

# Noble County Drug Court Albion, Indiana Process Evaluation Report



*Submitted to:*

**Noble County  
Drug Court Program**  
104 West Main St.  
Albion, IN 45601

*Submitted by:*

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Portland, OR

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Noble County, Indiana  
Process Evaluation Report**

*Submitted By*

NPC Research

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## BACKGROUND

**D**rug courts are designed to guide offenders identified as drug-addicted into treatment that will reduce drug dependence and improve the quality of life for the offenders and their families. Benefits to society include substantial reductions in crime, 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 operating outside of their traditional roles. The team typically includes a drug court coordinator, case managers, substance abuse 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 and defense attorneys modify their traditional adversarial roles to support the treatment and supervision needs of program participants. Drug court programs blend the resources, expertise and interests of a variety of jurisdictions and agencies.

Drug courts have been shown to be effective in reducing criminal recidivism (GAO, 2005), improving the psycho-social functioning of offenders (Kralstein, 2010), and reducing taxpayer costs due to positive outcomes for drug court participants (including fewer re-arrests, less time in jail and less time in prison) (Carey & Finigan, 2004; Carey, Finigan, Waller, Lucas, & Crumpton, 2005). Some drug courts have been shown to cost less to operate than processing offenders through business-as-usual in the court system (Carey & Finigan, 2004; Carey et al., 2005).

### Process Evaluation Methods

The information that supports the process evaluation was collected from an online program assessment, drug court staff interviews, a drug court participant focus group, observations of the drug court, and program documents such as the drug court's participant and operational handbooks. Much of the information was gathered from observation and key stakeholder interviews. The methods used to gather information from each source are described below.

### ELECTRONIC PROGRAM SURVEY

An electronic survey was used to gather program process information from key program staff. This survey, which provides a consistent method for collecting structure and process information from drug courts, was developed based on three main sources: NPC's extensive experience with drug courts, the American University Drug Court Survey, a paper by Longshore et al. (2001), which lays out a conceptual framework for drug courts, and the 10 Key Components established by the National Association of Drug Court Professionals (1997). The typology interview covers a number of areas, particularly areas related to the 10 Key Components—including eligibility guidelines, specific drug court program processes (e.g., phases, treatment providers, urinalyses, fee structure, rewards/sanctions), graduation, aftercare, termination, identification of drug court team members and their roles, and a description of drug court participants (e.g., general demographics, drugs of use). The use of an electronic survey allows NPC to begin building an understanding of the program, as well as to collect information that will support a thorough review of the data collected by the site.

## **SITE VISITS**

An NPC evaluation staff member conducted a site visit in April 2012. During this visit, evaluation staff observed the Noble County Drug Court status review hearings and team meetings, interviewed key drug court staff, and facilitated a focus group with current drug court participants and graduates. These observations, interviews, and focus groups provided information about the structure, procedures, and routines used in the drug court.

## **KEY STAKEHOLDER INTERVIEWS**

Key stakeholder interviews, conducted in person, were a critical component of the Noble County Drug Court process study. NPC staff conducted detailed interviews with individuals involved in the administration of the drug court, including the current judge, drug court coordinator, treatment providers, parole and probation officers, defense attorney, and prosecuting attorney.

Interviews were conducted to clarify and expand upon information gained from the online assessment and to obtain a deeper and more comprehensive understanding of the NCDC process. NPC's Drug Court Typology Interview Guide<sup>1</sup> was referenced for detailed questions about the program. This guide was developed from the same sources as the online survey and provides a consistent method for collecting structure and process information from drug courts. 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 Noble County Drug Court.

## **FOCUS GROUPS**

NPC staff conducted a focus group with current participants (N = 5) and graduates (N = 1). The focus group, which took place during the April 2012 site visit, provided current and past participants with an opportunity to share their experiences and perceptions regarding the drug court process. Focus group participants were asked what they found most useful about the drug court program and to describe how it compared to any past drug/alcohol treatment experiences. Participants were also asked to describe the drug court team dynamic, share their perception of the drug court judge and treatment services, describe any barriers to program completion and suggest ways in which the program could be improved.

## **DOCUMENT REVIEW**

In order to better understand the operations and practices of the Noble County Drug Court (NCDC), the evaluation team reviewed program documents including the drug court team policy and procedures manual, participant manual, consent for release of confidential information, multiple forms used by the program in processing participants, treatment intake and assessment tools, electronic drug court interface reports, previous evaluation reports, and other related documents.

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<sup>1</sup> The Typology Guide was originally developed by NPC Research under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. A copy of this guide can be found at the NPC Research Web site at [www.npcresearch.com/Files/NPC Research Drug Court Typology Interview Guide \(copyrighted\).pdf](http://www.npcresearch.com/Files/NPC%20Research%20Drug%20Court%20Typology%20Interview%20Guide%20(copyrighted).pdf)

## GENERAL SUMMARY OF FINDINGS AND RECOMMENDATIONS

**T**he Noble County Drug Court Program (NCDC) was established in December 2006. The program population consists of nonviolent offenders with current in-county convictions who have known drug-related issues. The current program capacity is 55 participants. As of September 2011, there were 52 active participants, 28 participants had graduated, and 37 participants had been discharged unsuccessfully (terminated). As of April 2012 the program had 56 active participants.

The recommendations in this report are based on research performed in over 100 drug courts around the country and on the practical experience of the NPC team in working with individual courts and collaborating with the professionals who do this work. Overall, the NCDC has implemented its drug court program within many of the guidelines of the 10 Key Components. Best practices have been established by outcome and cost studies of 69 adult drug court programs from around the United States and based on NPC's research on the 10 Key Components (Carey, Mackin, & Finigan, 2012). Among its many positive attributes, the program should be specifically commended for the following practices:

- **NCDC team members communicate information in a timely manner.** The team is commended for communicating regularly in weekly meetings and for communicating, via phone and email, as needed to convey important participant updates. It is commendable that the team uses all resources at their disposal, such as online client data systems and case notes, to inform participant progress discussions.
- **The program includes law enforcement representatives on the team who regularly attend team meetings and status review hearings.** Research has shown that drug court programs that included a representative from law enforcement on the drug court team had 88% greater reductions in recidivism and 44% higher cost savings compared to programs that did not include law enforcement (Carey et al., 2012).
- **Team members, including treatment, communicate regularly via email.** The NCDC team should continue the best practice of using email as a tool for expedient communication. Research has found that drug courts that shared information among team members through email had 65% lower recidivism than drug courts that did not use email (Carey, Waller, & Weller, 2011, Carey et al., 2012).
- **Team members including the judge, attorneys, treatment representative, coordinator and law enforcement attend weekly participant progress meetings and status review hearings.** The program should continue the best practice of having all key team members attend weekly meetings and court review hearings. Court attendance presents an opportunity for the program participants to see the team in its entirety, which can strengthen perceptions of team collaboration and continuity.
- **NCDC works with two treatment agencies.** Research has shown that having one to two agencies providing treatment was significantly related to better program outcomes including higher graduation rates and lower recidivism (Carey et al., 2012).
- **The NCDC has dedicated prosecution and defense counselors.** The defense attorney and prosecutor appear to successfully take a non-adversarial team approach while participating in meetings and drug court proceedings.

- **The NCDC allows offenders with charges in addition to drug charges into the program including forgery and property offenses.** Research has shown that programs that allow non-drug charges in the program had 95% greater reductions in recidivism than programs that allow only drug offenses (Carey et al., 2012).
- **Program eligibility guidelines are written.** Written eligibility guidelines are provided to all referring agencies, helping to ensure consistent criteria are applied when identifying and assessing prospective program participants. Eligibility guidelines, along with other program expectations, are provided to participants via a written policy manual.
- **The minimum length of this program is 18 months.** Best practices research (Carey et al., 2012) has shown that drug court programs that required at least 12 months for participants to complete had significantly better outcomes than programs that lasted less than 12 months. It is important, however, to note that there is a point of diminishing returns in keeping participants for an extended period of time.
- **The program has an array of treatment services offered and uses evidence based programming.** The NCDC is commended for offering a breadth of diverse and specialized services to program participants including gender specific services, mental health treatment, parenting classes, and family counseling, and utilizing evidence based treatment modalities.
- **The NCDC provides relapse prevention.** In addition to relapse prevention, the program is encouraged to continue offering Phase IV supervision and services which act as post-treatment and pre-graduation aftercare. The program may also want to consider introducing relapse prevention before the end of phase II, rather than in phase III, as it is beneficial to have ample time to test and refine prevention strategies prior to entering aftercare and graduating from the program.
- **The NCDC requires appropriate drug testing frequency throughout the program phases.** The NCDC is commended for requiring two to three drug tests per week from program participants and for maintaining these requirements during the aftercare Phase IV, wherein other requirements are ratcheted down. Research has shown that drug courts that tested randomly, at least two times per week, had better outcomes than programs that did not provide bi-weekly randomized testing (Carey et al., 2008).
- **Drug tests are fully observed.** The NCDC has implemented frequent and random drug testing that is observed by staff trained to safeguard the collection process (with the exception of one group that is run by a female who is unable to observe the men when they are tested at group time). Additionally, test cut-off levels for determining positive results are in line with commonly accepted cut-off levels and are documented in the policy and procedures manual.
- **Drug testing is offered on weekends and holidays.** The NCDC offers some scheduled and random weekend and holiday drug testing, helping to ensure that participants have less opportunity to predict when they will be able to use drugs or alcohol without detection and bolstering accountability. Additionally, scheduled weekend drug testing provides greater availability to participants, thereby reducing hardship for participants who may struggle with competing demands including program requirements and employer expectations.

- **The NCDC has guidelines for team response to participant behavior written and it is provided to the team.** This has been shown to produce higher graduation rates and higher cost savings due to lower recidivism. Having the guidelines hanging on the wall of the meeting room is a particularly effective way to ensure the guidelines are referenced during staffings.
- **The NCDC shows a good balance of sanctions, rewards, and treatment responses.** Court responses to participant behavior occur as soon as possible following the behavior that prompts the response. The program is commended for implementing a coordinated strategy to govern drug court responses to participants' compliance. In addition, the judge does a good job of explaining the reasons for sanctions and rewards in court for the benefit of the participant before the judge and for the participants who are observing.
- **Team members have been trained in use of rewards and sanctions.** The program is commended for ensuring training on rewards and sanctions for all team members and modifying practices based on those trainings. The program reports having adjusted the type and severity of sanctions to account for proximal versus distal goals, which aligns with best practices as highlighted in *The Drug Court Judicial Benchbook* (Marlowe & Meyer, 2011).
- **The NCDC takes full advantage of the court hearing as a learning experience for participants.** Because drug court hearings are a forum for educating all participants and impacting their behavior, the program is commended for requiring that participants stay for the entire hearing both to observe consequences (both good and bad) and to see how some people, who face similar challenges, are able to succeed in making positive, healthy choices and changes in their lives. It is also appropriate and commendable that the program uses early dismissal from the review hearing for participants who are doing consistently well for sustained periods of time, as this rewards those on track and still allows the people who may be struggling to observe successful participants and the benefits of being successful in the program.
- **At least 90 consecutive days of clean time are required before graduation.** Research has shown that the longer clients are required to be clean before graduation, the more positive their outcomes (both in terms of lowered recidivism and lower costs) (Carey et al., 2005).
- **Graduation ceremonies are celebrations of successful participants.** Graduations provide an opportunity for both involved and potential community partners to witness drug court program successes and the program should continue to hold graduation ceremonies. Inviting community partners to observe and participate in graduations is a low cost way to highlight the effectiveness of the program and garner interest for continued and future involvement with the program. This is also a significant accomplishment for the graduate and it is a best practice that graduations are distinct from the regular drug court hearings.
- **The judge has presided over the program for over 2 years.** Experience and longevity have been correlated with more positive participant outcomes and significantly higher cost savings, particularly when the judge serves for 2 years and longer (Carey et al., 2012). The NCDC program benefits from having a judge who demonstrates a long-term commitment to the drug court.

