attendance requirements exceeds the recommended frequency.

During drug court hearings, the Judge speaks directly to the participants and shows interest in each client’s progress as they speak by asking questions about their progress during the previous weeks. The Judge was observed during the court session as being respectful, warm and supportive to participants by acknowledging their hard work and progress.

The MCADC benefits from the Judge’s position as one that is voluntary and not mandatory. The Judge has the option of remaining as the Drug Court Judge indefinitely.

Recommendations

As discussed in Key Component #6 (above), the program may want to work on increasing the consistency with which sanctions are applied; the Judge can play an important leadership role in this area.

The program may want to collect data on the consistency with which sanctions are applied to identify any areas of needed improvement. Alternatively, future evaluation studies can look at this question.

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?

⁹ 9 judges responded

National Research

Carey, Finigan, & Pukstas (2008) 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

MCADC staff members have been trained on the Statewide Maryland Automated Records Tracking (SMART) management information system, though it has not yet been made available to the program to use locally.

The program has been collecting information on participant status and progress (see p. 15 of this report) within a Microsoft Word document.

This NPC process evaluation is the first formal evaluation for the MCADC.

Recommendations

MCADC staff should seek continued training and technical assistance on the new SMART management information system.

In order to maximize the findings and recommendations of future evaluations, NPC recommends that the drug court begin to collect the additional data elements (that it is not yet collecting) from the recommended data elements list found in Appendix C. These elements will all be available in the SMART system. Until the SMART system is available, information on the data elements list can

be collected and recorded in any electronic or paper format that is simplest for the program to use, including in a spreadsheet or table. Some of the data elements may be available electronically through partner agencies, in which case, the location of the data can be recorded (NPC has this data elements list in table format if the program would like to use it). These data elements represent information that evaluators will use in future outcome and cost studies. However, program staff can also use this information to review the program's success in various areas (such as to look at recidivism or graduation rates for various groups of participants).

The team may want to set a time to discuss the findings and recommendations in this process evaluation, both to enjoy the recognition of its accomplishments and to determine whether any program adjustments are warranted.

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

Carey, Finigan, & Pukstas (2008) 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 outcome costs and higher graduation rates.

Local Process

In order to inform the implementation process, the Judge and Court Administrator attended the Bureau of Justice Assistance Drug Court Planning Initiative training. Several MCADC team members have attended national and statewide drug court training

conferences; however, the majority of the training has been on-the-job training. The Coordinator and Case Manager have attended the National Association of Drug Court Professionals (NADCP) Annual Training Conference and attended the Maryland Drug Court Symposium sponsored by the Maryland Office of Problem-Solving Courts for the past two years, with assistance from the National Drug Court Institute. The symposia covered various drug court-related topics, including cultural competency. The Office of Problem Solving Courts provides Drug Court 101 training for new team members, in which the Assistant Public Defender and treatment providers have participated. Specific team members also attend selected trainings; for example, the Probation Agent attended a SCRAM bracelet training.

Recommendations

The drug court team, in collaboration with partner agencies, should ensure that all team members receive initial formal training rather than relying heavily on on-the-job 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 training log system should be established, and program administrators should review the results periodically. The log system could be a document used to track which team members go to which trainings on certain dates. Monitoring of both the log and upcoming training opportunities would lead to the development of a training plan for each team member. These tools will be useful in keeping track of training activities and in reinforcing the importance of professional development.

As described in Key Component #8, the program may benefit from continued training on the SMART system.

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?

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

MCADC has partnered with a number of community agencies in Montgomery County. The MCADC currently has representatives of the Sheriff's Department and Police Department on the steering committee; however, that representation is missing on the drug court team.

Focus group participants expressed the need for more help with finding employment and for assistance with transportation.

Recommendations

The MCADC could benefit from a representative of the Sheriff's Department on the drug court team. Their role on the team could include assisting the Case Manager and Probation Agent in conducting home visits to verify that participants are in an environment conducive to recovery.

In order to help participants find employment, a focus group participant suggested (and NPC concurs) that the drug court should form relationships with more companies that

will hire ex-convicts. Focus group participants also suggested that the drug court should offer transportation. The previously suggested needs assessment may also find

that transportation is needed for participants, in which case efforts should be made to provide funds for taxi or bus services.

MONTGOMERY COUNTY ADULT DRUG COURT: A SYSTEMS FRAMEWORK FOR PROGRAM IMPROVEMENT

Drug 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.

The challenges and strengths found in the MCADC 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

SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

The program should identify funders to support the increase in capacity and allow future growth.

The drug court should form relationships with additional companies that will employ individuals with criminal records, in order to assist participants in gaining employment.

