

# Worcester County Juvenile Drug Court *Process Evaluation*



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## EXECUTIVE SUMMARY

**D**rug treatment courts are effective programs designed to reduce drug abuse and criminality in nonviolent offenders. The first drug court was implemented in Florida in 1989. There were 2,147 drug courts as of December 2007, with drug courts operating or planned in all 50 states (including Native American Tribal Courts), the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam (NADCP 2007).

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

Plans to implement drug courts in Worcester County began after Worcester County officials, including Judge Thomas C. Groton, III, and Master Mary M. Kent, sought to establish a drug court program. Chief Judge Bell established a drug treatment court advisory committee with the Maryland Drug Treatment Court Commission's Executive Director, Gray Barton, and Deputy Director, Jennifer Moore. A planning committee was formed, the members of which were essentially the same as the ongoing Advisory Committee. The Worcester County Juvenile Drug Treatment Court (WCJDC) was implemented in December 2005.

The program's capacity is 20 participants; 16 were active in November 2008. As of November 7, 2008, the WCJDC had served 39 participants since implementation, with 10 participants graduating and 13 participants not successfully completing the program during that time period.

The drugs most commonly used by individuals prior to beginning the drug court program were marijuana, alcohol and cocaine.

The primary goals of the program, according to the WCJDC Program Policy and Procedure Manual are:

- Reduce substance abuse among JDC participants
- Reduce delinquent behavior among JDC participants
- Expedite the formal processing of juvenile alcohol and drug offenders for JDC eligibility
- Increase capacity to identify information about substance-abusing youth in order to respond to youth, family, and community concerns and needs by conducting both a process and an outcome evaluation of the program and JDC participants

Information was obtained for the process evaluation from several sources, including observations of a court session and a team meeting during a site visit, key stakeholder interviews, a program participant focus group, interviews with parents/guardians, and program materials.

### Process Results

Using the 10 Key Components of Drug Courts (as described by the National Association of Drug Court Professionals, 1997) as a framework, along with the 16 juvenile drug court strategies, described by the National Drug Court Institute (NDCI 2003), NPC examined the practices of the WCJDC program.

The WCJDC fulfills many of the 10 key components and 16 juvenile strategies through its current policies and structure. It operates with a team model that includes

treatment as a core component of the program, it uses a variety of methods to detect alcohol and/or drug use, and participants are tested frequently. The frequency with which the drug court's participants have contact with the Judge during Phase I is consistent with that found to provide the most positive participant outcomes.

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

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

Because this drug court created community relationships in the past that generated local support and enhanced the drug court program's effectiveness, and because drug courts in Maryland are no longer allowed to solicit or accept assistance from the community, there are no community-level recommendations at this time. It is hoped that in the future the restrictions this program faces regarding connections with community partners will be eased.

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

Pursue strategic planning on a cooperative basis among agency stakeholders (Advisory Committee) to address obstacles to increasing program capacity. For example: 1) Con-

sider accepting youth into the program who do not have a family member to support them; look for other supportive adults in the youth's natural environment (such as other family members or friends of the family) to fill that role; increase efforts to retain youth whose family does not participate. 2) Look at strategies for including youth with DUI charges.

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

Continue to encourage role-specific drug court training, especially for new team members, to ensure that they understand the functions and process of the drug court and their particular roles within the program

Continue to reinforce family members' positive behaviors and find ways to focus on the strengths of the youth.

Continue to ensure that information about rewards and sanctions is relayed to new drug court participants and their families during orientation.

Continue to individualize incentives, rewards, and sanctions based on the youth's interests, skills, needs and resources

Discuss findings from this process evaluation as a team to identify areas of potential program adjustment and improvement.

## BACKGROUND

In the last 19 years, one of the most dramatic developments in the movement to reduce substance abuse among the U. S. criminal justice population has been the spread of drug courts across the country. The first drug court was implemented in Florida in 1989. As of December 31, 2007, there were 2,147 drug courts in operation in the United States.<sup>1</sup>

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

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

Drug courts have been shown to be effective in reducing recidivism (GAO, 2005) and in reducing taxpayer costs due to positive outcomes for drug court participants (Carey & Finigan, 2003; Carey, Finigan, Waller, Lu-

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

This report contains the process evaluation for the Worcester County Juvenile Drug Court (WCJDC). The first section of this report is a description of the methods used to perform this process evaluation, including site visits and key stakeholder interviews. The second section contains the evaluation, including a detailed description of the drug court's process. Following the process overview is a section examining the procedures and systems in the WCJDC within the framework of the 10 Key Components of Drug Courts (NDCI, 1997) and 16 strategies for juvenile drug courts (NDCI, 2003).

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<sup>1</sup> Retrieved April 28, 2008, from [www.nadcp.org/whatis](http://www.nadcp.org/whatis)



## METHODS

Information was obtained for the process evaluation from several sources, including observations of a court session and a team meeting during a site visit, key stakeholder interviews, a participant focus group, interviews with parents/guardians, and program materials. The methods used to gather information from each source are described below.

### Site Visits

An NPC evaluation staff member observed a WCJDC hearing and a drug court team meeting in August 2007, facilitated a focus group with participants in February 2008, and interviewed parents/guardians in June 2008. The observations, interviews, and focus group provided information about the structure, procedures, and routines used in the drug court.

### Key Stakeholder Interviews

Key stakeholder interviews, conducted by telephone, were a critical component of the WCJDC process study. NPC staff conducted detailed interviews with individuals involved in the administration of the drug court, including the current Judge, Drug Court Coordinator, State's Attorney, Assistant Public Defender, treatment staff, Case Management Specialist (probation agent), and a school representative.

NPC has designed a Drug Court Typology Interview Guide,<sup>2</sup> which provides a consistent method for collecting structure and process information from drug courts. In the

interest of making the evaluation reflect local circumstances, this guide was modified to fit the purposes of this evaluation and this particular drug court. The information gathered through the use of the guide assisted the evaluation team in focusing on the day-to-day operations as well as the most important and unique characteristics of the WCJDC.

For the process interviews, key individuals involved with WCJDC administration and program implementation were asked questions in the Typology Guide during telephone calls and follow-up telephone contact. This approach allowed us to keep track of changes that occurred in the drug court process from the beginning of the project to the end.

### Participant Focus Group and Parent/Guardian Interviews

NPC staff conducted a focus group with participants during February 2008 and interviews with parents/guardians in June 2008. The focus group and interviews provided current participants and their parents/guardians with an opportunity to share their experiences and perceptions regarding the drug court process. Summaries of their responses to questions about the WCJDC can be found in Appendix B of this report.