- **The judge participates in training and conference opportunities.** Research has shown that drug courts that provide formal training for all team members have had higher graduation rates and lower recidivism rates than programs that did not provide training to all team members (Carey et al., 2008; 2011). The judge sets an important precedent for the entire team by prioritizing ongoing education.
- **The judge spends at least 3 minutes speaking to each participant.** The judge's demeanor is encouraging when appropriate and firm when needed, and he demonstrates knowledge of participants' lives and appears to genuinely care about them. Best practices recommend spending at least 3 minutes with each participant. During observed court hearings, time spent speaking to participants averaged 4.5 minutes per participant.
- **The NCDC collects and utilizes electronic data.** The drug court team should continue to accumulate and analyze data about the drug court participants and use it for program reviews and planning, such as to inform the team about the types of participants who are most and least successful in the program. The drug court MS Access database (Informer) should continue to be utilized to monitor participant progress and assess the overall success of the program.
- **The program is commended for enacting change based on program monitoring and evaluator feedback.** The team indicated that the program had made some changes, such as creating increasing drug test frequency and adding an aftercare phase, as a result of program monitoring and making policy modifications based on evaluator feedback. The program is encouraged to continue to consider evaluator feedback in the future including the commendations and recommendations provided in this report.
- **This program has ensured regular training for team members.** The NCDC has engaged in a substantial amount of training for staff and is commended on their dedication to educating team members on an ongoing basis.
- **Overall, the program has successfully established partnerships across community agencies.** The program should continue to foster and build-upon current partnerships and encourage existing community partners to attend various program proceedings including the quarterly meetings wherein program sustainability and community connections are included as topics for discussion.

The following recommendations represent the primary areas of suggested program improvement that arose in the interviews and observations during the site visit. These recommendations are provided with an understanding of the context within which this program operates. Based on what NPC Research has learned about the NCDC program and on our experience working with over 100 other drug courts, the key issues that should be addressed by this program are summarized below in general order of priority (though some of the later recommendations may be implemented more easily and therefore sooner). Background information, more detailed explanations, and additional recommendations are presented within each of the 10 Key Components in the main body of the report.

- **Form an advisory committee/board.** The program would benefit from the formation of an advisory board, comprised of all key stakeholders and current and potential community partners, to meet quarterly or semi-annually. One purpose of this group would be to disseminate information, regarding overall program successes and challenges, to current program supporters in the hopes of ensuring ongoing key-stakeholder buy-in and program

success. A second purpose is to expand community outreach and public education regarding the drug court program in order to advocate for additional community agency support.

- **Continue to ensure new team members are trained in the drug court model** as soon as possible and existing team members consistently take advantage of ongoing training opportunities. It is commendable that both counselors have attended and will continue to attend state and national conferences. Attorneys are encouraged to attend training specific to the drug court model as well as role-specific training; counsel roles on the drug court team, in particular, differ from traditional attorney roles. Drug courts where all team members were trained before implementation or soon after starting with the program had significantly lower recidivism and higher cost savings (Carey et al., 2012)
- **Consider increasing program capacity.** While it is optimal for the program to run at capacity, if the program continues to operate over capacity, and the community need is greater than the program is presently able to serve, then it is recommended that the team consider expanding program capacity. Program expansion could be a standing agenda item for the quarterly administrative meetings. The team should discuss a target goal for expanded capacity, additional resource needs, and explore options for funding that expansion. The team should ensure that adequate resources such as the ability for current or additional POs to take on more cases, increasing treatment capacity, offering judge case-load respite and/or adding more judges etc. for meeting participant case management needs are available before moving forward with capacity expansion.
- **Consider revising the program requirements that exclude individuals based on admittance of a drug problem and serious mental health issues, once the program has the capacity to serve them.** Research indicates that programs that allow individuals with serious mental health issues have positive outcomes overall compared with programs that exclude this group of offenders, as long as the program has the mental health treatment resources appropriate to the need. In addition, drug court has been demonstrated to be effective for individuals with a drug problem, regardless of whether the individual is aware of or willing to admit that problem at the time of program admission.
- **Review Phase IV requirements and add a written aftercare plan.** Add a written aftercare plan to the requirements to move from Phase III to Phase IV and then include the requirement to “practice following the aftercare plan” to Phase IV. The aftercare plan should include a clear relapse prevention plan as well as plans for sober housing, work and/or school, family activities and other pro-social, drug-free activities. The judge and team should keep a copy of each participant’s plan and the judge can ask participants at their court sessions how they are doing on following the different elements of the plan. When the participants have demonstrated that they are able to follow the plan and remain drug-free, then they successfully complete the program. If they relapse or otherwise are unable to follow the plan, then this is evidence for the team that the participants’ plan is not working and needs to be modified before they can successfully leave the program.
- **Consider reducing the number of drug tests that are sent to a lab.** While the program is commended for timely turn-around of lab tested UA specimens, the program may wish to consider only sending tests that show a positive or dilute result to the lab for confirmation, and only when the participant does not admit to use, in order to reduce program costs.
- **Make sure that program fees are not a barrier to success.** While it is helpful for a program to have fees, it is important that the inability to pay not hinder a participant’s

ability to progress and succeed in the program. Make sure that case managers are working with participants to help them figure out a way to pay, providing skills training regarding saving budgeting and saving money, and creating payment plans. The program can also allow reductions in fees as an incentive or allow participants to work off fees using community service hours or through other means. Since participants pay for every drug screen and drug screens occur frequently perhaps finding ways to offset this cost would be of benefit. One participant suggested a way to offset costs could be something along the lines of after 9 clean drug tests, the 10<sup>th</sup> one is free.

- **Consider limiting the length of jail sanctions.** Jail sanctions used by the NCDC are reported to average between three days and one week and the drug court data indicates that, at times, sanctions of 60 days or more are imposed. Recent research has shown that 2 to 6 day jail sanctions are the most effective in terms of outcomes and cost savings (Carey et al., 2012), although occasional lengthier jail sanctions may be warranted, and that courts that typically used jail sanctions of 2 weeks or longer had worse outcomes.
- **Consider reducing the number of court appearances during Phase I to once every 2 weeks.** Drug court participants are generally most successful when they begin the program with court sessions (review hearings) approximately every other week. Research has shown that requiring biweekly rather than weekly court appearances can have better outcomes (Marlowe et al., 2006, Carey et al., 2008, Carey et al., 2012) except in higher risk populations. Additionally, a decrease in Phase I appearance requirements could contribute to expanded program capacity. Weekly reviews may be appropriate with very high-risk offenders.
- **Share evaluation and assessment results.** Team members should set aside time to discuss the overall findings and recommendations in this report and determine what program adjustments will be made. Appendix A contains a brief set of guidelines for how to review program feedback and next steps in making changes to the program. In addition, the assessment and evaluation results can be very beneficial to the program if they are looking to apply for grants to fund additional positions, etc., or for local funders/agencies to help them access resources. These results can document needs as well as show how well the program has done in some areas.

Overall, the NCDC has implemented a program that follows the guidelines and best practices of the 10 Key Components of drug courts. The staff should set aside time to discuss the findings and recommendations in this report, both to enjoy the recognition of its accomplishments and to determine how to respond to the recommendations provided.

The following section of the report presents each of the 10 Key Components with the NCDC practices as *well as the commendations and recommendations described above in more detail*. There are also additional recommendations within each component not included in the summary section of the report.



## 10 KEY COMPONENTS OF DRUG COURTS DETAILED RESULTS

The Noble County Drug Court (NCDC) was founded in December 2006. This program is designed to take a minimum of 18 months to complete and takes only post-plea or post-conviction participants. The target population is described as nonviolent adult drug-involved offenders with current criminal charges in Noble County Indiana. Offenders with Class “A” felony and/or operating while under the influence (OWI) charges or pending charges in an outside jurisdiction are not admitted into the NCDC program.

### **KEY COMPONENT #1: DRUG COURTS INTEGRATE ALCOHOL AND OTHER DRUG TREATMENT SERVICES WITH JUSTICE SYSTEM CASE PROCESSING.**

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

The focus of this key component is on the integration of treatment services with traditional court case processing. Practices that illustrate an adherence to treatment integration include the role of the treatment provider in the drug court system as well as the extent of collaboration and communication between *all the agencies* involved in the program.

In the original monograph on the 10 Key Components (NADCP, 1997), drug court is described as a collaboration between ALL members of a team made up of treatment, the judge, the prosecutor, the defense attorney, the coordinator, case managers, and other community partners. Each team member sees the participant from a different perspective. Participation from all partners contributes to the strength of this model and is one of the reasons it is successful at engaging participants and changing behavior. It is important to keep team members engaged in the process by ensuring they have input on drug court policies and feel their role and contribution is valued.

#### National Research

Previous research (Carey et al., 2005; 2008; 2011; 2012) has indicated that greater representation of team members from collaborating agencies (e.g., defense attorney, treatment, prosecuting attorney) at team meetings and court hearings is correlated with positive outcomes for clients, including reduced recidivism and, consequently, reduced costs at follow-up. Greater law enforcement involvement increases graduation rates, reduces recidivism and reduces outcome costs (Carey et al., 2008; 2012).

Research has also demonstrated that drug courts with one treatment provider or a single central agency coordinating treatment resulted in more positive participant outcomes including higher graduation rates and lower recidivism costs (Carey et al., 2005; 2008, 2012). Recent best practices research found that drug courts that worked with two or fewer treatment agencies had significantly greater reductions in recidivism than programs that worked with more than two treatment agencies (Carey et al., 2012). Findings also indicated that when the treatment provider used email to convey information to the team, the program had greater reductions in recidivism (Carey et al., 2012).

#### Noble County Drug Court Process

- The drug court team is composed of the judge, Drug Court Coordinator, Prosecutor, Defense Attorney, Treatment Providers, Probation/Parole, Law Enforcement and Transitional Living (halfway houses) Representative.

- Several focus group participants expressed a positive shift in their perceptions of various team members' roles, and their relationship to these individuals, as a result of participating in the program.
  - One participant said of their PO: "I count my probation officer as my friend."
  - Regarding the involvement of law enforcement on the team a participant said: "It makes me feel good today that an officer is showing up at my door and I am not scared. I am shaking his hand and welcoming him into my house."
  - Considering that participants tend to be repeat offenders and have had prior dealings with the court system, focus group participants noted a shift in their dealings with the prosecutor from 'business as usual' to drug court. One participant said, "Since I have been in drug court my relationship with the prosecutor has improved...when I see him outside of the court room he says 'hi' and asks how I am doing." Another participant said: "To hear that [the prosecutor] wasn't ready to give up on me changed everything. Years ago he sent me away...now I respect him."
- NCDC works directly with two outpatient treatment providers: Bowen Center and North-eastern Center. Treatment services and coordination are shared by the two agencies, and there is not a single provider overseeing service. The treatment coordinators indicate that they communicate often by email and verbal communication following the weekly team meeting. Sometimes participants transfer between the two agencies, and the treatment providers indicate that this is a fairly smooth process. Both agencies utilize validated assessment tools though different tools are used by each agency.
- The prosecutor, defense attorney, treatment representatives, judge, probation officers/case managers, drug court coordinator and law enforcement representatives always attend a weekly team meeting where participant progress is discussed and attend weekly court review hearings. A representative from Transitional Living, which provides halfway-house services to homeless participants, often attends team meetings.
- The judge leads the weekly team meetings. The coordinator provides an agenda consisting of the cases to be discussed. Each PO (case manager) presents their entire caseload and the team contributes to the discussion of each case. A PO utilizes a laptop during the meeting to look up client information in the court management system (Gavel) and drug court system (Informer). Additionally, the prosecutor references online case details from a laptop as needed. The coordinator helps facilitate the meeting by keeping discussions on track and focused on best practices.
- The NCDC holds court review hearings one day a week and offers a morning and an afternoon review hearing to provide some flexibility for participants to balance competing demands such as employment, childcare, and treatment attendance. Additionally, the program indicated that sometimes the sessions are used strategically to keep distance between program participants who may be triggering negative behaviors in each other. Likewise, the program reported using strategic group treatment assignment to ensure the most productive sessions and, if needed, maintain distance between participants that may have undesirable influences on one another.
- The drug court program does not have a steering committee that meets regularly to discuss program policies and practices, but reports that the team engages in some policy dis-

ussions, particularly around confidentiality parameters, during weekly participant progress meetings. Additionally, the team holds quarterly administrative meetings to discuss policy issues such as eligibility criteria, grant funding, changes in court time or weekly team meeting duration etc.