Agency Level

SUMMARY OF AGENCY-LEVEL RECOMMENDATIONS

Adding a representative from the Sheriff's Department to the drug court team could provide the case manager and probation agent with assistance in conducting home visits and background checks for potential participants. The drug court may need to find

additional funding to support this person's time devoted to the drug court.

An in-depth examination into the referral process may help the drug court identify ways to attract more referrals and to expedite the arrest to program entry process.

The drug court's steering committee could increase promotion of the program by handing out information pamphlets and referral forms to the appropriate members of their agencies.

The drug court team should discuss findings and recommendations in this process evaluation in order to recognize its accomplishments and to determine whether program adjustments are warranted.

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

Program Level

SUMMARY OF PROGRAM-LEVEL RECOMMENDATIONS

The drug court steering committee should examine and adjust as necessary its policies, staffing, eligibility requirements, and referral sources to address the increased program capacity and other identified participant needs.

The drug court should discuss strategies for decreasing the time between arrest and drug court entry, or to increase referrals to treatment for offenders prior to drug court entry.

The program should increase the number of drug tests per week during the first phase to three times per week, twice per week during Phase II, and once per week during Phase III using the randomization computer program that the drug court currently uses on the weekends.

The program should ensure that though treatment requirements are standardized, there is room for individualizing treatment services based on participant needs.

The drug court team may benefit from increased communication about which decisions are within their purview and which will be made by the Judge.

MCADC staff should seek continued training and technical assistance on the new State-

wide Maryland Automated Records Tracking System (SMART) management information system.

In order to maximize the findings and recommendations of future evaluations, NPC recommends that the drug court begin to collect data elements in the recommended data elements list found in Appendix C.

Focus group participants suggested that the drug court should offer transportation. Program staff may want to discuss this issue and determine whether it is appropriate to undertake efforts to find funds for taxi or bus services, or to generate other ideas for addressing this need.

SUMMARY AND CONCLUSIONS

Through its current policies and structure, Montgomery County Adult Drug Court fulfills many of the nationally-recognized 10 key components of drug courts. It has an integrated treatment and judicial team, it uses a non-adversarial approach—prosecution and defense counsel promote public safety while protecting participants’ due process rights, the type and frequency of treatment services offered to MCADC participants are in line with those found to have positive results, and the drug court offers ongoing judicial interaction with each drug court participant. The MCADC benefits from the judge’s position being one that is voluntary, with the drug court judge having the option of remaining in that role indefinitely. In addition, the program expanded its capacity to better meet the needs of its community.

There are several areas in which the MCADC should and can make program improvements to make it more effective from community, agency, and program-level perspectives. Program adjustments may be beneficial in a few areas, such as identifying funding to support the increase in program capacity and determining whether the program should provide transportation to participants. The steering committee should examine and adjust its policies, staffing, eligibility requirements, and referral sources to accommodate the increased program capacity. An in-depth examination into the referral process may help the drug court identify ways to attract more referrals and expedite the arrest to program entry process.

The drug court team should add a representative from the Sheriff’s Department to the

team to assist the case manager and probation agent with conducting home visits and background checks for potential participants. The drug court team, in collaboration with partner agencies, should ensure that all team members receive initial formal drug court training and that there is an expectation for staff to take advantage of ongoing learning opportunities. Staff should seek continued training and technical assistance on the SMART management information system. In addition, the team should discuss findings and recommendations in this process evaluation in order to recognize its accomplishments and to determine where program adjustments are warranted, and they should begin to collect data elements in the recommended data elements list (Appendix C).

An in-depth examination into the referral process may help the drug court identify ways to attract more referrals and expedite the arrest to program entry process, and the program should increase the number of drug tests using the randomization computer program that they currently uses on weekends. The drug court should also consider accepting offenders pre-plea and pre-conviction in order to decrease the time between arrest and drug court entry and to use fewer system resources. The drug court should form relationships with additional companies that will hire ex-convicts.

The MCJDC is doing well in operating this drug court program and in adjusting the program to meet the needs of the community. These findings indicate that the MCADC is beneficial to participants.

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

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). A modified version used for this process evaluation is below. The typology guide was supplemented by a pre-evaluation survey, that was completed over the phone and through email with the drug court coordinator.



Drug Court Typology Interview Guide¹⁰ *Time period of sample _____*

Respondent Information *(please check accuracy and spelling)*

1. Interview Date: _____

2. Drug Court Site: _____

3. Respondent's Name: _____

4. NPC ID # _____

5. Respondent's Title:

6. Respondent's Organization:

(Get the precise designation - including categories such as: division, bureau, unit, etc.)

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7. Respondent's email:

8. Respondent's direct telephone number: _____

CONTACT LOG

DATE	RESULT

[Before beginning this interview, review information already gained from pre-evaluation survey and documents received from the program and fill in the table. Determine which questions have not yet been answered (or answered fully).]