### Document Review

In order to better understand the operations and practices of the WCJDC, the evaluation team reviewed program documents including the Worcester County Juvenile Drug Treatment Court Policy and Procedures Manual, the Worcester County Juvenile Court Drug Treatment Court Program Participant Handbook, Semi-annual and Statistical Reports, and forms used in the operation of the program.

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



# WORCESTER COUNTY JUVENILE DRUG COURT

## PROCESS DESCRIPTION

### Worcester County, Maryland

Worcester County is the easternmost county in the State of Maryland. The county covers the entire length of the state's Atlantic coastline. It is home to the popular vacation resort area of Ocean City, and its county seat is Snow Hill.

As of the 2000 census, this county had a population of 46,543, with close to 80% of the population over the age of 18 and a median age of 43. The racial composition of the county was 81% White, 17% African American, and 2% other races. Approximately 4% of the adult population was unemployed. The median household income was \$40,650, and the median family income was \$47,293, with about 10% of individuals and 7% of families living below the federal poverty level.<sup>3</sup>

### Worcester County Juvenile Drug Treatment Court Overview

The Worcester County Juvenile Drug Court (WCJDC) was implemented in December 2005. A drug court team is responsible for the operations of the drug court. It is composed of the Judge, the WCJDC Coordinator, representatives from the State's Attorney Office, Office of the Public Defender, Maryland Department of Juvenile Services (DJS), Worcester County Health Department's Addictions Program, the Alternative Directions Program, the Worcester County Health De-

partment's Mental Health Program, Worcester County Board of Education, and local law enforcement representatives.

Although it was originally a pre-disposition program, all youth are now adjudicated before entering drug court. The WCJDC program is voluntary, for the most part, although parents/guardians may place unwilling children in the program, and the Judge may order it as well.

Alcohol, marijuana, and cocaine are the substances used most often by individuals who enter the WCJDC program. Young people are in the program from 7 months to 1 year before graduating.

### Implementation

Plans to implement drug courts in Worcester County began after Worcester County officials, including Judge Thomas C. Groton, III, and Master Mary M. Kent, sought to establish a drug court program. Chief Judge Bell established a drug treatment court advisory committee with the Maryland Drug Treatment Court Commission's Executive Director, Gray Barton, and Deputy Director, Jennifer Moore. These judges and other staff attended federal and regional drug court trainings, visited other drug courts in Maryland, and met with local agencies. A planning committee was formed, the members of which were essentially the same as the ongoing Advisory Committee. The Worcester County Juvenile Drug Treatment Court (WCJDC) was implemented in December 2005.

<sup>3</sup> (U.S. Census, Worcester County, Maryland, [http://factfinder.census.gov/servlet/SAFFFacts?\\_event=Search&geo\\_id=&\\_geoContext=&\\_street=&\\_county=Worcester&\\_cityTown=Worcester&\\_state=04000US24&\\_zip=&\\_lang=en&\\_sse=on&pctxt=fph&pgsl=010&show\\_2003\\_tab=&redirect=Y](http://factfinder.census.gov/servlet/SAFFFacts?_event=Search&geo_id=&_geoContext=&_street=&_county=Worcester&_cityTown=Worcester&_state=04000US24&_zip=&_lang=en&_sse=on&pctxt=fph&pgsl=010&show_2003_tab=&redirect=Y) retrieved on 8/10/2007)

## Participant Population and Program Capacity

The program's capacity is 20 participants; 16 were active in November 2008.

As of November 7, 2008, the WCJDC had served 39 participants since implementation, with 10 participants graduating and 13 participants not successfully completing the program during that time period.

In 2008, the WCJDC accepted 15 new cases. The average length of stay in the program for all participants (both graduates and those who were unsuccessful at completing the program) was 9 months. The average length of stay for graduates alone was 12 months.

According to Worcester County Circuit Court statistics, of 39 participants served since the program's inception, approximately 77% were Caucasian and 23% were African American; likewise, approximately 77% of participants were male, and 23% were female. About 95% of participants are served by the public defender, with the remaining 5% served by private attorneys.

The drugs most commonly used by individuals prior to beginning the drug court program were marijuana, alcohol and cocaine. Some individuals have misused over-the-counter drugs (e.g., cough and cold medicine), prescription medication, or Ritalin or Adderall that they purchased from classmates, among other substances.

## Drug Court Mission and Goals

The WCJDC's mission, as stated in its Policy and Procedure Manual, is "to reduce crime and eliminate alcohol and drug use among youth participating in the program, to improve juvenile and family functioning, and to increase community safety, through a caring, integrated, and strength-based approach that includes comprehensive service delivery, intensive court supervision, and enhanced accountability."

The WCJDC program has a detailed list of goals, with specific objectives and measures for each goal. The primary goals, according to the WCJDC Program Policy and Procedure Manual are:

- Reduce substance abuse among JDC participants
- Reduce delinquent behavior among JDC participants
- Expedite the formal processing of juvenile alcohol and drug offenders for JDC eligibility
- Increase capacity to identify information about substance-abusing youth in order to respond to youth, family, and community concerns and needs by conducting both a process and an outcome evaluation of the program and JDC participants

In addition, the program hopes to reduce referrals into the legal system/reduce recidivism and help participants become healthy, law-abiding members of their community, according to team members.

## Eligibility Criteria

In order to enter the WCJDC, offenders must:

- Be 13 to 18 years old
- Be a Worcester County resident
- Have a substance abuse issue including alcohol that meets admission criteria
- Have the commitment of the youth and family

Offenders are disqualified by the following factors:

- Being 18 or older at the commission of the act; excluding VOP (violation of probation) for offenders who have turned 18 while on probation and remain in the juvenile system
- Having already successfully graduated from the JDC program



- Having a history of violent offenses
- Having a history of drug trafficking

Youth are eligible for drug court if their offense fits the following criteria:

- Nonviolent current CDS (controlled dangerous substance)
- Committed because of substance abuse

Youth are disqualified from drug court if they:

- have a violent felony offense as defined by the Bureau of Justice Assistance
- were dealing for profit
- have a sexual offense

These qualifications and disqualifications are presented in the program's Policy and Procedure Manual, which is provided to team members, partnering agencies, and all private attorneys who are members of the Worcester County Bar Association.

To be eligible for the program, youth must have a family member willing and able to support them and participate with them in the juvenile drug court program.