- NCDC does not have an advisory committee/board, but the team sometimes incorporates discussions of program sustainability and community connections into the weekly participant progress meetings and the quarterly administrative meetings.
- The treatment representatives communicate with the court verbally at team meetings, verbally during court sessions, and through written progress reports that are uploaded to an electronic database. Additionally, the treatment providers frequently communicate with team members via email.

### Commendations

- **NCDC team members communicate information in a timely manner.** The team is commended for communicating regularly in weekly meetings and for communicating, via phone and email, as needed to convey important participant updates. It is commendable that the team uses all resources at their disposal, such as online client data systems and case notes, to inform participant progress discussions. It is also promising that the NCDC team meets quarterly to discuss program sustainability and community connections. The team members appear to be very dedicated and collaborative.
- **The program includes law enforcement representatives on the team who regularly attend team meetings and status review hearings.** Research has shown that drug court programs that included a representative from law enforcement on the drug court team had 88% greater reductions in recidivism and 44% higher cost savings compared to programs that did not include law enforcement (Carey et al., 2012). Law enforcement can recognize participants on the street and can provide an extra level of positive supervision, as well as assist with background checks and home visits.
- **Team members, including treatment, communicate regularly via email.** The NCDC team should continue the best practice of using email as a tool for expedient communication. An outcome evaluation found that drug courts that shared information among team members through email had 65% lower recidivism than drug courts that did not use email (Carey et al., 2011). Another study (Carey et al., 2012) found significantly higher reductions in recidivism for programs that had email communication with treatment compared to programs that did not communicate with treatment via email.
- **Team members including the judge, attorneys, treatment representative, coordinator and law enforcement attend weekly participant progress meetings and status review hearings.** The program should continue the best practice of having all key team members attend weekly meetings and court review hearings. Court attendance presents an opportunity for the program participants to see the team in its entirety, which can strengthen perceptions of team collaboration and continuity. It is commendable that the program offers multiple review hearing sessions to allow for some scheduling flexibility for participants. Though restricting or avoiding contact with many people such as friends, family etc. is often a requirement of probation or drug court, this can prove challenging in smaller communities. The team is therefore encouraged to continue the current practices

of strategically utilizing both treatment and review hearings to help manage and minimize contact between people that may make recovery more difficult for each other.

- **NCDC works with two treatment agencies.** Research has shown that having one to two agencies providing treatment was significantly related to better program outcomes including higher graduation rates and lower recidivism (Carey et al., 2012). The NCDC is commended for following best practices in this area by utilizing two out-patient treatment agencies to treat program participants.

#### Suggestions/Recommendations

- **Form an advisory committee/board.** The program would benefit from the formation of an advisory board, comprised of all key stakeholders and current and potential community partners, to meet quarterly or semi-annually. One purpose of this group would be to disseminate information, regarding overall program successes and challenges, to current program supporters in the hopes of ensuring ongoing key-stakeholder buy-in and program success. A second purpose is to expand community outreach and public education regarding the drug court program in order to advocate for additional community agency support.

#### **KEY COMPONENT #2: USING A NON-ADVERSARIAL APPROACH, PROSECUTION AND DEFENSE COUNSEL PROMOTE PUBLIC SAFETY WHILE PROTECTING PARTICIPANTS' DUE PROCESS RIGHTS.**

*Assessment Question: Are the Defense Attorney and Prosecuting Attorney satisfied that the mission of each has not been compromised by drug court?*

This key component is concerned with the balance of three important issues. The first issue is the nature of the relationship between the prosecution and defense counsel in drug court. Unlike traditional case processing, drug court case processing favors a non-adversarial approach. The second issue is to ensure the drug court remains responsible for promoting public safety. The third issue is to ensure the protection of participants' due process rights.

#### National Research

Drug Court research by Carey et al. (2008, 2012) and Carey and Waller (2011) found that participation by the prosecution and defense attorneys in team meetings and at drug court hearings had a positive effect on graduation rate and on recidivism costs.

In addition, courts that included non-drug-related charges as eligible for participation also showed lower recidivism costs. Finally, courts that imposed the original sentence instead of determining the sentence when participants were terminated had lower recidivism costs (Carey et al., 2008).

#### Noble County Drug Court Process

- Prosecution and defense counsel are included as part of the drug court team. The prosecutor and defense attorney always attend participant case management meetings and drug court review hearings. They sit before the judge during the review hearing and contribute verbal updates and recommendations as solicited by the judge. They appeared professional and friendly with one another during the observed court review hearing.

- Observation and team feedback indicate that the prosecutor and defense attorney have a friendly, collegial relationship and work well together as part of the team. During the participant progress meeting, they were able to successfully bridge differing points of view and use program guidelines to find amicable solutions when they did not initially agree.
- The judge, probation, and prosecuting and defense attorneys identify and refer potential participants to the program. The team reports that both the prosecutor and public defender's office have written copies of eligibility criteria and use them to inform referral decisions. While attorneys from the public defender's office make program referrals, the current defense attorney appointed to the team is a private attorney and is not part of the public defender's referral process.
- The prosecutor has been on the NCDC team since program inception in 2006, and defense counsel joined the team in September 2011.
- The prosecutor has had formal training in drug court use of rewards and sanctions and both the prosecutor and defense attorney attended the 2011 state conference, the theme of which was rewards and sanctions. Both attorneys will be attending the 2012 NADCP national conference.
- The program accepts post-adjudication participants.
- Offenders who do not admit to a drug problem, those with serious mental health issues, those with current violence charges or prior violence convictions, are not allowed into the program. Additionally, offenders not permitted entry if they have pending charges in another jurisdiction, have committed a Class A felony or have an OWI charge. Offenders who are manufacturing methamphetamines or have mandatory minimum sentences are allowed only with prosecutorial approval.

#### Commendations

- **The NCDC has dedicated prosecution and defense counselors.** The defense attorney and prosecutor appear to successfully take a non-adversarial team approach while participating in meetings and drug court proceedings.
- **The NCDC allows offenders with charges in addition to drug charges into the program including forgery and property offenses.** Research has shown that programs that allowed non-drug charges in the program had 95% greater reductions in recidivism than programs that allowed only drug offenses (Carey et al., 2012).

#### Suggestions/Recommendations

- **The NCDC team should continue to ensure new team members are trained in the drug court model** as soon as possible and existing team members consistently take advantage of ongoing training opportunities. It is commendable that both counselors have attended and will continue to attend state and national conferences. Attorneys are encouraged to attend training specific to the drug court model as well as role-specific training; counsel roles on the drug court team, in particular, differ from traditional attorney roles. Drug courts where all team members were trained before implementation or soon after starting with the program had significantly lower recidivism and higher cost savings (Carey et al., 2012).

### **KEY COMPONENT #3: ELIGIBLE PARTICIPANTS ARE IDENTIFIED EARLY AND PROMPTLY PLACED IN THE DRUG COURT PROGRAM.**

*Assessment Questions: Are the eligibility requirements being implemented successfully? Are potential participants being placed in the program quickly? Is the original target population being served?*

The focus of this component is on the development and effectiveness of the eligibility criteria and referral process. Different drug courts have different eligibility and exclusion criteria. Some drug courts include criteria unrelated to the defendant's criminal history or addiction severity, such as requiring that participants admit to a drug problem or meet other "suitability" requirements. Research reveals that the most effective drug courts have clearly defined eligibility criteria. It is advisable to have these criteria written and provided to all potential referral sources.

Drug courts also differ in how they determine if a client meets entry criteria. While drug courts are always targeting clients with a substance use problem, the drug court may or may not use a substance abuse screening instrument to determine eligibility. The same may apply to mental health screens. A screening process that includes more than just an examination of legal eligibility may take more time, but also results in more accurate identification of individuals who are appropriate for the services provided by the drug court.

Related to the eligibility process is how long it takes a drug court participant to move through the system from arrest to referral to drug court entry. The goal is to implement an expedient process for "prompt placement." The length of time that passes between arrest to referral and referral to drug court entry, the key staff involved in the referral process, and whether there is a central agency responsible for treatment intake, are all factors that impact the expediency of program entry.

#### National Research

Carey et al. (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, although their investment costs were higher.

Those courts that expected 50 days or less from arrest to drug court entry had lower recidivism and higher savings than those courts that had a longer time period between arrest and entry (Carey et al., 2008; 2012). Additionally, larger programs (those with greater than 125 participants) had worse outcomes than smaller programs (Carey et al., 2012). This outcome discrepancy may be due to larger programs having a more difficult time consistently following the high intensity of services required by the drug court model. To ensure better outcomes, larger programs should pay special attention to ensure they are providing services with the consistency described in the research-based best practices.

Other research found that drug courts that included an informal screen for suitability and excluded participants who were found unsuitable had the same outcomes (e.g., the same graduation rates) as drug courts that did not screen for suitability (Carey & Perkins, 2008). Moreover, programs that did *not* exclude offenders with mental health issues had a significant cost savings compared with those that did (Carey et al., 2012).

#### Noble County Drug Court Process

- Potential participants may be identified and referred by the prosecuting attorney, defense attorneys, judge, and probation. Once identified, referrals are given to the drug court coordinator who runs a preliminary background check to identify any obvious exclusionary

criteria such as prior convictions of violence-related crimes or current supervision in another county. She then gives the referral to probation who conducts a drug and alcohol and risk assessment, utilizing the Indiana Risk Assessment Tool and a portion of the program's drug and alcohol assessment tool. If the offender appears to be eligible, they are put on the list to be staffed at the weekly team meeting.

- The NCDC has a written policy manual that is provided to all team members and a written program manual that is provided to program participants. The NCDC program eligibility requirements are written and the referring team agencies have copies of the eligibility criteria. The team reports that the criteria are generally followed, but exceptions are sometimes made at the discretion of the prosecutor or judge.
- Drug addicted offenders with nonviolent misdemeanor or felony charges are considered for participation in the program. Drug possession, drug trafficking, property offenses, prostitution, forgery and theft are some of the charges that are accepted.
- Once program entry is approved by the team, the offender is assigned to the treatment provider of their choice and the respective treatment agency conducts an intake assessment to develop a treatment plan and identify any co-occurring disorders.
- Participants are screened for co-occurring psychiatric disorders, as well as suicidal ideation. Those found to have co-occurring mental disorders are offered mental health therapy in addition to substance abuse treatment, but may refuse the mental health services. Occasionally mental health therapy is made mandatory for individuals found to have co-occurring disorders.
- The program reports the estimated time between participant arrest and referral to the drug court program is between 15 and 30 days. The estimated time between drug court referral and program entry is between 15 and 30 days for an estimated average time from arrest to drug court entry between 30 and 60 days (though some team members indicated it may take longer than 60 days in some cases).
- The drug court's capacity is reported to be 55 participants. As of September 2011, the program reported having 53 active participants. As of April 2012, the program was running just over capacity with 56 active participants.

### Commendations

- **The NCDC accepts a variety of charges into the program.** The best practices research has demonstrated that programs that accept a variety of charges have similar or better outcomes than programs that focus on a narrow range of drug charges (Carey et al., 2012). In addition, the program accepts individuals with co-occurring disorders, who are well-served in the structure of a drug court and are often under-served in a traditional court setting.
- **Program eligibility guidelines are written.** Written eligibility guidelines are provided to all referring agencies, helping to ensure consistent criteria are applied when identifying and assessing prospective program participants. Eligibility guidelines, along with other program expectations, are provided to participants via a written policy manual.
- **The program is running at capacity.** Additionally, the program capacity of 55 aligns with recent best practice research findings (Carey et al., 2012) that indicated that programs with a capacity of 125 or less had significantly higher reductions in recidivism than programs with a capacity greater than 125 active participants.