Background

[Ask Everyone]

8. When did you become involved in the drug court program?

[Ask more than 1 person]

9. Were you involved with the implementation of this drug court? Please describe the implementation process. Who was involved?

10. How was this program funded in the beginning [Get specific information – name of the grants and other funding, where the money came from and what jurisdiction received it. Just include major grants, not all grants.]

11. How is the program funded now? What agency receives the funding?

12. **[Follow up from pre-eval survey as necessary on role of each agency involved in drug court program.]**

Role

[Ask everyone]

13. (Confirm from pre-eval survey). What is your title in this drug court program? (If you were at a party or family gathering and someone asked you what you do, **what** would you say? *(The intention for this question is to get a short answer “sound-bite.” However, you may need to probe if you want more detail.)*)

[Ask other team members about their perception of the staff in these roles. Remind respondents about our responsibility to maintain confidentiality.]

14. *(For Defense Attorney, Prosecuting Attorney, and Judge)* How is your role in drug court different from your role in non-drug court processes? Do you feel that the traditional mission as the defense/prosecutor has been upheld in your role in the drug court? *(Traditional role for DA: getting restitution and justice fulfilled for victims) (Traditional role for PD: protecting the rights of defendants and seeing that they get due process in the system)*

a. Do the prosecution and defense attorneys present a united front to the participants during drug court sessions even if they disagree outside of court?

(yes/no) _____

b. How often do they disagree about the clients' next steps outside of court?

Check one:

_____ All the time

_____ Some of the time

_____ Occasionally

_____ Hardly ever

c. Does the defense counsel still represent the client in the traditional manner? (yes/no) _____

d. Does the prosecution still represent the state in the traditional manner? (yes/no) _____

Services Provided

[Look at the pre-evaluation survey and determine if further information is needed about services provided to drug court participants].

Time Spent

15. How many hours in an average per week do you spend specifically on **Drug Court activities**? (Probe: About how much of your FTE is spent on drug court? Do you feel you have enough time to do your work?) (*The hours from this question and the one below should total up to 40 hours for the average week, unless the person works part-time*)

16. How many hours per week is spent on other **NON-Drug Court activities**?) (*The hours from the above questions and this one should total up to 40 hours for the average week, unless the person works part-time*)

[Agency commitment of resources to Drug Court: fits into Agency Level in the Framework section of the report]

17. Who else in your agency/organization supports the Drug Court in any of their work, that is, does a drug court task, or supports you or other drug court staff in any way? (e.g., go to meetings, provide secretarial help, do data entry, take UAs, provide paralegal help, provide clinical supervision, etc.) What do they do?

[Ask everyone]

18. What kind of training have you received related to drug courts? Have you attended classes, workshops, or conferences? Have you received any technical assistance? If yes, how often have/do you attend(ed)?

19. Do you feel your training prepared you for your position?

[Ask coordinator (or other knowledgeable person)]

a. Were team members/staff trained on Drug Courts concepts before or during drug court implementation?

(yes/no) _____

b. Do current team members get regular education on drug court practices?

(yes/no) _____

b. Which team members?

List members:

c. How often?

_____ # trainings per year

d. Do new team members get training on Drug Court concepts before or soon after starting work?

On the job training (yes/no) _____

Formal Orientation (yes/no) _____

Both (yes/no) _____

Other _____

[Add to Recommendations in report:]

20. What training do you need or would you like?

Drug Court Goals

[Ask of all primary team members. Looking to see if responses match written policies and other team members' responses.]

21. What are the main goals of your drug court?

- Reduce frequency of re-offending
- Reduce severity of re-offending
- Help people get into substance abuse treatment
- Help people reduce or stop using substances
- (Juvenile) Promote healthy development in youth
- Other goal(s):

22. Do you feel that your program is succeeding at these goals? Why or why not? (*Probe if they do not specifically define how they measure success*: How do you measure success?)

Monitoring and Evaluation

a. Do you do regular reporting of your program statistics? (yes/no) _____

b. Do you use this information to adjust your policies?
(yes/no) _____

c. Have you had any outside evaluations?
(yes/no) _____
If yes, # evaluations _____

If yes, did you use the results to adjust the drug court program activities?
(yes/no) _____

Family Involvement

23. Are families involved in the program? If so, please describe how families are involved in the drug court program.

24. What are the expectations for families in the drug court?

25. Can the court place expectations/sanctions on the parent/guardian?

Eligibility

[Do this during site visit if possible. If flow chart has already been created at site visit, use it while asking these questions on phone. If no flowchart has yet been created, use a template and create one now.]