## Drug Court Program Screening and Assessment

The State's Attorney, Public Defender, Judge, probation representatives, and substance abuse treatment providers all make referrals to the WCJDC program. To do so, they submit referrals to the Coordinator, who then contacts the Department of Juvenile Services (DJS) to see if a charge to the Circuit Court is forthcoming or, if a charge is already in the system, if they will review the case for juvenile drug court appropriateness.

DJS provides the central intake function for the WCJDC. For juvenile cases, all arrests are forwarded to DJS, where decisions are made about which cases will go to court. According to a drug court team member, there are no guidelines for how quickly law en-

forcement must forward the charges to DJS. Sometimes they take months; DJS staff members have 1 month to forward the case once they receive it. Sometimes this process results in individuals not entering drug court for 4 to 5 months following an arrest.

The only cases that must go to court are felonies or crimes involving a victim. DJS can decide how many times a juvenile may receive informal supervision. Without a charge being filed, the WCJDC program cannot accept a youth and is not aware of the arrest.

DJS forwards cases to the State's Attorney and to the Alternative Directions program at the Worcester County Health Department. The prosecuting attorney provides the screening for legal eligibility, after which a full clinical assessment is conducted. If the State's Attorney's Office determines the youth is legally eligible for the WCJDC program, the case is sent to the Drug Court Coordinator.

Every youth entering the WCJDC program receives several assessments, including the SASSI (Substance Abuse Subtle Screening Inventory) and a biopsychosocial evaluation completed by the Coordinator of Alternative Directions. Based on the assessments, a mental health representative and/or Care Coordination<sup>4</sup> worker meets with the youth and family to develop a family treatment plan. If the biopsychosocial assessment shows the individual is eligible for drug court,<sup>5</sup> a full typed evaluation is sent to the Coordinator with the recommendation for JDC on the

<sup>4</sup> The Care Coordination program provides wrap-around case management for participants and their families who qualify for this service (based on need), as well as tracking and reporting.

<sup>5</sup> Factors that would make them ineligible are lack of substance abuse, limited intellectual functioning (for example, a developmentally delayed client who would not be able to understand and complete the JDC requirements), family factors that would make them unable to complete program requirements (e.g., youth has no one to bring him/her to court, family is unable to meet other program requirements)

evaluation. Representatives from each agency providing direct service (DJS, AOD treatment, mental health treatment, Board of Education, etc.) discuss the appropriateness of the referral based on their prior experience with the youth and the family, if any. They then decide whether to offer the youth the opportunity of participating in the program. After the program is offered and accepted, the youth and his/her parent/guardian sign a participation agreement agreeing to sign authorizations to release information to case managers, treatment or other providers; that participation in the WCJDC is a condition of probation; that the program lasts a minimum of 7 to 12 months; agreeing to drug testing; to follow all guidelines and rules of their treatment providers; to obey all laws and remain alcohol and drug-free; to regularly attend school or other educational program, and to abide by terms and conditions set forth by the Court and DJS.

The final eligibility determination for each individual is made by the team, with the judge presiding.

### **Incentives for Offenders to Enter (and Complete) the WCJDC Program**

There are three ways in which individuals may enter the WCJDC program:

1. WCJDC is a post-plea, post adjudication/post-disposition program. Based on the Alternative Directions assessment, the Judge may allow the youth to complete the WCJDC program as a special condition of probation. Upon a participant's successful completion of the pro-

gram, the Judge may strike the finding of delinquency for the case.

2. Individuals who are on probation may enter the program as an alternative to Commitment to the Department of Juvenile Services for out of home treatment and services by the juvenile court judge, if they meet the requirements for Commitment by the Court due to substance abuse. The youth would complete the program in lieu of an out of home placement.
3. Youth who have violated conditions of probation may be referred to drug court and complete the program in lieu of revocation of probation.

### **Drug Court Program Phases**

Since inception, the program has given both sanctions and treatment responses for substance abuse. Now, however, they utilize detention less often than they did in the past. All substance abuse has, and always will, receive both a sanction and a treatment response, according to a team member. The program decided to use sanctions other than detention, which is reserved as a means of last resort, or if no other sanction is appropriate in a particular circumstance. A team member said that participants reported that they are doing better with what they perceive as a less punitive program. (The youth identify detention as more punitive than other forms of sanctions.) Sanctions continue to be used regularly as a response to negative behaviors.

The total program length ranges from about 7 months to 12 months.

**Table 1. WCJDC Program Phase Structure**  
(from the WCJDC Policy and Procedure Manual and Participant Handbook)

	<b>Phase I Quick Start</b>	<b>Phase II Intensive Treatment</b>	<b>Phase III Step Down</b>	<b>Phase IV Wrap Up</b>
Program Goals	Become substance free and reduce delinquent behavior	Free of substance use and delinquent behavior	Free of substance use and delinquent behavior	Free of substance use and delinquent behavior
Length of Time	30 days minimum	90-120 days	60-90 days	30-90 days
Judicial Supervision	Minimum 1x every 2 weeks	Minimum 1x every 2 weeks	Minimum 1x per month	Minimum 1x per month
Case Management	DJS Intensive Supervision (see probation levels table below for details) minimum 4 contacts per month, 2 of the 4 are home visits	DJS High (see probation levels table below for details), minimum 3 face-to-face contacts per month	DJS Moderate (see probation levels table below for details), minimum 2 face-to-face contacts per month	DJS Low (see probation levels table below for details), minimum 1 face-to-face contact per month
Substance Abuse Treatment	Compliance with Individualized Treatment Plan that is based on ASAM Level of Care criteria.	Compliance with Individualized Treatment Plan that is based on ASAM Level of Care criteria	Compliance with Individualized Treatment Plan that is based on ASAM Level of Care criteria	Aftercare: Successful completion of substance abuse treatment requirements
Random Drug Testing	UAs, breathalyzer, and/or patch, with a minimum of 2 per week on a random basis	UAs, breathalyzer, and/or patch, with a minimum of 2 per week on a random basis	UAs, breathalyzer, and/or patch, with a minimum of 1 per week on a random basis	UAs, breathalyzer, and/or patch, with a minimum of 1 per week on a random basis
Family Involvement	Orientation for new families monthly. Care Coordination linkages as needed.	Compliance with recommended Family Care Plan	Compliance with recommended Family Care Plan	Compliance with recommended Family Care Plan
Social Curfew	Electronic Monitoring or curfew no later than 7 p.m.	No later than 8 p.m. and eligible for passes	No later than 9 p.m. and eligible for passes	No later than 10 p.m. and eligible for passes
School/ Employment	Mandatory school attendance and/or GED participation or employment as directed	Same as Phase 1 and positive behavioral and grade reports	Same as Phase I and positive behavioral and grade reports	Same as Phase I and positive behavioral and grade reports