### Suggestions/Recommendations

- **Consider increasing program capacity.** While it is optimal for the program to run at capacity, if the program continues to operate over capacity, and the community need is greater than the program is presently able to serve, then it is recommended that the team consider expanding program capacity. Program expansion could be a standing agenda item for the quarterly administrative meetings. The team should discuss a target goal for expanded capacity, additional resource needs, and explore options for funding that expansion. The team should ensure that adequate resources such as the ability for current or additional POs to take on more cases, increasing treatment capacity, offering judge caseload respite and/or adding more judges etc. for meeting participant case management needs are available before moving forward with capacity expansion.
- **Consider revising the program requirements that exclude individuals based on admittance of a drug problem and serious mental health issues, once the program has the capacity to serve them.** Research indicates that programs that allow individuals with serious mental health issues have positive outcomes overall compared with programs that exclude this group of offenders, as long as the program has the mental health treatment resources appropriate to the need. In addition, drug court has been demonstrated to be effective for individuals with a drug problem, regardless of whether the individual is aware of or willing to admit that problem at the time of program admission.
- **Work to decrease the length of time from arrest to program entry for those offenders who begin the program longer than 50 days after arrest.** The length of time between arrest and drug court entry is reported to be between 30 and 60 days, which, on the high end, is longer than recommended based on current best practices (less than 50 days). The NCDC should conduct a review and analysis of the case flow from referral to drug court entry to identify bottlenecks or structural barriers, and points in the process where more efficient procedures may be implemented. In addition, the team should brainstorm—and test—possible solutions to issues that are identified in the case flow analysis. The program should set a goal for how many days it should take to get participants into the program, and work toward achieving that goal. Because the program is effective at admitting some participants within 50 days, it could focus on what helps those individuals enter at a more rapid rate, and what barriers are faced by the other cases.

A primary focus of this key component is related to the principles of behavior modification (rapid response to behavior) and to the benefit of getting people who need treatment services into treatment as soon as possible. Some post-adjudication programs have worked out systems for allowing prospective participants to begin treatment services prior to their formal acceptance into the program. It may be worth discussing this idea to see if there are creative ways to engage participants in needed services even while they are in the process of being admitted to the program.

#### **KEY COMPONENT #4: DRUG COURTS PROVIDE ACCESS TO A CONTINUUM OF ALCOHOL, DRUG AND OTHER TREATMENT AND REHABILITATION SERVICES.**

*Assessment Question: Are diverse and specialized treatment services available?*

The focus of this key component is on the drug court's ability to provide participants with a range of treatment services appropriate to their clinical and case management needs. Success under this component is highly dependent on success under the first component (i.e., ability to integrate



treatment services within the program and have good collaboration among team members from a variety of agencies). Compliance with Key Component #4 requires having a range of treatment modalities or types of service available. However, drug courts still have decisions about how wide a range of treatment and habilitation services to provide, available levels of care, and which services are important for their target population.

### National Research

Research has indicated that program length and number of phases may be related to outcomes. Programs that took at least 12 months to complete had greater reductions in recidivism (Carey et al., 2012). Programs that had 3 or more phases showed greater reductions in recidivism (Carey et al., 2012).

Programs that had frequency requirements for group and individual treatment sessions (e.g., group sessions 3 times per week and individual sessions 1 time per week) had lower investment costs (Carey et al., 2005) and substantially higher graduation rates and improved recidivism costs (Carey et al., 2008; 2012). Clear attendance requirements may make compliance with program goals easier for participants and may facilitate program staff in determining if participants have been compliant. Enforcing treatment attendance requirements also helps ensure that participants receive the optimal dosage of treatment, as determined by the program, associated with future success.

A variety of treatment approaches that focus on individual needs, motivational approaches to engaging clients, cognitive-behavioral therapy approaches, self-help groups, and appropriate use of pharmacological treatments can all provide benefits to participants in facilitating positive change and abstinence from alcohol and drug use. Multi-systemic treatment approaches work best because multiple life domains, issues, and challenges are addressed together, using existing resources, skills, and supports available to the participant. It is also crucial to provide aftercare services to help transition a person from the structure and support of the treatment environment back to her/his natural environment (Miller, Wilbourne, & Hetteima, 2003).

The American University National Drug Court Survey (Cooper, 2000) showed that most drug courts have a single treatment provider agency. NPC, in a study of 18 drug courts in four different states (Carey et al., 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 recidivism related costs. More recent research supported this finding, revealing that reductions in recidivism decrease as the number of treatment agencies increase (Carey et al., 2012).

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

### Noble County Drug Court Process

- NCDC works directly with two outpatient treatment providers: Bowen Center in Albion and Northeastern Center in Kendallville. Both agencies provide one-on-one and group treatment sessions for participants, and utilize evidence-based treatment modalities of Moral Reconciliation Therapy (MRT) and the Matrix model. Both treatment agencies offer detoxification services at offsite facilities for clients that appear to be a danger to themselves or others and the coordinator reports that jail is rarely, but sometimes, used for detoxification purposes.

- The treatment providers utilize standardized assessments though they may differ across agencies. The Bowen Center uses the Indiana Risk Assessment Tool, administered by the probation officers at the time of initial assessment, to determine risk-level and performs a full drug and alcohol assessment to assess dependency. Northeastern Center administers a written behavioral assessment and after reviewing the results an intake therapist administers additional assessments such as the Substance Abuse Subtle Screening Inventory (SASSI) and the MacAndrew Alcoholism Scale (MAC) to evaluate abuse and dependency.
- The program requires a minimum of 18 months to complete and, with a recent addition of a fourth phase, a maximum of four years to complete. The maximum time to completion was three years when the program consisted of three phases.
- The program consists of four phases. Phase I focuses on client assessment and stabilization. Treatment is the primary focus of Phase II and relapse prevention is the focus of Phase III. Phase IV, deemed ‘life after drug court’, acts as a transitional period for participants to reintegrate into society by finding permanent housing, holding down a job etc. with less frequent court appearances and program demands but ongoing supervision and availability of resources.

*“I appreciate the structure, and just being able to have another chance at life. I’ve got my family back.”*

*“Initially the structure really was very difficult...as I continued to get sober, that became a non-issue.”*

*“A second chance at life. At entry, I couldn’t cope without alcohol and drugs – that’s changed.”*

– Focus Group Participants

- The program includes relapse prevention, which is required of all participants. Though there is not a post-graduation aftercare program in place, Phase IV acts as a buffering time wherein the participant still has some oversight and access to services while simultaneously reintegrating into the community and acting more autonomously. There is not currently an active alumni group.
- *Services required for all participants are based on assessed level of care and include:* outpatient group treatment sessions, and self help meetings. *Services required for some participants include:* detoxification, outpatient individual treatment sessions, mental health counseling, psychiatric services, job training/vocational program, GED/education assistance housing/homelessness assistance, and prescription drugs for substance dependence. *Services offered to participants but not required include:* gender-specific treatment sessions, language-specific or cultural-specific programs, acupuncture, parenting classes, family/domestic relations counseling, health care, dental care, transportation. *Services not offered to participants include:* residential treatment, prenatal/perinatal program, anger management/violence prevention, health education.
- MRT is required for all program participants. Both treatment providers utilize the evidence based treatment approach of MRT though the timing and dosage of sessions varies slightly across the two agencies. Time in treatment at Bowen Center ranges between 52

and 56 weeks. Bowen center begins MRT in the first phase and utilizes it throughout the first 18 weeks of the program. At Bowen Center participants are required to attend one MRT session and one Matrix model group session per week for the first 6 weeks in treatment. Participants are required to attend two MRT sessions per week and a Matrix model session during weeks 7 through 18 and are required to attend one Matrix model session per week throughout the final 36 weeks of treatment. Time in treatment at North-eastern Center consists of 48 weeks. Northeastern Center begins with the Matrix model approach in Phase I and requires three Matrix model sessions per week for the first 16 weeks of treatment. Northeastern Center begins MRT during Phase II, which lasts 32 weeks, and requires one MRT sessions per week (for the first 18 to 20 weeks in Phase II) and one social-support group session per week. Providers at both agencies have been fully trained in the MRT model.

➤ *Focus group participants particularly praised the MRT treatment modality:*

- “With MRT I actually had to sit down, look back and hold myself accountable for my actions.”
  - “I wish I would have had MRT from the beginning. It really made me look at some goals and it made me look at life on the long term in terms goals after drug court.”
  - “I liked MRT. Went to it straight into drug court...helped me get in contact with my family who had looked down on me. I recently got to meet my nieces and nephews...it helped me set goals and get honest with myself as well as everyone else.”
- Self-help meetings (AA, NA, etc.) are required for participants across all program phases. Participants are required to attend four self-help meetings per week throughout Phase I, three meetings per week throughout the Phase II, and two meetings per week during Phase III. Self-help meetings are required throughout Phase IV, though the frequency of attendance is left to the discretion of the participant.
  - The NCDC partners with Transitional Living and two temporary housing facilities (Serenity House and Pilot House) to provide short-term drug and alcohol free housing to transitioning participants seeking more permanent independent living situations. The NCDC partners with Work One, a largely state-funded unemployment agency, to assist participants in finding employment. The program partners with LEAP, a local literacy organization, to provide education services and reports that participants have attended the GED classes offered by LEAP. Additionally, grant funding was secured to provide transportation vouchers to participants for travel within the county.
- *Several focus group participants indicated the importance of transitional housing availability. One participant said “Going to a halfway house, straight out of jail, was probably the best thing that happened to me because I couldn't have went back home and made it. I couldn't have made it back here period.”*

### Commendations

- **The minimum length of this program is 18 months.** Best practices research (Carey et al., 2012) has shown that drug court programs that required at least 12 months for participants to complete had significantly better outcomes than programs that lasted less than 12

months. However, it is important to note that there is a point of diminishing returns in keeping participants for an extended period of time. If a participant is not succeeding in abstaining from use and is unable to meet other program requirements for an extended period of time, the resources provided by the program may not be adequate to change this participant's behavior and may be better spent on a participant who has not yet had a chance to receive services. This is discussed further under Key Component #6 in relation to the required length of clean time before graduation.

- **The program has an array of treatment services offered and uses evidence based programming.** The NCDC is commended for offering a breadth of diverse and specialized services to program participants including gender specific services, mental health treatment, parenting classes, and family counseling, and utilizing evidence based treatment modalities.
- **The program has guidelines on the frequency of individual treatment sessions that a participant must receive.** The guidelines for treatment attendance are provided in writing to participants via the participant manual and the guidelines, which require attendance of two to three group sessions per week, adhere to best practices.
- **The NCDC provides relapse prevention.** In addition to relapse prevention, the program is encouraged to continue offering Phase IV supervision and services which act as post-treatment and pre-graduation aftercare. The program may also want to consider introducing relapse prevention before the end of phase II, rather than in phase III. After participants are stabilized, it is beneficial to introduce relapse prevention planning as early as possible in order to allow ample time to test and refine strategies prior to entering aftercare and graduating from the program.

#### Suggestions/Recommendations

- **Continue to search for resources for additional services.** The NCDC is encouraged to continue the work it has already begun, in searching for grants and fostering relationships with community partners, to expand treatment resources and wrap around services beyond the current availability. Feedback gleaned from key stakeholder interviews and the participant focus group indicates that areas for development or expansion could include residential treatment, employment, and education services.
- **Review Phase IV requirements and add a written aftercare plan.** Add a written aftercare plan to the requirements to move from Phase III to Phase IV and then include the requirement to “practice following the aftercare plan” to the Phase IV requirements. The aftercare plan should include a clear relapse prevention plan as well as plans for sober housing, work and/or school, family activities as well as other pro-social, drug-free activities. The judge and team will keep a copy of each participant's plan and the judge can ask participants at their court sessions how they are doing on following the different elements of the plan. When the participants have demonstrated that they are able to follow the plan and remain drug-free, then they successfully complete the program. If they relapse or otherwise are unable to follow the plan, then this is evidence for the team that the participants' plan is not working and needs to be modified before they can successfully leave the program.