32. Please take me through the details from when someone is arrested up to the time they enter the drug court (Below questions might be answered) *Probe:* Can you describe the step-by-step process for determining eligibility? How are eligible participants identified? How long does each step in the process take?

33. What assessments are performed for drug court participants?

Assessment (Check all that apply)	Used to determine eligibility?	When?	Who performs?	Name of instrument used
<input type="checkbox"/> Screening tool	Y/N			
<input type="checkbox"/> Risk assessment	Y/N			
<input type="checkbox"/> AOD assessment	Y/N			
<input type="checkbox"/> Mental health assessment	Y/N			
<input type="checkbox"/> Readiness for treatment or readiness for change assessment	Y/N			
<input type="checkbox"/> Other	Y/N			
<input type="checkbox"/> Other	Y/N			

26. Do you think that everyone who is eligible (based on their criminal history or other criteria) is always referred to drug court? Under what circumstances would someone who is technically eligible not be referred?

27. Are there ever exceptions to the eligibility restrictions? (*Probe:* Are some people allowed in that don't exactly fit the requirements or that have one or more disqualifying factors?) How are those clinical/professional judgments made/handled?

28. Is drug court voluntary? Can participants choose not to participate? For juveniles: Does the parent/guardian have to provide consent to participate?

29. How often do people decline and what reasons do people give for declining? What is the alternative to drug court?

30. What are the incentives to decide in favor of drug court?

- Charges for the case that led to drug are dismissed
- Case that led to drug court is expunged

- ❑ Early termination of probation or probation sentence is not served
- ❑ Jail sentence for case that led to drug court is not served
- ❑ Prison sentence for case that led to drug court is not served
- ❑ Guilty pleas stricken
- ❑ Felony reduced to misdemeanor
- ❑ Other

[Ask these questions unless you have already gotten the answers from the program database. Make a note of the date when these figures were collected.]

1. What is the length of time between arrest (or incident that triggers referral) and referral to drug court?
2. What is the length of time between referral to drug court and entry into the drug court program?
3. What are the most commonly used drugs? What is the primary drug of choice for drug court participants? *(Percentages of: Marijuana, Crack or Cocaine, Heroin, Methamphetamines, Poly Drug, Alcohol, Other)*
4. Are your participants experimental or beyond experimental, or a mix?
5. How long do people stay in the program, on average? How many new participants each year?
6. What is the total number enrolled (ever) to date? As of what date?
7. What is the number of graduates to date? As of what date?
8. What is the number of active participants?
9. What is the number of unsuccessful terminations to date? As of what date?

Drug Court Program Capacity and Participation

31. What is the annual program capacity? *(Probe: How many are in the program at one time? How long do people stay in the program, on average? How many new participants each year?)*
32. How do you define active participation? *(If the definition includes youth not participating, probe number not actively participating.)*

Drug Court Judge

33. How is the drug court judge selected? Is it voluntary? Is it a rotating assignment? If rotating assignment, how often do they rotate? Do they return to the drug court as a part of this rotation?
34. Is the length of time presiding over the drug court limited? What is the limit? If a judge wants to continue longer in the drug court, do they have that option?
35. Is there more than one drug court judge? If only one judge, does he/she hear other cases in addition to drug court? If there is more than one judge, how many are there?
36. What are the judge's roles and responsibilities in drug court?
37. What are the judge's roles and responsibilities outside of drug court (if any)?

38. **[Ask Judge if they have other responsibilities]** What is your experience balancing your drug court and other responsibilities?
39. **[Ask only for outcome study]** Who was the drug court judge *at the time of our sample*?
40. Does the judge spend time on drug court activities beyond the time officially allocated for it? If yes, how much time and for what activities?

[Ask only of judge]

41. Do you interact differently with drug court participants than with other cases (if applicable)? **[Key component #7]**

[Ask of judge and at least one other key stakeholder]

42. What will I see when I come observe the court session in terms of the judge's interaction with participants in court? **[Key component #7]**

Drug Court Coordinator

[Ask Coordinator]

50. Please list the different activities you engage in as part of your role as drug court coordinator.

[Interviewer: Check all that apply and add more as needed:

Attend drug court sessions

Attend team meetings

Write progress reports

Manage cases

Counsel participants

Collaborate with other professionals to coordinate services to participants (related to cases)

Collaborate with other professionals (related to administration or operation of the program) (Steering committee?)