	<b>Phase I Quick Start</b>	<b>Phase II Intensive Treatment</b>	<b>Phase III Step Down</b>	<b>Phase IV Wrap Up</b>
Pro-Social Activities (these are activities that are healthy and positive, like clubs, sports, or volunteer work)	Complete individualized pro-social self assessment and participate in development of pro-social activity plan	1-page paper on pro-social activity plan. Engage in one newly identified activity	Engage in two pro-social activities	Write a 2-page essay on what was learned from pro-social involvement & benefits of being involved in JDC program
Community Services and Restitution	Number of community service hours to be determined by DJS, % of restitution to be determined by DJS in accordance with ITP (individualized treatment plan)	A minimum of 25% of community service hours completed, % of restitution to be determined by DJS. Assess need for victim awareness classes	A minimum of an additional? 25% of community service hours completed, % of restitution to be determined by DJS	Completion of required community service hours. Compliance with restitution plan and schedule at time of graduation.
Promotion Requirements (decided by Juvenile Drug Court Treatment Team)	100% judicial, substance abuse treatment and case management compliance with regards to attendance and participation. <sup>6</sup> 80% school/employment compliance.	Min. 90 days drug and alcohol free with 60 days consecutively [continuous]. 100% judicial, substance abuse treatment and case management compliance. All passing grades at school	Min. of 60 days drug and alcohol free with 45 consecutive. Compliant with all program requirements, including passing all classes at school.	During Phase IV aftercare plan to be developed by youth and family. Minimum of 45 days consecutive drug and alcohol free. Compliant with all program requirements

<sup>6</sup> If 100% is not met, then it is possible to receive sanctions, including phase delay.

In addition to the phase requirements outlined above, participants who are over the age of 18 attend Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) 12-step meetings.

## **Aftercare**

An aftercare program is established when participants are still in the program. During the last individual treatment session, the treatment representative and the participant discuss an aftercare plan focusing on relapse prevention for the next 6 months to 1 year. Although some staff members refer to “aftercare,” a team member said that technically it is “continuing care,” as the case remains open, though treatment is stepped down. Aftercare involves previous participants calling in or being called by program staff and asked a series of questions. If a relapse is suspected, the individual is encouraged to return for treatment. Graduates may seek Health Department resources to assist with aftercare, as there is no drug court funding allocated for them.

## **Service Overview**

The Worcester County Health Department provides mental health, substance abuse, and case management services to participants of the WCJDC.

### **SUBSTANCE ABUSE TREATMENT**

A clinical substance abuse assessment, the SASSI (Substance Abuse Subtle Screening Inventory) is used to determine the level of substance abuse treatment needed for each individual. The youths receive an AOD (alcohol and other drug) assessment based on accepted medical necessity criteria, and they are referred to the appropriate level of care based on the assessment. There are 5 levels of care: Education Group, Level 1 Group, Intermediate Care, Relapse Prevention Group, and Intensive Outpatient Treatment.

Gender-specific groups and groups structured by age are available to WCJDC participants.

### **MENTAL HEALTH TREATMENT**

Mental health services provided through the WCJDC are strength-based, and may include (but are not limited to):

- Outpatient mental health services, to include individual, group, and/or family counseling
- Psychiatric medication evaluation and monitoring
- School-based mental health services
- Targeted case management
- Care coordination
- Co-occurring mental health and substance abuse treatment
- Mentoring
- Parenting classes and programs [for the participants' parents as well as for any participant who is pregnant or parenting]
- Anger management

All community-based mental health providers, as well as all drug court staff, must comply with the Worcester County Local Management Board's cultural competency standards that are designed to ensure gender, ethnic, and age appropriate competencies.

Physical health needs are assessed by the WCJDC team, and participants and their families are linked to primary care providers (e.g., medical, dental). Case managers monitor and follow up with participants about their physical health care needs.

Participants and parents/guardians sign a release that allows the treatment provider to share with the JDC team information that they consider to be relevant to determining acceptability for the WCJDC program and subsequent treatment, including diagnoses, drug test results, progress, compliance, and

other information that directly relates to the JDC case.

## The Drug Court Team

The Worcester County Juvenile Drug Court team includes the Judge, representatives from the State's Attorney's Office, Office of the Public Defender, Department of Juvenile Services, Worcester County Health Department's Addictions and Mental Health Programs, the Alternative Directions Program, Worcester County Board of Education, the WCJDC Coordinator, local law enforcement and other service providers working with the youth and their families.

Drug court team members reported a high degree of cooperation between team members.

### JUDGE

The current drug court Judge has been involved with the program since implementation. His position is a voluntary one, and does not rotate among other judges.

The Judge sees his role as more of an advisor and cheerleader than it would be in regular court, where the judge makes judgment of guilt or innocence and imposes a sentence. He has more familiarity with drug court participants than with individuals in other types of cases.

The Judge makes final decisions, but seeks opinions and feedback from all staff. He presents decisions to clients as a spokesperson for team, not the sole authority, according to a team member. The Judge sees himself as one of the team members in staffing and court proceedings.

During a drug court hearing observed by NPC in August 2007, the Judge established eye contact with each participant and offered options and alternatives to assist them in moving on a positive path, utilizing rewards and sanctions to facilitate their progress. He

was interactive with the participants and with staff.

### DRUG COURT COORDINATOR

The Coordinator tends to the daily needs and operations of all Worcester County drug treatment court programs, including juvenile, adult and family. She has been involved with the WCJDC since it was implemented.

In her role with the juvenile drug court, the Coordinator keeps program statistics, runs dockets, gathers reports, creates legal documents (e.g., summons), serves as the liaison between the Judge and the rest of the team, maintains policies, tracks the budget, delivers training announcements to the team, is available to help participants and their families, provides orientation, maintains participant paperwork and tracks participant activity through the program. She makes sure that any actions that need to be taken are taken, and compiles reports for team meetings.

As all these duties suggest, the Coordinator is the center of the program's activity and keeps the program running smoothly, according to team members.

### TREATMENT PROVIDERS

The Coordinator of the Alternative Directions program of the Worcester County Health Department provides all initial assessments (mental health, substance use, and biopsychosocial), and refers adolescents to mental health and/or addictions treatment through the Health Department, to case management, and/or other in-house programs based on client needs. The Coordinator of the Alternative Directions program became involved with drug court in July 2005.