In addition, in order to free up program resources and potentially increase capacity, the NCDC should consider decreasing the testing requirements over time in Phase IV and

possibly the length of time required in Phase IV. The program is commended for maintaining frequent and random drug testing standards across the program phases, however these standards may be too stringent for the entire length of the *aftercare* phase wherein participants should be allowed to reintegrate into society with minimal program requirements and oversight but with a strong focus on how they are doing with their written aftercare plan. Limiting the amount of drug testing and number of required court appearances in the aftercare phase could help increase program capacity by freeing up resources and allowing new people to enter rather than waiting until someone finishes Phase IV before allowing entry to a new participant.

**KEY COMPONENT #5: ABSTINENCE IS MONITORED BY FREQUENT ALCOHOL AND OTHER DRUG TESTING.**

*Assessment Question: Compared to other drug courts, and to research findings on effective testing frequency, does this court test frequently?*

The focus of Key Component #5 is the use of alcohol and other drug testing as a part of the drug court program. Drug testing is important both for court supervision and for participant accountability. It is generally seen as a key practice in participants' treatment progress in that it is the only objective measure of whether the participant is using, and participants report that knowing they will be drug tested is the key factor that made them stop using early in their recovery. This component encourages frequent testing but does not define the term "frequent" so drug courts develop their own guidelines on the number of tests required. Related to this component, the drug court must assign responsibility for these tests and the method for collection.

National Research

Research on courts in California (Carey et al., 2005) found that drug testing that occurs randomly, at least two times per week, was the most effective model. A recent study shows if testing occurs more frequently (that is, more than three times per week), the random component becomes less important as it is difficult to find time to use in between frequent tests. Later research (Carey et al., 2012) supported this finding.

In addition to frequency of testing, it is important to ensure that drug testing is random and fully observed during sample collection, as there are numerous ways for individuals to predict when testing will happen and therefore use in between tests or to submit a sample that is not their own. In focus groups with participants after they have left their programs, individuals have admitted many ways they were able to "get around" the drug testing process including sending their cousin to the testing agency and bringing their 12-year-old daughter's urine to submit.

Research has also demonstrated that having the results of drug tests back to the drug court team swiftly (within 48 hours) was key to positive outcomes as it allowed the court to respond immediately to participant use while the incident is still fresh in the participants minds. Finally, the length of time abstinent before graduation from the program is associated with continued abstinence after the program, resulting in both lower recidivism and higher cost savings (Carey et al., 2012).

Noble County Drug Court Process

- Drug testing is performed through urinalysis (UAs) in-house cups, UAs sent out to a lab for testing, breath tests, bracelet/tether, and dermal sweat patch. All UAs are fully observed with the exception of one female treatment clinician who runs and tests a men's group. The female clinician is reported to have the men empty and turn out their pockets

prior to sample submission. The team reports that all tests conducted by probation and the treatment providers are sent to a Redwood Laboratories for analysis and results are usually obtained within 48 hours of submission, though at times it may take up to one week to obtain lab results.

- The participant handbook and team input indicate that participants are expected to submit drug tests approximately 3 times per week during Phases I, II and IV (the aftercare phase). The coordinator reports that drug testing is performed on a random basis, for cause that participants are screened an average of 8 to 10 times per month across all phases.
- Drug test cut-off levels for determining positive results are outlined in the policy and procedures manual, which is provided to all team members, and adhere to commonly accepted drug testing cut-off levels as highlighted by Marlowe and Meyer (2011).
- Probation and Northeastern use a call-in color line for randomized testing. Probation requires a daily color line call. Northeastern Center tests on the same days as group sessions which occur on Monday, Wednesday and Friday of each week. Bowen center also conducts random tests prior to group sessions and uses a rolled die (numbered 1 through 4) to select participants for randomized screens. Probation offers some random weekend testing as well as testing on holidays. Northeastern & Bowen Center do not offer weekend or holiday drug testing at this time.

#### Commendations

- **The NCDC requires appropriate drug testing frequency throughout the program phases.** The NCDC is commended for requiring two to three drug tests per week from program participants and for maintaining these requirements during the aftercare Phase IV, wherein other requirements are ratcheted down. Research has shown that drug courts that tested randomly at least two times per week had better outcomes (Carey et al., 2008). Doug Marlowe (2008) has suggested that the frequency of drug testing should be the last requirement that is ratcheted down as participants progress through program phases. As treatment sessions and court appearances are decreased, checking for drug use becomes increasingly important, to determine if the participant is doing well with more independence and less supervision. The program is in line with current best practices and should continue to impose the testing frequency requirements.
- **Drug tests are fully observed.** The NCDC has implemented frequent and random drug testing that is observed by staff trained to safeguard the collection process (with the exception of one group that is run by a female who is unable to observe the men when they are tested at group time). Additionally, test cut-off levels for determining positive results are in line with commonly accepted cut-off levels and are documented in the policy and procedures manual.
- **Drug testing is offered on weekends and holidays.** The NCDC offers some random weekend and holiday drug testing, helping to ensure that participants have less opportunity to predict when they will be able to use drugs or alcohol without detection and bolstering accountability. Additionally, scheduled weekend drug testing provides greater availability to participants, thereby reducing hardship for participants who may struggle with competing demands including program requirements and employer expectations.

- **The NCDC provides quick drug test result turnaround.** Research has shown that obtaining drug testing results within 48 hours of submission is associated with higher graduation rates and lower recidivism (Carey et al., 2008, 2012). The program is commended typically receiving confirmation UA results from the lab within 48 hours. The team is encouraged to take measures, such as the burgeoning plan for the treatment provider to use Fed Ex or another guaranteed quick-turnaround postal service, to ensure timely receipt of all lab results.

#### Suggestions/Recommendations

- **Consider reducing the number of drug tests that are sent to a lab.** While the program is commended for timely turn-around of lab tested UA specimens, the program may wish to consider only sending tests that show a positive or dilute result to the lab for confirmation, and only when the participant does not admit to use, in order to reduce program costs.

#### **KEY COMPONENT #6: A COORDINATED STRATEGY GOVERNS DRUG COURT RESPONSES TO PARTICIPANTS' COMPLIANCE.**

*Assessment Questions: Do program staff 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?*

The focus of this component is on how the drug court team responds to client behavior during program participation, including how the team works together to determine an effective, coordinated response. Drug courts have established a system of rewards and sanctions that determine the program's response to acts of both non-compliance and compliance with program requirements. This system may be informal and implemented on a case-by-case basis, a formal system applied evenly to all clients, or a combination of both. The key staff involved in decisions about appropriate responses to participant behavior varies across courts. Drug court team members may meet and decide on responses, or the judge may decide on the response in court. Drug court participants may (or may not) be informed of the details on this system of rewards and sanctions, so their ability to anticipate a response from their team may vary significantly across programs.

Case management, also an essential component of accountability court programs, should be seen as central to tying the other principles and components together (Monchick, Scheyett, & Pfeifer, 2006).

#### National Research

The drug court judge is legally and ethically required to make the final decision regarding sanctions or rewards, based on expert and informed input from the drug court team. All drug courts surveyed in an American University study reported that they had established guidelines for their sanctions and rewards policies, and nearly two-thirds (64%) reported that their guidelines were written (Cooper, 2000). Other research has shown greater reductions in recidivism related to the imposition of sanctions by the judge *only*, as compared to programs where multiple team members could impose sanctions (Carey et al., 2012).

Drug courts that responded to infractions immediately, particularly by requiring participants to attend the next scheduled court session, had twice the cost savings when compared to programs that reported non-immediate responses to infractions (Carey et al., 2011). In addition, research has found that drug courts that had their guidelines for team responses to participant behavior written



and provided to the team had higher graduation rates and higher cost savings, due to lower recidivism, than programs that did not provide written guidelines (Carey et al., 2008; 2011). Finally, programs that required participants to pay fees and have a job or be in school at the time of graduation had significant cost savings compared to programs that did not (Carey et al., 2012).

### Noble County Drug Court Process

- Decisions about sanctions and rewards are discussed as a team during weekly participant progress meetings. The team appears to work well together and, even when dealing with varied team member perspectives on challenging issues, is able to compromise and collaborate to determine thoughtful and appropriate responses to participant behavior. The judge makes the final decision but observation indicates that the judge's decision tends to align with the overall team recommendations. The majority of the meeting is dedicated to discussing responses to non-compliant behavior though progress and successes are mentioned throughout the meeting. Participant termination, program extension and phase movement are also discussed.
- All members of the team have received some training specific to use of rewards and sanctions in the drug court model and many have attended multiple breakout sessions focused on this topic.
- The team reports that rewards are sometimes given in a standardized way for specific behaviors and are ultimately decided on a case by case basis. Tangible rewards are given by the judge during drug court sessions and are drawn by participants from a fish bowl on the judge's bench. The team reports having a cabinet of ranked (small, medium or large) tangible rewards from which participants choose an item from a specific reward tier based on what they draw from the fish bowl. Among the rewards are gas and food cards. The team and participants report that the most popular incentives are gas cards which, when available, are offered at different price points within each tier.
- Intangible rewards given during drug court sessions include applause or praise from the judge and courtroom attendees and a handshake with the judge. Team members and participants indicated that the handshake with the judge was particularly meaningful.
  - *Focus group participants indicate that they find the rewards useful. Participants universally agreed that a handshake from the judge felt meaningful. Some participants suggested that the handshake be reserved only for phase transitions or equally significant events.*
- The drug court team members are given a written list of sanctions. The sanctions guidelines also hang on the wall of the meeting room and are referenced during the weekly participant progress meetings. Sanctions are graduated so that the severity increases with more frequent or more serious infractions.
- Sanctions are imposed at the first court session after the non-compliant behavior, which occur weekly. Sanctions are sometimes standardized and are ultimately on a case-by-case basis. If a participant violates and is in a phase that does not require weekly court appearances, the judge will require that they attend the next occurring drug court review hearing. The judge and other team members report that non-compliant behavior is sometimes met with consequences imposed by probation or halfway-house personnel outside of court. In these instances, the judge may choose to impose or forgo additional drug court sanctions and decides this on a case by case basis.



- Commonly imposed sanctions include: Written essays, sit sanctions (sit in court to watch), community service, stay in a halfway house, more frequent drug testing, more court appearances, increased treatment sessions, return to an earlier phase and self-help. Jail is sometimes used as a sanction in response to continued drug use, after a third positive drug test, for having contact with others they have been court ordered not to contact and for violation of other drug court rules. Jail sanction length of stay is reported to typically range between 3 days and 1 week.
- The coordinator reported that the following responses to participant behavior seem to be particularly effective: rewriting the rules, admonishment by the judge, the participant addressing the team, and calendar use. The calendars are provided by the team at the beginning of the year and utilized by clients to organize and document their schedules and are regularly shared with the PO for review.
- Participants are required to pay treatment fees, court fees and pay for each drug test. Fees are estimated to total between \$4,784 and \$6,284 per person: Treatment fees average \$2,000 (\$25 - \$35 per session); drug court fees average \$900 - \$2,400 (\$50 per month); drug screen fees average \$1,584 (\$12 per sample). Additional program-related fees may include payment for rent in a halfway house or for other auxiliary services such as family therapy and in-home skill building.
  - *Focus group participants acknowledged the need for fees, but reported that paying for every drug screen, which were required frequently across all program phases, could be a hardship. Those participants that had received some grant funds to help offset the cost of drug screens expressed gratitude and a desire to see this kind of assistance continue. Some suggested adding drug screen fee waivers to the fishbowl.*
- The team reports that graduations take place quarterly and there are typically between two and eight participants per ceremony. The ceremony lasts approximately 30 minutes and takes place in the circuit courtroom. Graduates are encouraged to invite family members and friends and the media is usually present in some capacity. Members of the team speak and incorporate the graduates into their speeches. After the team speeches, the judge presents individual graduates with certificates and coins and gives them a pine tree. Participants are asked if they would like to share their reflections after all certificates have been distributed. Cake is made available at the end of the ceremony.
  - *All focus group participants acknowledged their appreciation of the graduation as a monumental and important component to the program. One participant said of the graduation: "This was the first thing I have ever graduated, it's a big thing - I've never graduated anything in my life." Another participant said, "I've been emotional just standing there watching [the graduation ceremony]."*

### Commendations

- **The NCDC has guidelines for team response to participant behavior written and it is provided to the team.** This has been shown to produce higher graduation rates and higher cost savings due to lower recidivism. Having the guidelines hanging on the wall of the meeting room is a particularly effective way to ensure the guidelines are referenced during staffings.
- **The NCDC shows a good balance of sanctions, rewards, and treatment responses.** Court responses to participant behavior occur as soon as possible following the behavior

that prompts the response. The program is commended for implementing a coordinated strategy to govern drug court responses to participants' compliance. In addition, the judge does a good job of explaining the reasons for sanctions and rewards in court for the benefit of the participant before the judge and for the participants who are observing. Although the program already has a list of possible incentives and sanctions, it is important to continue to strive to find creative and effective responses to participant noncompliance that are focused on changing participant behavior. For additional ideas and examples, please see Appendix B, which contains a sample list of rewards and sanctions used by drug courts across the United States. Some of these examples are already in use by this program, but others may provide new and useful ideas.