Supervise employees/staff

Grant writing for drug court funding

Home visits

Primary case management

Coordination of treatment and rehabilitative services

Drug testing

Other roles/activities: (please describe)

Drug Court Team Relationships and Dynamics

43. How much do you communicate with other drug court staff outside of team meetings?
44. How are Drug Court policy decisions generally made (*e.g. by the team, judge*)?
45. How are decisions about responses to participants' behaviors (i.e., sanctions and rewards) made (*e.g., by the team, judge*)? **[Key component #6]**
46. How are decisions made about who is terminated from drug court?
47. How is it decided which clients go to which treatment provider (if there is more than one)?
48. **[If pre-eval survey shows that they perform home visits].** Are home visits done for all drug court participants? What percentage of participants gets home visits? How many home visits does the average drug court participant receive during his or her time in drug court?

[Ask everyone and then compare responses for consistency]

49. Briefly describe the role of the Probation Department in your drug court
50. Briefly describe the role of the Public Defender or other defense counsel in your drug court
51. Briefly describe the role of the prosecuting attorney in your drug court
52. Briefly describe the role of the judge in your drug court
53. Briefly describe the role of the coordinator in your drug court
54. Briefly describe the role of treatment providers in your drug court

Community Partners

55. What kind of relationships or connections do you have with community agencies in relation to drug court? Have partnerships developed between key agencies and with local community organizations?
56. Are there others who you feel are key to the drug court process who are not on the team?)
57. What agencies/organizations/roles would you like to see participating in drug court?
[Add to recommendations – key component #10]

[If this information was not gained from program documents ask these questions]

Drug Court Process/Phases

58. Does your program have phases? If so, how many and how long do they last?
59. What are the requirements for each phase? (*Include frequency of court appearances, UA's, group and individual treatment sessions, and the number of hours in each group and individual session*)
60. Are there any specific requirements or criteria to move from one phase to the next phase?
61. Are requirements written? (Do you have a copy you can give to us?) If so, are the written requirements shared with participants?
62. Have the phases or the process changed (*since implementation*)?

Court and Treatment Information Sharing

[Ask all except treatment]

63. What type of information does the treatment provider share with the court?
 - Reports of missed treatment sessions?
 - Groups attended?
 - UAs conducted and results?
 - Progress toward goals?
 - Attitude toward/engagement in treatment?
 - Crises?
 - Treatment completion?
 - Other _____

64. Is this information useful? How is it used? Is there other information you would like to get? [Add to recommendations]
65. How is information shared?
66. Who is required to report to court staff on treatment progress/compliance?
67. When is the information shared – is it timely? (i.e., is it shared when you need it such as in advance of drug court sessions?)
68. What is the primary philosophy or treatment model used? (*At each agency. Prompt: strict boot camp, strengths based social work?*) Does it vary? (e.g., by counselor, by client characteristics)

Drug Testing

76. If drug testing is random, what is your method for randomizing tests?
Describe: _____
77. If drug testing is not random, what is your schedule or pattern for administering tests?
78. How do you analyze drug test results? (e.g., dip sticks, lab analysis, etc.)

Drug Courts Fees

69. Is there a fee required of drug court participants? If yes, how much is the fee? Is it on a sliding scale? If so, what is the scale, and how is the client's eligibility determined? What percentage of participants would you estimate pay the entire fee?
70. Is full payment required for graduation? Is payment reduced if the participant successfully completes the program?
71. Who collects the fees? Where does the money go? What is the money used for? (
72. What funds are used to pay treatment providers for services for Drug Court clients? (*Specific agency, Drug Court funds, private insurance, Medicaid, or other state/county/federal funds*) How much is covered by each funding source? Which agency is the keeper of these funds? (*In which agency's budget are such funds allocated?*)
73. Are the providers paid per client or service, or are they paid with a blanket, fixed-cost contract?
74. (*If not contracted out*) How much do you pay for each type of drug test? (*What are the materials involved, how much of each are used per drug test, and what is the cost per unit?*)
75. Do clients pay for the full cost of their drug tests? Do they pay for some of the cost of their drug tests? What percentage would you estimate?

Rewards/Sanctions

a. Who can administer rewards and sanctions besides the judge?

List staff positions:

- Only the judge can administer rewards/sanctions

b. How much time is there generally between non-compliant behavior and the response/sanction?

_____ days _____ weeks

c. Are there **written** rules regarding compliance and team response?

(yes/no) _____

d. Are there **written** rules regarding both rewards and sanctions?

(yes/no) _____

e. Does the DC staff have a copy of the rules? (yes/no) _____

f. Are clients given a written copy of the rules? (yes/no) _____

76. What is considered good behavior?

77. What kinds of rewards are given for good behavior?

- Applause*
- Tangible rewards (e.g., key chains or movie tickets) List rewards here:*
- _____
- Decrease in requirements (e.g., Less frequent court appearances or treatment sessions):* _____
- reduction in fees*
- Other:* _____

Do you feel that you use rewards more or less often than sanctions?