The Worcester County Health Department's Case Management Division provides case management services that some individuals in the WCJDC program receive (depending on personal diagnoses). If a drug court participant has this service, Case Management Services provides reports about the youth to

the drug court. (Mental health services are reported to the team by mental health treatment staff, and mental health case management services are reported to the drug court by Mental Health Case management staff.)

The Director of Case Management Services supervises the Coordinator of the Alternative Directions program. He attends WCJDC team meetings and is on the Advisory Committee. He provides information to those groups on mentoring programs funded through the case management team.

The Health Department's case management program provides treatment, including mentoring. The mentor is as intensively involved with the participant and family as needed, helping the family address clothing, shelter or other needs; helping parents deal with behavioral issues; demonstrating sober recreational activities; and supervising community service.

The Worcester County Health Department provides mental health, case management and substance abuse treatment services to the JDC participants.

### **PROBATION**

In juvenile court in Worcester County, the probation officer's formal title is Case Management Specialist (CMS). The Case Management Specialist III: DJS Drug Court worker has been involved with the juvenile drug court program since it was implemented. He is the only member of the probation office that has day-to-day interactions with drug court staff and/or participants (there is one DMS for all drug court participants). The CMS also carries a caseload of non-drug court clients.

WCJDC participants are on supervised probation as well as being in the drug court program.

The CMS sees the participants frequently, especially those who are on electronic moni-

toring, and provides input to the team about the participants' progress.

In addition to monitoring youth compliance with their conditions of probation, the CMS enforces court sanctions. He submits Status Reports every other Thursday, for use at court on the following Monday. These reports include information about all participants: random drug tests, whether participants reported as scheduled, curfew violations, house arrest compliance, hours working and employment situations, transportation situation, restitution, and new charges (if any). He also provides a general commentary on progress and compliance since the previous drug court session.

The Case Management Specialist's supervisor sits on the WCJDC Advisory Committee.

### **PUBLIC DEFENDER**

The Assistant Public Defender (APD) provides representation as defense counsel for drug court participants. He has been involved with the drug court since implementation.

The APD believes that he represents drug court clients in a traditional manner. He and the ASA debate different options and how best to bring about participant success. In drug court, the APD and ASA collaborate to provide resources to the defendant.

Private defense counsel, when working with a WCJDC participant, attends staffings and participates in court, as does the APD.

### **PROSECUTOR**

The role of prosecutor is filled by an Assistant State's Attorney (ASA), who represents the State of Maryland. The ASA makes referrals to WCJDC, performs background checks, oversees drug court admissions from a legal perspective, and may veto to keep a client out of the program (only for drug dealing or violence). The ASA makes recommendations regarding rewards and sanctions. At no point does the prosecutor have much

interaction with the participant. Once the individual begins the WCJDC program, the prosecutor's main task is to act as watchdog to be sure that legal considerations are respected. The ASA believes that drug court is different from regular court in that it is rehabilitative and non-adversarial. The focus of the program is supporting the participants and helping them stop bad habits, specifically the use of drugs.

The prosecution and defense weigh in their opinions in pre-court meetings where they may or may not agree about treatment options. Both parties act in the best interest of the participant. As the nature of the drug court is a team approach, the prosecution and defense present a united front while in court, according to the ASA.

#### **LAW ENFORCEMENT AGENCIES**

Law enforcement agencies are actively involved in performing weekly curfew checks on participants as well as participating on the Advisory Committee. A county-wide Sheriff's Department and all the local municipal forces are involved with the juvenile drug court.

Law enforcement agencies do not make referrals to the WCJDC.

#### **Drug Court Team Training**

Key drug court staff attended 6 training sessions presented by the Department of Justice, Bureau of Justice Affairs, prior to program implementation. Each session included 4 days of drug court-specific training over a 6-month period, for a total of 24 days of specialized training. The Coordinator has attended many national and local trainings, as have other drug court staff members.

Several team members have attended the Drug Court 101 training that is presented by the Maryland Office of Problem-Solving Courts in Annapolis twice per year for new team members. The entire drug court team attends the Winter Symposium every Febru-

ary presented by the same organization. The symposia host national experts in their respective fields and cover topics relevant to drug courts. The trainings are program specific, so there is a day devoted to adult participants and a day devoted to juvenile participants. Several interview respondents praised these trainings and the staff presenting them.

The Worcester County Health Department's drug court staff attended a NADCP (National Association of Drug Court Professionals) conference, and staff members on the JDC have attended the role-specific trainings hosted by the NDCI (National Drug Court Institute) regarding supervision, treatment and prosecution.

#### **Team Meetings**

There are two types of team meetings in the WCJDC: team meetings that take place twice per month and focus on participant progress, and quarterly Advisory Committee meetings that focus on the program as a whole.

The team meetings (staffings) take place immediately prior to drug court sessions and give the team members an opportunity to discuss participants' progress and make decisions about the court's response to participant behaviors. At a team meeting attended by an evaluation staff member, most discussions focused on participant compliance with treatment and curfew guidelines, peer association, family involvement and community service requirements. Decisions are made as a team, although the Judge has the final say. Team meetings begin at 1:30 p.m. and end at approximately 3:00 p.m.

The Advisory Committee meetings take place quarterly. The Committee includes the Drug Court Judge, Domestic and Juvenile Master, Court Administrator, Clerk of Court, State's Attorney, Assistant Public Defender, Director of Case Management, Director of Addictions, Director of Mental Health (all of the Directors are from the Health Department), Supervisor for DJS, representatives



from every municipal law enforcement agency, Sheriff's Department, private substance abuse treatment provider, Family Services Coordinator from the Circuit Court, representatives from the Board of Education, Private mental health treatment providers, and the entire WCJDC team.

The Committee's purpose is to "provide services regarding the design, implementation, operation, and improvement of the Juvenile Drug Court."<sup>7</sup> The Committee discusses and makes decisions about policy issues. The State put a hold on asking private agencies to provide any funds (or other resources) for drug court programs.

### **Treatment Provider and Team Communication with Court**

The treatment provider completes a report that includes information about each participant and submits the report to the drug court team during the team meeting immediately prior to each drug court session. This report contains information such as documentation of treatment sessions and counselor visits attended, urinalysis (UA) results, participant compliance and attitude. Personal information is not shared, although some family issues that may have a bearing on a participant's compliance with the program, such as enabling relatives, may be shared. Information provided by the treatment provider to the court is used to develop ongoing treatment plans, and is the basis of positive reinforcement if appropriate.