- **Team members have been trained in use of rewards and sanctions.** The program is commended for ensuring training on rewards and sanctions for all team members and modifying practices based on those trainings. The program reports having adjusted the type and severity of sanctions to account for proximal versus distal goals, which aligns with best practices as highlighted in *The Drug Court Judicial Benchbook* (Marlowe & Meyer, 2011).
- **The NCDC requires that participants pay off all drug court and treatment fees prior to graduation.** Research has consistently demonstrated that drug courts that require participants to pay fees have higher graduation rates and lower recidivism than drug courts that require no fees (Carey, et al. 2005; Carey, Finigan, & Pukstas, 2008; Carey & Perkins, 2009; Carey et al., 2011). This practice may increase the sense of accountability and provide a model for participant behavior beyond drug court. Additionally, a recent study found that programs that require all fees to be paid prior to graduating had increased cost savings as compared to programs that did not require all fees be paid (Carey et al., 2012). It is also beneficial that the program requires acquisition of clean and sober housing for participants prior to graduating.
- **The NCDC takes full advantage of the court hearing as a learning experience for participants.** Because drug court hearings are a forum for educating all participants and impacting their behavior, the program is commended for requiring that participants stay for the entire hearing both to observe consequences (both good and bad) and to see how some people who have as many challenges as they have are able to succeed and make positive, healthy choices and changes in their lives. It is also appropriate and commendable that the program uses early dismissal from the review hearing for participants who are doing consistently well for sustained periods of time, as this rewards those on track and still allows the people who may be struggling to observe successful participants and the benefits of being successful in the program.
- **At least 90 consecutive days of clean time are required before graduation.** Research has shown that the longer clients are required to be clean before graduation, the more positive their outcomes (both in terms of lowered recidivism and lower costs) (Carey, et al., 2005).
- **Graduation ceremonies are celebrations of successful participants.** Graduations provide an opportunity for both involved and potential community partners to witness drug court program successes and the program should continue to hold graduation ceremonies. Inviting community partners to observe and participate in graduations is a low cost way to highlight the effectiveness of the program and garner interest for continued and future

involvement with the program. This is also a significant accomplishment for the graduate and it is a best practice that graduations are distinct from the regular drug court hearings.

### Suggestions/Recommendations

- **Make sure that program fees are not a barrier to success.** While it is helpful for a program to have fees, it is important that the inability to pay not hinder a participant's ability to progress and succeed in the program. Make sure that case managers are working with participants to help them figure out a way to pay, providing skills training regarding budgeting and saving money, and creating payment plans. The program can also allow reductions in fees as an incentive or allow participants to work off fees using community service hours or through other means. Since participants pay for every drug screen and drug screens occur frequently perhaps finding ways to offset this cost would be of benefit. One participant suggested a way to offset costs could be something along the lines of after 10 clean drug tests, the next one is free.
- **Consider limiting the length of jail sanctions.** Jail sanctions used by the NCDC are reported to average between three days and one week and the drug court data indicates that, at times, sanctions of 60 days or more are imposed. Research has shown that 2 to 6 day jail sanctions are the most effective in terms of outcomes and cost savings, although occasional lengthier jail sanctions may be warranted. Courts that typically used jail sanctions of 2 weeks or longer had worse outcomes.

### **KEY COMPONENT #7: ONGOING JUDICIAL INTERACTION WITH EACH PARTICIPANT IS ESSENTIAL.**

*Assessment Question: Compared to other drug courts, and to effective research-based practice, do this court's participants have frequent contact with the judge? What is the nature of this contact?*

The focus of this component is on the judge's role in drug court. The judge has an extremely important function for drug court in monitoring client progress and using the court's authority to promote positive outcomes. While this component encourages ongoing interaction, drug courts must still decide more specifically how to structure the judge's role. Courts need to determine the appropriate amount of courtroom interaction between the participant and the judge as well as how involved the judge is with the participant's case. Outside of the court sessions, depending on the program, the judge may or may not be involved in team discussions, progress reports and policy making. One of the key roles of the drug court judge is to provide the authority to ensure that appropriate treatment recommendations from trained treatment providers are followed.

### 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 decreased for each advancement in phase. Although most drug courts follow the above model, a substantial percentage reports less court contact.

Research in several states (Carey et al., 2005; 2008; 2011) demonstrated that, on average, participants had the most positive outcomes if they attended approximately one court appearance every 2 weeks in the first phase of their involvement in the program. Marlowe, Festinger, Lee, Dugosh, & Benasutti (2006) also demonstrated that biweekly court sessions were more effective for high-risk

offenders, whereas less frequent sessions (e.g., monthly) were as effective for lower risk offenders. These findings were confirmed in more recent studies (Carey et al., 2012).

In addition, programs in which the judge remained on the bench for at least 2 years had the most positive participant outcomes. It is recommended that drug courts either avoid fixed terms, or require judges with fixed terms to serve 2 years or more, and that courts with fixed terms consider having judges rotate through the drug court more than once, as experience and longevity are correlated with more positive participant outcomes and cost savings (Carey et al., 2005; Finigan, Carey, & Cox, 2007; Carey et al., 2012). When the average time spent with each participant (on average) was 3 minutes or more, programs experienced a reduction in recidivism two and a half times greater than programs with shorter court appearances (Carey et al., 2012).

### Noble County Drug Court Process

- Drug court participants are required to attend weekly drug court hearings during Phase I, biweekly hearings while in Phase II, monthly sessions while in Phase III and every other month throughout Phase IV.
  - *Focus group participants attested to the judges' genuine interest in their well-being:*
    - *"You can tell judge Kramer cares."*
    - *"Kramer's really compassionate."*
- The drug court judge is appointed on a volunteer basis and Judge Kramer helped start the program and has been the drug court judge since program inception in 2006. He has a single backup judge that covers for him when he is away, and estimates his number of absences annually ranges between three and six times per year.
- The judge has a drug court caseload of up to 55 participants when the program runs at capacity. The judge estimates that he spends between 15% and 30% of his time on adult drug court cases in addition to presiding over a family drug court and his other dockets. During two observed drug court hearings, the judge spoke to each participant for an average of four and a half minutes per participant. More time was spent with cases that merited a reward or incurred sanctioning, but the judge appeared to thoroughly check in with participants who were simply on track.
- Judge Kramer has received formal judge-specific drug court training through the Drug Court Institute, a state training and at the NADCP conference. The judge has attended professional drug court-related conferences such as the annual NADCP conference.
- Observation indicated that the judge speaks directly to participants during court hearings, is knowledgeable about the details of participants' lives, is kind, and offers words of support and praise but is appropriately stern when needed. During one review hearing, the judge clearly explained an incentive award and the reasoning behind it to a newer program participant, and highlighted the fact that the team had made the incentive recommendation to the judge. During the same review hearing the judge thoroughly explained the infractions that had lead to a sanction, explained the rationale driving the choice of sanction and again highlighted the team involvement in making the decision. During key stakeholder interviews and a focus group, team members and program participants expressed their appreciation for Judge Kramer.

*Focus group participants acknowledged the effectiveness of Judge Kramer:*

*“He [Judge Kramer] had told me one time in court that he was proud of me. I told the person I was with that day, when we left the court room, I had to ask the question over and over in my head ‘why’d he say that?’ nobody has ever said that to me in my life and, you know, he really supported me.”*

*“Initially I plead guilty and was fearful...but now I admire the man [Judge Kramer]. I think ‘what vision this man has’.”*

### Commendations

- **The judge has presided over the program for over 2 years.** Experience and longevity have been correlated with more positive participant outcomes and significantly higher cost savings, particularly when the judge serves for 2 years and longer (Carey et al., 2012). The NCDC program benefits from having a judge who demonstrates a long-term commitment to the drug court.
- **The judge requires participants to stay through the entire court hearing to take full advantage of the hearing as a learning experience for participants.** Because drug court hearings are a forum for educating all participants and impacting their behavior, it is beneficial that the court requires participants to stay for the entire hearing both to observe responses to noncompliant behaviors and to learn how those who are doing well are able to succeed and make positive, healthy choices and changes in their lives.
- **The judge participates in training and conference opportunities.** Research has shown that drug courts that had formal training for all team members had higher graduation rates and lower recidivism than programs that had not provided training to all team members (Carey et al., 2008; 2011). The judge sets an important precedent for the entire team by prioritizing ongoing education.
- **The judge spends at least 3 minutes speaking to each participant.** The judge’s demeanor is encouraging when appropriate and firm when needed, and he demonstrates knowledge of participants’ lives and appears to genuinely care about them. Best practices recommend spending at least 3 minutes with each participant. During observed court hearings, time spent speaking to participants averaged 4.5 minutes per participant.
- **The NCDC has recruited a back-up judge.** Having a back-up judge who is familiar with the drug court model is recommended, in the case of illness, business travel or vacation of the current judge. It is commendable that the position is voluntary and indefinite, but should the current judge eventually wish to leave the program, having a back-up adult drug court judge allows for an easier transition from the current to the incoming judge. The back-up judge will already understand the drug court model and understand his/her role in the program. The program should continue to allow the existing back-up judge, and other judges who may eventually preside over the program, to observe NCDC drug court hearings and learn directly from the experience of the sitting judge.

### Suggestions/Recommendations

- **Consider reducing the number of court appearances during Phase I to once every 2 weeks.** Drug court participants are generally most successful when they begin the program with court sessions (review hearings) approximately every other week. Research has shown that requiring biweekly rather than weekly court appearances can have better outcomes (Marlowe et al., 2006, Carey et al., 2008, 2012) (except in higher risk populations). Additionally, a decrease in Phase I appearance requirements could contribute to expanded program capacity. Weekly reviews may be appropriate with very high-risk offenders.

### **KEY COMPONENT #8: MONITORING AND EVALUATION MEASURE THE ACHIEVEMENT OF PROGRAM GOALS AND GAUGE EFFECTIVENESS.**

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

This component encourages drug court programs to monitor their progress towards their goals and evaluate the effectiveness of their practices. The purpose is to establish program accountability to funding agencies and policymakers as well as to themselves and their participants. Further, regular monitoring and evaluation provides programs with the feedback needed to make adjustments in program practices that will increase effectiveness. Finally, programs that collect data and are able to document success can use that information to gain additional funding and community support. Monitoring and evaluation require the collection of thorough and accurate records. Drug courts may record important information electronically, in paper files or both. Ideally, drug courts will partner with an independent evaluator to help assess their progress. Lastly, it is important to determine how receptive programs are to modifying their procedures in response to feedback.