78. What behaviors are considered non-compliant?

- Failure to appear at court or*
- Failure to appear at treatment sessions*
- positive UAs*
- subsequent criminal referrals/arrests*
- Other:* _____

79. What kinds of sanctions or responses are imposed as a result?

- Bench warrants*
- writing papers*
- sit sanctions (sit in court to watch)*
- community service*
- residential treatment*
- more frequent UAs*
- more court appearances*
- detention*

Other: List: _____

80. Who imposes the sanctions or responses?

- The Judge*
- Probation officer*
- Treatment provider*
- Other – List:* _____

81. Are sanctions graduated? (Do the sanctions increase in severity for repeated or more serious non-compliance?)

82. Are all offenders treated alike for the same non-compliant behaviors? If not, what characteristics affect decisions regarding sanctions (*e.g., personal circumstances, number of prior non-compliant behaviors*)?

83. How swiftly/quickly are sanctions imposed after non-compliant behavior? (*Immediately, at the next court session, etc.*)

Unsuccessful Program Exit (Failure/Termination)

84. What would prompt removing an individual (termination) from participation in the drug court program?

- Any new arrest*
 - New arrest for drug possession or*
 - New arrest for trafficking*
 - New arrest for violent offense*
 - Failure to appear in court*
 - Missing treatment*
 - Positive drug tests*
 - What other reasons would prompt removal (termination)*
- _____

85. If a participant is terminated/does not complete drug court, what happens next?

- Return to traditional court process (option for trial)*
- Stipulated facts trial*
- Suspended sentence is imposed (Jail, Probation, etc.)*
- Describe:* _____

Graduation

86. What are the requirements for graduation?

- Number of days clean (How many? _____)*
- Payment of fines and drug court fees,*
- Employment,*
- Suitable housing,*
- GED,*
- Other requirements*

87. Please describe the drug court graduation and the graduation activities.
88. How often is a graduation ceremony held?
89. What funds are used to pay for the graduation ceremony?
90. Does graduation from drug court mean an end of probation?
91. Has your graduation rate changed over time? In your experience, do you think certain types of program participants have different graduation rates? (*For example, first timers versus repeat felons, type of addiction, a particular age group, etc.*) If yes, do you know what factors have affected the graduation rate?

Aftercare and Continuing Support

92. Is there an aftercare program that occurs before graduation? Does it include relapse prevention? What other aftercare specific services are provided?
93. Is there a transition plan for participants graduating the program?
94. Are other support services provided or offered after the participant leaves the program? (Are participants connected with services available in the community for continued support?)
95. Does drug court staff do any follow-up on participants after they leave the program? (Graduates and terminated participants?)

Program Process Changes

[If doing an outcome or cost study, get details on the timing of the changes, so we can interpret impacts on our sample.]

96. Has the eligibility determination process changed (*since implementation*)? If so, describe briefly the changes and why they were made.
97. Have the phases or the process changed (*since implementation*)? Why did your program make these changes?
98. Have the treatment providers and/or the services they provide changed since implementation? [If conducting an outcome study, we need details about which providers were operating at the time of our sample and find out information for them.]
99. Has the drug testing process changed since the drug court was implemented?
100. Has the fee structure changed over time? If yes, when and how? [If conducting an outcome study, ask whether the fee structure was the same at the time of our sample]
101. Has the reward/sanction process changed (*since implementation*)?

102. Have the criteria for unsuccessful termination changed (*since implementation*)? Has the consequence of termination changed over time? If yes, when and how?
103. Have the requirements for graduation changed over time?
104. **[If they have continuing support for participants after graduation]** Have the services available for continuing support after graduation changed since the program began?
105. *Do you know who or what agency performs the UA testing for non-drug court offenders? What agency handles treatment for cases not involved in drug court?*

Other IMPORTANT Questions (Ask these of every interviewee!)

106. What do you feel are some notable or unique characteristics of your drug court? (*Character of court, reputation*)
107. What do you think are the most promising practices of this drug court?)
108. Are there any changes you would like to see happen that you think would improve the program or make it more effective?
109. Are there any issues (idiosyncratic problems) that you have found at your particular part of the drug court process?) *Do you face any challenges while performing your job?*

Is there anything else that you'd like to add about all the questions I've asked you? Is there anything that you think I've missed?

APPENDIX B: FOCUS GROUP SUMMARY

MONTGOMERY COUNTY ADULT DRUG COURT
FOCUS GROUP SUMMARY
July 30, 2007

16 drug court clients attended this focus group. Approximately 1/3rd of the group members were most active in sharing their examples and perspectives, while other members contributed to a lesser degree, but still participated. The summary below includes actual comments by the group members during the focus group.

What did you like most about the drug court program/What worked?