Outside of official meetings, the treatment provider is in frequent communication with all of the other team members to discuss participant progress.

### **Drug Court Review Hearings**

WCJDC drug court hearings take place the first and third Monday of each month, fol-

lowing the staffing meeting. Hearings begin at 3:00 p.m. and are usually completed by 4:00 or 4:15. Juvenile drug court usually has 15 to 18 participants, and approximately 5 minutes of court time is spent with each one.

During a review hearing attended by an evaluation staff member, each participant was called by the Judge and stood at the table with defense counsel. The Judge was interactive with the treatment staff and with the participants. He spoke directly to each participant and showed interest in her/his progress, asking for clarifying or additional information from team members when warranted. The Judge imposed rewards and sanctions during court.

### **Family Involvement**

For the WCJDC, families must attend an orientation session during which the program is discussed in detail. One parent, guardian or other relative must attend each drug court review hearing with the participant. A comprehensive family assessment (a biopsychosocial evaluation) that includes family components and recommendations is completed by Alternative Directions, and family goals and objectives are developed as part of the participant's treatment plan. The family must attend counseling sessions at the Health Department with the children, if appropriate.

Services are recommended to family members as needed, including mental health treatment, depending on the results of the family assessment. Families attend every third mentoring session. The family provides support, and is considered to be part of the drug court team. A family member must sign forms (releases, consents, agreements, etc.), financially support the participant, provide transportation (except to treatment, for which a van is available to transport participants), offer information about compliance with curfew and other court requirements, and ensure that their child attends school and drug court

<sup>7</sup> Worcester County Circuit Court Juvenile Drug Court Program Policy and Procedure Manual

functions. Families also help identify family strengths and barriers for services.

A team member estimated that families comply with the Judge's requests 90% of the time. If parents/guardians do not participate as expected, they cannot be sanctioned. In cases where the participant is fully engaged, but the family is not, the Judge will encourage the family to cooperate, and the team works to ensure that the youth is not penalized as a result of family non-participation. Respondents had conflicting descriptions of this issue, however, with a team member reporting that clients have been dropped from the program because their families refuse to meet the program's requirements.

## Drug Testing

Drug testing is both scheduled and performed at random. The DJS Case Manager uses a calendar to set up his own personal random schedule that is reviewed by the WCJDC Coordinator to check for potential patterns. Young people are randomly tested at school. Certain classes, such as gym or shop, are earmarked as classes the student/drug court participant can miss, so DJS workers call them to the guidance office before or during these classes, or during lunch or study hall. (This system is standard procedure for all DJS participants, not specifically for drug court.) The student is called away from class, but no mention is made about why, thus protecting confidentiality. The guidance area has a special office for DJS use, with a private restroom for testing. Testing also takes place at the Worcester County Health Department, but such tests are scheduled, not random, and can (but do not necessarily) take place at every treatment session. Older juvenile clients who can drive themselves may be put into a call-in program similar to that used by the adult drug court, which schedules tests during weekdays.

Sweat patch testing has been added as a means of continuous testing. In addition to

UA testing, each Wednesday a youth has his/her patch changed and sent to the lab for testing.

Participants are tested with urinalyses and Breathalyzer tests. Tests are observed by a person of the same sex as the participant. The observer may be a representative from DJS, the substance abuse counselor, Case Manager (drug court staff or Health Department staff), or the Coordinator.

The Policy and Procedures Manual says that tests will be used to detect "all known illegal or illicit drugs, legal prescription medications, inhalants and alcohol." UAs tested at the laboratory (Redwood Toxicology) are performed using a six-panel "thin layer chromatography" test that includes THC, cocaine, and opiates. They also can test creatinine levels—which may indicate diluted urine. Occasionally a full panel test is used if inhalant use is suspected. Instant onsite UAs performed by DJS workers use 10-panel tests with immediate results; EtG (Ethyl Glucuronide) tests are used to detect alcohol use, but are not employed unless use is suspected. The EtG tests are analyzed by Redwood Toxicology, and results are available online in 5 to 7 business days. Waiting for the lab to mail the results can take 2 weeks. Immediate tests can be disputed and sent to Redwood Toxicology for confirmation, but generally they are not disputed. A false dispute by a participant leads to him/her having to pay for the test and perhaps receive slightly heavier punishment. Positive instant tests are confirmed by a second DJS staff person.

Drug testing procedures have not substantially changed since the program began. However, the juvenile caseload originally did not have older clients on the randomized call-in system. Also, because less detention is used for juveniles now than when the program began, electronic monitoring has been used more often as a result. Alcohol testing was also added as part of the testing process.

## Substance Use Treatment Fees

There is no fee to participate in the WCJDC program. Participants do pay for treatment, however. Those families who do not have insurance to cover treatment fees have such fees levied according to a sliding scale based upon their ability to pay. Nobody is turned away from drug court because of inability to pay for treatment.

## Rewards and Sanctions

Possible incentives and sanctions that may be imposed on participants were published in the WCJDC Policy and Procedure Manual, although this is no longer the case.

Possible rewards include:

- Encouragement and praise from the bench
- Reduction in curfew restrictions
- Release from Electronic Monitoring
- Earned privileges/passes (i.e., curfew extensions)
- Phase acceleration
- Pro-social activities
- Gift certificates
- Reduction of community service hours
- Plaques or awards

One team member said the most important reward is praise—having the Judge point out positive behaviors (positive reinforcement) is a greater reward than a gift certificate.

Any direct service provider, the Drug Court Coordinator, or the CMS can offer incentives or punishments in the context of their own role, as per guidelines set by Douglas Marlowe, J.D., Ph.D.<sup>8</sup> For example, the Coordi-

nator can manipulate the curfew. If the youth is eligible based upon reported compliance, he/she can call the Coordinator to request curfew passes. The CMS or the Coordinator can give curfew extensions as rewards, and the CMS can restrict curfew after a curfew violation. However, most responses are held for court proceedings in order to preserve the power of the Judge and team in court. In these cases, rewards and sanctions are determined by team decision and announced by the Judge.

Both rewards and sanctions are handled based on the specific context of a case, so changes in rewards and sanctions are expected to be gradual, both for individual participants and program-wide. Rewards are used more often than sanctions. The program's Policy and Procedure Manual states that a ratio of three incentives to the use of one sanction is acceptable. At each hearing any incentives or sanctions that were given out between hearings are reported to the Coordinator, who then tracks the incentives or sanctions distributed at court. The program's Policy and Procedure Manual recommends that sanctions and rewards be developmentally appropriate, timely, reinforce pro-social norms, and be responsive to the youth's effort in acquiring new tools and skills.