### National Research

Carey et al. (2008; 2011) 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 electronic records that are critical to participant case management and to an evaluation, 2) the use of program statistics by the program to make modifications in drug court operations, 3) the use of program evaluation results to make modification to drug court operations, and 4) the participation of the drug court in more than one evaluation by an independent evaluator. Carey et al. (2012) found that courts that have modified their programs based on evaluation findings have experienced twice the cost savings and a significant reduction in recidivism compared to courts that did not implement modifications. Programs that made modifications based on regular review of program statistics also experienced cost savings and reductions in recidivism (Carey et al., 2012).

### Noble County Drug Court Process

- The Noble County Drug Court collects data electronically for participant tracking in an Access database available to the coordinator and all case managers. The treatment providers track treatment data electronically in separate systems, and run and provide weekly reports to the team.
- Data on program participants is monitored to assess whether the program is moving toward its goals. The team reports that adjustments have been made to policy and/or prac-

tices based on this monitoring including adding Phase IV, conducting exit interviews, increased frequency of drug screens and selecting a new defense attorney.

- In addition to the current NPC evaluation, in 2009 the NCDC program received an evaluation, by Behavior Dyanmax. The team reports having made adjustments in policy and practice based on feedback from the previous evaluation.

### Commendations

- **The NCDC collects and utilizes electronic data.** The drug court team should continue to accumulate and analyze data about the drug court participants and use it for program reviews and planning, such as to inform the team about the types of participants who are most and least successful in the program. The drug court MS Access database (Informer) should continue to be utilized to monitor participant progress and assess the overall success of the program. While a preliminary review of the Informer data indicates the program is consistently tracking many important data points, a list of data important for participant case management, program self-monitoring and evaluation is included in Appendix C.
- **The program is commended for enacting change based on program monitoring and evaluator feedback.** The team indicated that the program had made some changes, such as creating increasing drug test frequency and adding an aftercare phase, as a result of program monitoring and making policy modifications based on evaluator feedback. The program is encouraged to continue to consider evaluator feedback in the future including the commendations and recommendations provided in this report.

### Suggestions/Recommendations

- **Share evaluation and assessment results.** Team members should set aside time to discuss the overall findings and recommendations in this report and determine what program adjustments will be made. Appendix A contains a brief set of guidelines for how to review program feedback and next steps in making changes to the program. In addition, the assessment and evaluation results can be very beneficial to the program if they are looking to apply for grants to fund additional positions, etc., or for local funders/agencies to help them access resources. These results can document needs as well as show how well the program has done in some areas

## **KEY COMPONENT #9: CONTINUING INTERDISCIPLINARY EDUCATION PROMOTES EFFECTIVE DRUG COURT PLANNING, IMPLEMENTATION, AND OPERATIONS.**

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

This component encourages ongoing professional development and training of drug court staff. Team members need to be updated on new procedures and maintain a high level of professional and technical knowledge. Drug courts must decide who receives this training and how often. This can be a challenge during implementation as well as for courts with a long track record. Drug courts are encouraged to continue organizational learning and share lessons learned with new hires.

### National Research

Carey et al. (2008; 2012) found that drug court programs requiring all new hires to complete formal training or orientation, and requiring *all* drug court team members to attend regular trainings were associated with higher graduation rates and greater cost savings due to lower recidivism.



### Noble County Drug Court Process

- In addition to on-the-job training, the following drug court team members have received training or education specifically on the drug court model: judge, prosecuting attorney, drug court coordinator, court case managers, and treatment providers. The defense attorney (the newest team member) did not receive initial formal training specific to the drug court model but later attended a state conference in 2011 was planning to attend the 2012 NADCP conference.
- Drug court staff have received training specifically about the target population of the court including age, gender, race/ethnicity and drugs of choice.
- Most new drug court staff members are trained on the drug court model before or soon after starting work.
- The NCDC team reports that most team members have had training specifically in the use of rewards and sanctions to modify the behavior of drug court participants and information from the trainings was imparted to team members that did not attend trainings. Additionally, the team has modified the rewards and sanctions processes as a result of information gleaned through trainings.
- Drug court team members have received trainings specifically related to their roles on the drug court team via state and national conferences and workshops.

### Commendations

- **This program has ensured regular training for team members.** The NCDC has engaged in a substantial amount of training for staff and is commended on their dedication to educating team members on an ongoing basis.

### Suggestions/Recommendations

- **Ensure initial and ongoing training for all team members.** Although the NCDC team has done an excellent job in obtaining training for staff, the program should continue to ensure that *all* drug court staff members receive training, prior to or shortly after joining the team, about the drug court model, their role in the drug court setting, addiction, and rewards and sanctions as well as education on the program's specific target population. In the event of staff turnover, the team should ensure that new staff are trained in the drug court model and, ideally, have the opportunity to train with and receive mentorship from the exiting team member. All staff should have regular opportunities for refresher training and updated information to stay current in the field. We recommend that a training log be kept that includes each team member and that staff attend training (online, and/or at in-person training sessions or conferences) at least once per year. Best practices research shows that programs where all team members receive training have significantly better outcomes including lower recidivism and higher cost savings (Carey et al., 2012).

There are several ways to obtain training, ranging from free online training from NADCP, downloading of materials from the NADCP Web site (for example, select one resource every quarter for the team to read and discuss at a team meeting), requests of the state Office of Court Improvement, attendance at state or national training conferences, or attendance at regional NADCP drug court trainings. Resources for training can sometimes be requested through NADCP from federal partners, including SAMHSA and the Bureau of Justice Assistance, or through requests to local foundations or community partners. Some



programs have utilized local resources for training, such as content experts in addiction (e.g., local treatment professionals), drug testing (e.g., local lab employees), behavior modification (e.g., some universities have psychology or social work professors or graduate students), or the local offender population (e.g., university sociologists).

**KEY COMPONENT #10: FORGING PARTNERSHIPS AMONG DRUG COURTS, PUBLIC AGENCIES, AND COMMUNITY-BASED ORGANIZATIONS GENERATES LOCAL SUPPORT AND ENHANCES DRUG COURT PROGRAM EFFECTIVENESS.**

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

This component encourages drug courts to develop partnerships with other criminal justice service, nonprofit and commercial agencies. For these collaborations to be true “partnerships,” regular meetings and collaborations with the partners should occur. If successful, the drug court will benefit from the expertise that resides in all of the partner agencies and participants will enjoy greater access to a variety of services. Drug courts must still determine what partners are available and decide with whom to partner and how formal to make these partnerships. Other important factors to weigh include who will be considered as part of the main drug court team; who will provide input primarily through policymaking; and what types of services will be available to clients through these partnerships.

National Research

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

In addition, Carey et al. (2005; 2011; 2012) found that drug courts that had formal partnerships with community agencies that provide services to drug court participants had better outcomes than drug courts that did not have these partnerships.

Noble County Drug Court Process

- The drug court has developed and maintained relationships with organizations that provide services for participants in the community and refers participants to those services when appropriate. Some of these services include employment assistance/job training, housing assistance, transportation, and educational services.
- Some team members and focus group participants felt that residential treatment services and additional transportation services would be of benefit to program participants.
- The drug court reported that representatives from community agencies work regularly with drug court participants. Bus passes are provided as needed.

Commendations

- **Overall, the program has successfully established partnerships across community agencies.** The program should continue to foster and build-upon current partnerships and encourage existing community partners to attend various program proceedings including

the quarterly meetings wherein program sustainability and community connections are included as topics for discussion.

### Suggestions/Recommendations

- **Continue to work on connecting with more community partners.** In light of limited availability of funding and resources, it is crucial that the NCDC continue to maintain its partnerships with community members and work on forging even more relationships. The program is encouraged to continue fostering a coordinated effort to reach out to the community, including the formation of an advisory committee and inviting current and potential community partners to graduation ceremonies, and to be creative in finding donated or inexpensive services for Drug Court participants. The team may wish to consider healthcare and dental care as potential areas for service expansion, as these have been shown to be promising practices that may have positive impacts on recidivism (Carey et al., 2012). As mentioned previously, it is recommended that an advisory board convene regularly to discuss outreach opportunities and brainstorm ways to increase community partnerships.
- **Seek to acquire additional program services.** In order to better serve present and future clients, and expand program entry criteria, the team should work to increase the breadth treatment availability and services. This could increase the capacity of the program to serve more high-needs participants and ensure that approved participants enter the program in a timely manner. The program should be sure to keep track of the gap between treatment resources and the need for services, so that evidence can be provided at the county and state levels to support additional treatment dollars being provided.

### **ADDITIONAL RESOURCES**

The appendices at the end of this document contain resources to assist the program in making any changes based on the feedback and recommendation in this report. Appendix A provides a brief “how-to” guide for beginning the process of changing program structure and policies and incorporating feedback from this report. Appendix B contains a list of incentives and sanctions used in drug court programs across the country for use in developing new ideas for court and treatment responses that will change participant behavior in more positive directions. Appendix C provides a list of data elements that programs should collect for case management, self-monitoring and evaluation. Other important and useful resources for drug courts are available at this Web address: [http://www.ndcrc.org/search/apachesolr\\_search](http://www.ndcrc.org/search/apachesolr_search)

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**APPENDIX A: GUIDE FOR USE OF NPC ASSESSMENT  
AND TECHNICAL ASSISTANCE REPORTS**



## Brief Guide for Use of NPC Assessment and Technical Assistance Reports

The 10 Key Component assessment results can be used for many purposes, including 1) improvement of program structure and practices for better participant outcomes (the primary purpose), 2) grant applications to demonstrate program needs or illustrate the program's capabilities, and 3) requesting resources from boards of county commissioners or other local groups.

### When you receive the results:

- Distribute copies of the report** to all members of your team, advisory group, and other key individuals involved with your program.
- Set up a meeting** with your team and steering committee to discuss the report's findings and recommendations. Ask all members of the group to **read the report** prior to the meeting and **bring ideas and questions**. Identify who will **facilitate** the meeting (bring in a person from outside the core group if all group members would like to be actively involved in the discussion).
- Contact NPC Research** if you would like research staff to be available by phone to answer questions.
- During the meeting(s), **review each recommendation**, discuss any questions that arise from the group, and **summarize the discussion, any decisions, and next steps**. You can use the format below or develop your own:

### **Format for reviewing recommendations:**

Recommendation: Copy the recommendations from the electronic version of report and provide to the group.

Responsible individual, group, or agency: Identify who is the focus of the recommendation, and who has the authority to make related changes.

Response to recommendation: Describe the status of action related to the recommendation (some changes or decisions may already have been made). Indicate the following:

- 1. This recommendation will be accepted. (see next steps below)
- 2. Part of this recommendation can be accepted (see next steps below and indicate here which parts are not feasible or desirable, and why)
- 3. This recommendation cannot be accepted. Describe barriers to making related changes (at a future time point, these barriers may no longer exist) or reason why the recommendation is not desirable or would have other negative impacts on the program overall.

Next steps: Identify which tasks have been assigned, to whom, and by what date they will be accomplished or progress reviewed. Assign tasks only to a **person who is present**. If the appropriate person is not present or not yet identified (because the task falls to an agency or to the community, for example), identify who from the group will take on the task of identifying and contacting the appropriate person.

- Person: (Name)
- Task: (make sure tasks are specific, measurable, and attainable)

- **Deadline or review date:** (e.g., June 10<sup>th</sup>) The dates for some tasks should be soon (next month, next 6-months, etc.); others (for longer-term goals for example) may be further in the future.
- **Who will review:** (e.g., advisory board will review progress at their next meeting)
- **Contact NPC Research** after your meeting(s) to discuss any questions that the team has raised and not answered internally, or if you have requests for other resources or information.
- **Contact NPC Research** if you would like to hold a conference call with or presentation to any key groups related to the study findings.
- **Request technical assistance or training as needed** from NADCP/NDCI or other appropriate groups.
- **Add task deadlines to the agendas of future steering committee meetings**, to ensure they will be reviewed, or select a date for a follow-up review (in 3 or 6 months, for example), to discuss progress and challenges, and to establish new next steps, task lists, and review dates.