- The one-on-one counseling and therapy helps me stay focused.
- It has kept me off the street and out of jail.
- My family has started to trust me again.
- Sometimes being forced to change is a good thing.
- I recently became employed for the first time in a few years.
- My attitude has changed
- By staying out of the street, your mind stays positive.
- A few of the staff make you feel like you mean something.
- Although I did not want to believe it, I realize I do need the structure; the structure has made a difference in my life.
- It has given me a chance to turn my life around.
- The support of the other participants is helpful to me.
- Being able to call on other drug court members when I may have a problem.
- Being in drug court proves to my wife that I am clean.
- I used to refuse to go to NA meetings, now I go and it helps me stay clean.
- I like that you get recognized for your progress. It makes you feel good.
- It has helped my life for the better. I like myself more now.
- I don't have to watch my back as much. I don't owe anyone money for drugs.
- Drug court has helped me reduce the stress in my life.

What do you dislike about the drug court program?

- The curfew and the police checks at my house.
- The police visits so often look bad to my neighbors.
- The curfew is a little early for grown folks.
- The inconsistency. One week the rules are this, and next week they change. It is hard for us to stay consistent when the rules are constantly changing. I understand that the program is still developing. But I feel that if the rules are one way when you enter the program, if they change while you are here, you should still be held by the original rules you were given.
- I feel that there are too many rules. I understand that they want to help us, but sometimes it feels overwhelming.
- I feel that the program should focus more on finding us jobs. Because a lot of us have records, it is hard to find employment. I think they should have more relationships with companies that will hire ex-cons.

- No transportation is a big problem for me. The program should offer some type of transportation.
- Coming to court every week and going to treatment too is a lot to juggle. Especially if you have a job.
- I think the program is a little too long. It seems like it takes forever before you are ready to graduate.
- I have feelings about having to leave work sometimes to come to these meetings and things. It interrupts my day, and sometimes I lose my focus at work.

How were you treated by the drug court staff and treatment providers?

- The staff are nice and respectful. I have not had any problem out of any of them.
- The one person that really helps me is Ms. Bunny Boswell. She is one of the treatment counselors. She really cares about us, and you can really tell that what happens to us means something to her. For others, it seems like it is just a job.
- I agree. She is so nice and she really cares. Ms. Bunny will go the extra mile for us. She wants us to change our lives and it makes a difference. (Everyone agreed by nodding and saying that Ms. Bunny has made a difference in their lives.)
- With some of the court staff, it seems like it is just work for them. I don't really get that they care one way or the other about us.
- The Judge is fair. He treats us like people and understands that we have problems. He does not treat us like criminals.
- The Judge always wants to find a solution to help us with whatever problem we are having. That is why sometimes he tells the court staff what to follow-up on during our hearing.
- I like knowing that I can call Ms. Bunny of the program at any time. If I feel like I want to go back to my old behavior, or use drugs, I can call her. She will take the time to talk to me and sometimes will have me come in and meet with her right at that moment.
- I just wish they truly understood how hard it is to find a job when you have a record. We are pushed to find jobs, but we are not given many leads or anything.

Why did you decide to participate in drug court?

- That is a no-brainer, drug court or jail. Anyway, that was my situation. So I chose drug court. But I will say, that it has really helped me. It helped me recognize that I had a problem and forced me to do something about it. Now I have a relationship with my daughter and family that I did not even care about before.
- I sort of agree. I don't know that I would have just walked into drug court or treatment on my own. So, I am glad that they made me participate. My life is good today. I feel better, I look better and I care about me.
- I wanted the help. I know that I needed some structure in my life. I actually may not have gone to jail, maybe just probation or something. I knew that they would help me get in a program and maybe get a job.
- I think the court was more than fair to offer me the choice to go to drug court.
- I am here because I had to be here. I think that it is too long and has too many reporting requirements.

- I was hoping that by joining drug court, I would be able to stay clean and then get a job. I have had a few ups and down, but have been clean for the most part. But I do not have a job yet.

Are/were there any obstacles to you successfully completing the drug court program?

- The amount of time required coming to court, to the program and other stuff makes it very time consuming. That makes it kind of hard.
- Because I live in an area that drugs can be dealt very accessibly, it is sometimes hard to stay clean.
- You really don't have obstacles because you have to do what is required to avoid sanctions. Because sanctions could ultimately result in jail time, we try to stay focused.
- Not having transportation is a big obstacle. Not having a ride has made me miss appointments. I can't control that, but I am still held responsible. I don't think that is right.

Do you have any suggestions to improve the drug court program?

- Add some type of transportation services for the clients.
- This program should have some type of job referral service. That is a big problem for a lot of us.
- The program should be more consistent. Changing the rules in the middle of a client's involvement in the program is not good. It sends mixed messages.
- A buddy or mentor program within the drug court would be good for the clients.