## TREATMENT RESPONSES AND SANCTIONS

The WCJDC has a formal separation of sanctions and treatment responses. One action by the participant often will prompt both a treatment response and a sanction, but these responses are given to the participant in different contexts, and different reasoning is presented. The number of relapses the program will tolerate is determined on an individual basis, with recommendations from treatment and final decisions by the Judge.

All participants are on supervised probation, so such offenses as violating curfew can be

<sup>8</sup> Douglas Marlowe, J.D., Ph.D., Board of Directors of the National Association of Drug Court Professionals (NADCP), Director of the Division on Law & Ethics Research at the Treatment Research Institute (among other roles.)

met with sanctions by the CMS, such as imposing additional restrictions.

Possible treatment responses and sanctions are listed in the following table. Possible

sanctions are no longer included in the WCJDC Policy and Procedure Manual, although possible treatment responses are listed.

**Table 2. Treatment Responses and Sanctions**

Treatment Responses	Sanctions
Occurs the same day or the next day following the behavior	Issued at next drug treatment court session
May be issued by specific staff first, who then contact other staff. (Although may be altered later after team discussion)	Issued by Judge after coming to team consensus at pre-court meeting
Response to the clinical needs of the participant, with relapse and related behavior seen as part of the addiction recovery process	Punishment for breaking rules
<ul style="list-style-type: none"> <li>• Increased UAs</li> <li>• Detoxification</li> <li>• Inpatient treatment</li> <li>• Higher level of care/treatment</li> <li>• Increased intensity of treatment</li> <li>• Program behavioral contract</li> <li>• Program participation extension</li> <li>• Demotion to earlier treatment phase</li> </ul>	<ul style="list-style-type: none"> <li>• Admonishment or verbal reprimands</li> <li>• Reduction of activities, freedom, and privileges</li> <li>• Community service hours</li> <li>• Observation of other court proceedings</li> <li>• Sanctions determined by the youth, family and/or the other youth in the program</li> <li>• Increased supervision or UAs</li> <li>• Electronic Monitoring</li> <li>• Detention</li> <li>• Lengthening of program phase</li> </ul>

## Removal/Unsuccessful Completion

According to the WCJDC Policy and Procedure Manual and the Participant Handbook, conditions for unsuccessful completion of the WCJDC program may include, but are not limited to:

- Continued non-compliance with treatment recommendations/ requirements
- Failure to attend scheduled JDC hearings
- Continued non-compliance with supervision requirements
- Arrest on a new charge, which the program determines warrants revocation of program participation
- Threatening of violence or demonstrating violent behaviors towards self, others or property
- Continued non-compliance with requirements

Whether or not a participant is dropped from the program is decided on a case-by-case basis. In general, according to team members, early removal would be prompted by total noncompliance, the participant demonstrating a need for a higher level of care than is available with drug court (such as long-term inpatient care), parental noncompliance, or violent activity by the participant. Participants who are removed because of non-compliance by parents/guardians are not punished, but are provided with other options, such as traditional probation or modified probation.

When a participant unsuccessfully completes participation in the WCJDC program, the DJS representative files a violation of probation request through the Circuit Court (because that is where juvenile cases are heard), and the youth is brought before the judge that holds that probation, which may be the drug court judge or a second juvenile judge. Clients may have probation revoked, or face

new conditions of probation, depending on the case. (In Maryland if a youth requires a higher level of care and the family cannot afford to send him/her for that care and the youth meets the care criteria, then the youth is “Committed” to the Department of Juvenile Services. Such youth are not incarcerated in Maryland, but are sent to treatment and rehabilitation. If the youth is discharged because of the family and is not in violation of his/her probation, but just cannot meet WCJDC requirements, then DJS files for a probation review hearing where modifications can be made without a violation being issued.)

## Graduation

To graduate from the WCJDC, participants must successfully complete all required substance abuse treatment and aftercare, and all phase and program requirements. In addition, they must not have any new criminal charges and have continued to participate in school and/or work and in pro-social activities.

Graduates (either individually or in a group) participate in a graduation ceremony attended by their immediate families. The Judge praises them, and graduates each read a two-page essay about what they have learned. They receive a certificate and a gift that is chosen based on their interests.

Graduation means an end to graduates’ probation.

## Data Collected by the Drug Court for Tracking and Evaluation Purposes

The WCJDC collects data relating to the program’s goals and objectives, and enters those data into the SMART management information system and into a court-based data system. The Coordinator runs bi-annual reports and brings them to the team to inform them about their progress toward their goals.

## Drug Court Funding

Originally, the WCJDC program was funded in kind by partnering agencies. DJS, the Worcester County Health Department and other groups provided resources during the pilot period. Also, funds were solicited from private foundations to use as incentives for the program, but soliciting for funds was subsequently banned.

Care coordination through Alternative Directions was a large part of the drug court program until funding for this program ended in summer 2007. Although new funding has been received, it is limited, and therefore care coordination services to the WCJDC are limited as well.

The Maryland Office of Problem-Solving Courts now provides funds to pay for the services of the Coordinator and the Assistant State's Attorney, drug testing, transportation and other key components of the drug court program.

## Community Liaisons

The WCJDC program works with local churches on community service projects. Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and GED programs are held at churches. Program participants also perform community service at Assateague State Park,

doing beach cleanup a few times per year. The Coordinator has relationships with organizations such as the American Cancer Society, which also offer community service opportunities. JDC participants have worked at the local shelters (usually shelter residents are adults currently in substance abuse and mental health treatment) to clean up their yards and assist in their food pantry. Drug court participants enjoyed these activities, and it appeared to bring about positive behavior changes in the youth, according to a team member. (Participants requested more of this type of community service.)

Other partnerships have been established with governmental agencies such as the Health Department and the Board of Education. DJS is involved with the Health Department on a daily basis.

In the past, most community agencies, even if they were not officially involved, tended to help when asked. However, program staff members are no longer able to request such assistance because of State policy changes that do not allow such activities.

One respondent would like to see more involvement from community resources, such as arts and music programs.