**APPENDIX B: SAMPLE OF DRUG COURT REWARDS  
AND SANCTIONS GUIDELINES**



# SANCTIONS

## I. Testing positive for a controlled substance

- Increased supervision
- Increased urinalysis
- Community service
- Remand with a written assignment
- Incarceration (1 to 10 days on first; 1 week on second)
- Discharge from the program

### TREATMENT RESPONSE:

- Review treatment plan for appropriate treatment services
- Write an essay about your relapse and things you will do differently
- Write and present a list of why you want to stay clean and sober
- Write and present a list of temptations (people, objects, music, and locations) and what you plan to put in their place.
- Make a list of what stresses you and what you can do to reduce these stresses.
- Residential treatment for a specified period of time (for more than 2 positive tests)
- Additional individual sessions and/or group sessions
- Extension of participation in the program
- Repeat Program Phase

### GOAL:

- Obtain/Maintain Sobriety

## II. Failing or refusing to test

- Increased supervision
- Increased urinalysis
- Remand with a written assignment
- Increased court appearances (If in Phase II-IV)
- Incarceration (1 to 10 days on first; 1 week on second)
- Discharge from the program

### TREATMENT RESPONSE:

- Review treatment plan for appropriate treatment services
- Residential treatment for a specified period of time
- Extension of participation in the program
- Repeat Program Phase

**GOAL:**

- Obtain/Maintain Sobriety and Cooperation to comply with testing requirements

**III. Missing a court session without receiving prior approval for the absence**

- Community service
- "Jury-box duty"
- Remand with a written assignment
- Increased court appearances
- Extension of participation in the program

**GOAL:**

- Responsible Behavior and Time Management

**IV. Being late to court, particularly if consistently late with no prior approval from the Court or Case Manager**

- Community service
- "Jury-box duty"
- Increased court appearances
- Extension of participation in the program

**GOAL:**

- Responsible Behavior

**V. Failure to attend the required number of AA/NA meetings or support group meetings**

- Increased supervision
- Community service
- "Jury-box duty"
- Increased court appearances
- Extension of participation in the program
- Written Assignment

**TREATMENT RESPONSE:**

- Review treatment plan for appropriate treatment services
- Written assignment on the value of support groups in recovery.
- Additional individual sessions and/or group sessions

**GOAL:**

- Improved Treatment Outcome

## **VI. Failure to attend and complete the assigned treatment program**

- Increased supervision
- Community service
- Remand with a written assignment
- Extension of participation in the program
- Repeat Program Phase

### **TREATMENT RESPONSE:**

- One or more weeks set back in previous Phase for additional support
- Attend Life Skills Group
- Residential treatment for a specified period of time (consistent occurrence)
- Additional individual sessions and/or group sessions

### **GOAL:**

- Improved Treatment Outcome

## **VII. Demonstrating a lack of response by failing to keep in contact and/or cooperate with the Case Manager or Counselor**

- Community service
- "Jury-box duty"
- Remand with a written assignment
- Extension of participation in the program
- Repeat Program Phase

### **TREATMENT RESPONSE:**

- Make up missed sessions
- Review treatment plan to ensure clients needs are being met
- Additional individual sessions and/or group sessions

### **GOAL:**

- Demonstrate respect and responsibility

## **VIII. Convicted of a new crime**

- Increased supervision
- Remand with a written assignment
- Increased court appearances
- Extension of participation in the program
- Repeat Program Phase
- Incarceration

- Discharge from the program

**TREATMENT RESPONSE:**

- Additional individual sessions and/or group sessions

**GOAL:**

- To promote a crime free lifestyle

**IX. Violence or threats of violence directed at any treatment staff or other clients**

- Discharge from the program

**X. Lack of motivation to seek employment or continue education**

- "Jury-box duty"
- Remand with a written assignment
- Increased court appearances
- Extension of participation in the program

**TREATMENT RESPONSE:**

- Additional individual sessions and/or group sessions

**GOALS:**

- Graduation and Job Preparedness

**XI. Refusing to terminate association with individuals who are using**

- Increased supervision
- Community service
- "Jury-box duty"
- Increased court appearances
- Extension of participation in the program
- Written Assignment

**TREATMENT RESPONSE:**

- Additional individual sessions and/or group sessions

**GOALS:**

- Develop a social network with clean and sober friends

## **XII. Failure to comply with court directives**

- Increased supervision
- Community service
- "Jury-box duty"
- Remand with a written assignment
- Increased court appearances
- Extension of participation in the program
- Repeat Program Phase
- Remand into custody all free time
- Written assignment

### **GOALS:**

- Develop a social network with clean and sober friends

## **XIII. Lack of motivation to seek safe housing**

- Increased supervision
- Community service
- Written assignment

## **XIV. Forging documentation required by the court for proof of compliance**

- Incarceration
- Discharge from the program

(If it appears to the prosecuting attorney, the court, or the probation department that the defendant if convicted of a misdemeanor that reflects the defendant's propensity for violence, or the defendant is convicted of a felony, or the defendant has engaged in criminal conduct rendering him or her unsuitable for participation in Drug Treatment Court, the prosecuting attorney, the court on its own, or the probation department may make a motion to terminate defendant's conditional release and participation in the Drug Treatment Court. After notice to the defendant, the court shall hold a hearing. If the court finds that the defendant has been convicted of a crime as indicated above, or that the defendant has engaged in criminal conduct rendering him or her unsuitable for continued participation in Drug Treatment Court, the court shall revoke the defendant's conditional release, and refer the case to the probation department for the preparation of a sentencing report.)

## REWARDS

If the participant complies with the program, achieves program goals and exhibits drug -free behavior, he/she will be rewarded and encouraged by the court through a series of incentives. Participants will be able to accrue up to 50 points to become eligible to receive a reward. After accruing 50 points, the participant will start over in point accrual until he/she reaches 50 points again. The points are awarded as follows:

<b>Achievement</b>	<b>Points Awarded</b>
• Step Walking (12 step)	3
• All required AA/NA Meetings Attended	1
• AA/NA Sheet turned in on time	1
• Attended all required treatment activities at the program	1
• Phase Change	5
• 3 Month Chip	2
• 6 Month Chip	4
• 9 Month Chip	6
• 1 year Chip	8
• Obtained a job (part time)	3
• Obtained a job (full time)	5
• Graduated from Vocational Training	5
• Obtained a GED	5
• Graduated from Junior College	5
• Obtained a Driver's License	4
• Bought a Car	4
• Obtained Safe Housing (Renting)	4
• Obtained Safe Housing (Buying)	5
• Taking Care of Health Needs	3
• Finding A Sponsor	3
• Helping to interpret	1
• Promotion/raise at work	3
• Obtaining MAP/Medi-Cal/Denti-Cal	3
• Parenting Certificate	2
• Judge's Discretion	1 to 5



Incentive items that are given to the participants (upon availability) include but are not limited to:

- Bus passes or transportation cards
- A donated bicycle that may be kept for the duration of time in Drug Court. After completion of drug court, the bicycle must be returned. (A terminated participant must return the bicycle forthwith.)
- Pencils, key chains: awarded for Phase changes
- Personal hygiene products
- Framing any certificate of completion from other programs, or certificates showing length of sobriety
- Haircuts
- Eye Wear
- Movie Passes
- Food Coupons or food cards
- Books



**APPENDIX C: LIST OF DATA ELEMENTS FOR  
PROGRAM SELF-MONITORING**



## NPC Data Elements Worksheet

### ADULT DRUG COURT PROGRAM DATA

Variable/Data element	Where located/ who collects? (electronic/ written records?)	When agency began collecting or plans to begin?
<b>DEMOGRAPHICS &amp; ID (collect from all possible ID sources)</b>		
Name	Gavel/Informer	2006
SSN, state ID, FBI ID, DL#, DC case number, state treatment number	Gavel/Informer	2006
○ Birth Date	Gavel/Informer	2006
○ Gender	Gavel/Informer	2006
○ Race/Ethnicity	Gavel/Informer	2006
<b>CLIENT INFORMATION</b>		
○ Employment status at drug court entry	Informer	2009
○ Employment status at drug court exit	Informer	2009
○ Highest grade of school completed (or GED) at time of drug court entry	Informer	2009
○ Number and ages of children	Informer	2009
○ Housing status at entry	Informer/Fipra	2009
○ Housing status at exit		
○ Income at entry (if self-supporting)	Informer	2009
○ Income at exit (if self-supporting)		
○ Prior treatment (when, what kind, how many episodes)	Assessment	2006
○ Drugs of choice (primary and secondary)	Informer	2009
○ Other demographics	Gavel/Informer	2006

Variable/Data element	Where located/ who collects? (electronic/ written records?)	When agency began collecting or plans to begin?
<b>DRUG COURT SPECIFIC DATA</b>		
DRUG court entry date	Gavel/Informer	2006
DRUG court exit date	Gavel/Informer	2006
DRUG court status on exit (e.g., graduated, revoked, terminated, dropped out)	Gavel/Informer	2006
Date of DRUG court eligible arrest	Gavel/Informer	2006
Other charges associated with DRUG court arrest	Gavel/Informer	2006
Court case number for case leading to DRUG court participation	Gavel/Informer	2006
Date of referral to DRUG court program and referral source	Excel	2006
If participation in DRUG court is revoked or terminated, reason	Excel/Informer	2006
Dates of entry into each phase	Gavel/Informer	2006
Criminal justice status on exit (e.g., on probation, charge expunged, etc.)	Gavel/Informer	2006
Dates of UAs	Gavel/Informer	2006
Dates of positive UAs	Gavel/Informer	2006
Dates of other drug tests	N/A	N/A
Dates of other positive drug tests	N/A	N/A
Agency providing test results	N/A	N/A
Dates of DRUG court sessions	Gavel/Informer	2006
Attitude toward treatment/readiness to change at entry		

Variable/Data element	Where located/ who collects? (electronic/ written records?)	When agency began collecting or plans to begin?
Non-compliant events (dates and type)	Gavel/Informer	2006
Sanctions related to non-compliant event (dates, types, and duration)	Gavel/Informer	2006
Rewards/incentives (date, type, amount)	Gavel/Informer	2006
Detention/jail time as a sanction	Gavel/Informer	2006
<p>Dates of services received with types/modalities of service received (see examples below)</p> <p>[Note: If dates are not available, should collect the types/modalities of services received and dates started and ended or the # of times the individual received a particular type of session].</p>		
○ Group A&D sessions	Treatment Provider	2006
○ Individual A&D sessions	Treatment Provider	2006
○ Residential (dates entered and discharged)	Treatment Provider	2006
○ Mental health services	Treatment Provider	2006
○ Parenting classes	N/A	N/A
○ Family therapy	Treatment Provider	2006
○ Employment services	Work One	2010
Agency providing services for each service	Gavel/Informer	2006
Mental health or A&D diagnoses	Treatment Provider	2006
Aftercare services (dates and types)	N/A	N/A
Dates of re-arrests/re-referrals during program participation	Gavel/Informer	2006
Charge(s)/allegation(s) associated with re-arrests/re-referrals during program participation	Gavel/Informer	2006

<b>Variable/Data element</b>	<b>Where located/ who collects? (electronic/ written records?)</b>	<b>When agency began collecting or plans to begin?</b>
Outcome(s) of re-arrests/re-referrals (conviction, dismissed, etc.) during program participation	Gavel/Informer	2006
Other probation violations during program participation	N/A	N/A
<b>OUTCOME/RECIDIVISM DATA</b>		
Dates of re-arrest or new case filings		
Charges associated with arrest/case filing		
Dates of new court cases (can use case filing dates)		
Probation start and end dates	Gavel/Informer	2006
Jail start and end dates	Gavel/Informer	2006
Prison start and end dates	IDOC Web site	N/A
<b>IF AVAILABLE</b>		
Dates of Employment/Wages/Taxes paid		
Dates of treatment received after leaving the program		
Dates of Emergency Health Care visits and care received		
Welfare/TANF payments received		