Did your family participate in any way in the process?

- Yes, my husband comes to counseling at the treatment program. We are working on trust in our relationship.
- Sometimes my girlfriend comes to court with me. And that feels good to know she supports me.
- I have family that come to court sometimes too.
- Most importantly is that my relationship with my family has improved.

What educational support and linkages in the community have been provided.

- Very little.
- I agree, not a lot. We need more of that here in this program.

Why do you think there is a drug court?

- To help people like us. To keep us out of jail and try to rehabilitate us.
- I think they wanted to get us services that we might not have been able to get if the court was not involved. You know that some drug programs are hard to get into. You call and they tell you to call back in a few days. That can go on for weeks and sometimes months.
- I think someone thought that if we get in drug court, because the program is mandated, we would be forced to get clean. I guess it worked.

What is the hardest part of drug court?

- Making all of the appointments and coming to court every week while we are in the first phase.

- Staying committed and focused. Because when you have a negative element around you, it can be hard. That is why they tell us to change people, places and things. But sometimes it isn't easy to change your family and where you live.
- If you do what you are supposed to do, it is not that hard at all. It is when you mess up that it becomes more complicated.
- If I could change anything, I would make sure that things stay consistent for everybody and not be changing all of the time.
- If I could change anything, I would provide transportation to the clients that need it.
- I would help the clients get jobs; a job referral service is the one thing that would help a lot of us the most.
- I would change how much we have to report. It is too much.

How do your family and friends feel about drug court?

- My family is happy for me. Because for once, I have been clean and off the streets for a while.
- My family likes that I am here. They are glad that I am doing something positive.
- I have a few friends that care and some that don't. The ones that care, they are happy that I am doing good. They see the new me.
- My wife is happy because she is glad that I am home and doing what I am suppose to do.

What are your own individual goals in the program?

- I want to graduate and then continue on a positive path.
- I want to get a job soon, one that I really like. Then I want to stay clean and live a drug-free life.
- An old guy like me, I just want to stay clean and stay out of trouble. That would make me and my family happy.
- I want to hurry up and get this over with. There is something about it that it makes me feel like I have something hanging over my head. It has helped, but I will be glad when I finish.
- I want to get my driver's license back, get a job and stay clean.
- I want to stay focused and keep my job. I hope to stay clean and stay away from my old negative friends.
- I would like to help somebody else. It would make me feel good to help someone else that is struggling.

What is the drug court session like?

- It is fine. Especially if you did what you were suppose to do. If not, you know what to expect. There is consistency that way.
- All of the staff are okay, they treat us nice and most of them try to help.
- The Judge is nice. No one can say that he is not fair. He acts like he cares about how we are really doing.

APPENDIX C: RECOMMENDED DATA ELEMENTS

Recommended Data Elements

Variable/Data elements:

- Identifiers (Name, social security number)
- Demographics
- Birth date
- Gender
- Race/Ethnicity
- Employment status at drug court entry
- Employment status at drug court exit
- Highest grade of school completed at time of drug court entry
- Student status at entry (is participant enrolled in school/educational program and what type?)
- Student status at exit (is participant enrolled in school/educational program and what type?)
- Student attendance record (if applicable) at entry
- School attendance record (if applicable) at exit
- Number and ages of children
- Housing status at entry
- Housing status at exit
- Income at entry (if self-supporting)
- Income at exit (if self-supporting)
- Other demographics
- Drug court entry date
- Drug court exit date
- Date of drug court eligible arrest
- Court case number for case leading to drug court participation
- Date of referral to drug court program
- Drug court status on exit (e.g., graduated, revoked, terminated, dropped out)
- If participation in drug court is revoked or terminated, reason
- Dates of entry into each phase
- Criminal/Juvenile justice status on exit (e.g., on probation, charge expunged, etc.)
- Dates of UAs
- Dates of positive UAs
- Dates of other drug tests
- Dates of other positive drug tests
- Drugs of choice (primary and secondary)
- Dates of drug court sessions
- Attitude toward treatment/readiness to change at entry
- Dates of services received with types of service received
 - Group A&D sessions
 - Individual A&D sessions
 - Mental health services
 - Anger management classes

- Mental health or A&D diagnoses
- Aftercare services (dates and types), if applicable
- Dates of re-arrests/re-referrals during program participation
- Charge(s)/allegation(s) associated with re-arrests/re-referrals during program participation
- Outcome(s) of re-arrests/re-referrals (conviction, dismissed, etc.) during program participation
- Other noncompliant behavior (types, dates) during program participation
- Probation violations during program participation
- Rewards and sanctions (dates, types, and duration)
- Detention/jail time as a sanction