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

This section lists the 10 Key Components of Drug Courts as described by the National Association of Drug Court Professionals (NADCP, 1997). Following each key component are research questions developed by NPC for evaluation purposes. These questions were designed to determine whether and how well each key component is demonstrated by the drug court. Juvenile drug court strategies, as described by the National Drug Court Institute and the National Council of Juvenile and Family Court Judges (NDCI and NCJFCJ, 2003),<sup>9</sup> are included as well. Within each key component, drug courts must establish local policies and procedures to fit their local needs and contexts. There are currently few research-based benchmarks for these key components, as researchers are still in the process of establishing an evidence base for how each of these components should be implemented. However, preliminary research by NPC connects certain practices within some of these key components with positive outcomes for drug court participants. Additional work in progress will contribute to our understanding of these areas.

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

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

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

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

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

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

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

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

### National Research

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

Research has also demonstrated that drug courts with one treatment provider or one central agency coordinating treatment resulted in more positive participant outcomes (Carey et al., 2005; Carey, Finigan, & Puustas, 2008).

<sup>9</sup> NPC felt that both the 10 Key Components and the 16 juvenile drug court strategies provided important perspectives on the operation of juvenile drug courts. The numbering of the juvenile strategies has been retained as they appear in the source document (NDCI and NCJFCJ, 2003), so the strategies are not numbered consecutively in this section. In addition, some juvenile strategies appear more than once, if they contribute to more than one key component.

### Local Process

The Worcester County Juvenile Drug Court team includes the Judge, representatives from the State's Attorney's Office, Office of the Public Defender, Department of Juvenile Services, Worcester County Health Department's Addictions Program, the Alternative Directions Program, the Mental Health Program at the Worcester County Health Department, the Care Coordination Program, Worcester County Board of Education, the WCJDC Coordinator, local law enforcement and other service providers working with the youth and their families.

An Advisory Committee meets quarterly to decide policy issues, gain community support, and provide oversight for the operations of the juvenile drug court. The Advisory Committee consists of the WCJDC team members plus community representatives (e.g., education, business, health).

The Worcester County Health Department provides mental health, substance abuse, and case management services to participants of the WCJDC.

The treatment provider communicates with the court by submitting a report to the team during the team meeting prior to each drug court session. The report includes information about treatment sessions and counselor visits attended, UA results, participant compliance and participant attitude toward treatment.

### Recommendations

The WCJDC operates with a team model fitting with this key component. Treatment is a core component of the program and treatment representatives are present at team meetings. No recommendations are needed at this time.

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

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

#### *Juvenile Strategy #1: Collaborative planning*

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

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

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

### National Research

Recent research by Carey, Finigan, and Puksatas (2008) found that participation by the prosecution and defense attorneys in team meetings and at drug court sessions had a positive effect on graduation rate and on outcome costs.<sup>10</sup>

In addition, allowing participants into the drug court program only post-plea was associated with lower graduation rates and higher investment costs.<sup>11</sup> Higher investment costs were also associated with courts that focused on felony cases only and with courts that allowed non-drug-related charges. However,

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<sup>10</sup> Outcome costs are the expenses related to the measures of participant progress, such as recidivism, jail time, etc. Successful programs result in lower outcome costs, due to reductions in new arrests and incarcerations, because they create less work for courts, law enforcement, and other agencies than individuals who have more new offenses.

<sup>11</sup> Investment costs are the resources that each agency and the program overall spend to run the drug court, including program and affiliated agency staff time, costs to pay for drug testing, etc.



courts that allowed non-drug-related charges also showed lower outcome costs. Finally, courts that imposed the original sentence instead of determining the sentence when participants are terminated experienced lower outcome costs (Carey, Finigan, & Pukstas, 2008).

#### Local Process

The prosecution and defense are included as part of the drug court team, and both make referrals to the drug court program.

There has been some turnover of representatives from the State's Attorney's Office who work with drug court. The prosecution and defense offer their opinions in pre-court meetings, where they may or may not agree about treatment and other options. Interview respondents reported that team members worked well together and in the best interest of the participants.

#### Recommendations

Continue to encourage role-specific drug court training for all team members to ensure that team members, especially those who are new, understand the functions and process of the drug court and their particular roles within the program, which may differ somewhat from their traditional roles. For example, as this key component indicates, the roles of prosecution and defense attorneys working with juvenile drug courts are less adversarial than when working within a traditional court context.

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

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

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

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

#### National Research

Carey, Finigan, and Pukstas (2008) found that courts that accepted pre-plea offenders and included misdemeanors as well as felonies had both lower investment and outcome costs. Courts that accepted non-drug-related charges also had lower outcome costs, though their investment costs were higher.

Those courts that expected 20 days or less from arrest to drug court entry had higher savings than those courts that had a longer time period between arrest and entry (Carey, Finigan, & Pukstas, 2008).

#### Local Process

The State's Attorney, Public Defender (or private defense counsel), the Judge/Court, Probation, and substance abuse treatment providers all may make referrals to juvenile drug court.

Eligibility requirements are written and published in the program's Policy and Procedure Manual.

The WCJDC is a post-plea, post-adjudication/post-disposition program.

All juvenile arrests are forwarded to DJS, which provides the intake function for all cases (not just drug court). There are no rules or agreements for how quickly law enforcement must forward the charges to DJS (sometimes this process takes months). DJS

staff members have 1 month to forward the case to the drug court program once they receive it. This process sometimes results in individuals not entering drug court for 4 to 5 months following an arrest. This issue is being discussed at quarterly meetings between the drug court team and law enforcement representatives.

Each agency involved in direct service (DJS, AOD treatment, mental health treatment, Board of Education, etc.) discusses the appropriateness of the referral based on the staff's prior experience with the youth and the family, if any. They then decide whether to offer the youth the opportunity of participating in the program.

The program's capacity is 20 participants; 16 were active in November 2008.

To be eligible for the program, youth must have a family member willing and able to support them and participate with them in the juvenile drug court program.

#### Recommendations

According to a stakeholder, because this drug court serves a small, rural community, team members are likely to have information about young people and their families that is gained outside of their professional roles. The stakeholder reported that information gained in this way has been used by the drug court team to make decisions about participants. If this is the case, we caution the team not to consider heresy or gossip when using prior knowledge of a youth and family.

The WCJDC team should continue to meet quarterly with law enforcement agencies to identify barriers and challenges that cause the lengthy delay between arrest and charges being relayed to DJS, and determine where more efficient procedures may be implemented so that the time between arrest and entry into the WCJDC program may be shortened considerably.

Strategic planning for the program should be pursued on a cooperative basis among agency stakeholders (Advisory Committee) to address obstacles to increasing program capacity. For example:

Consider accepting youth into the program who do not have a family member who is willing to support them and participate with them in the WCJDC. Look for other adults or natural (unpaid) mentors to fill the family role in lieu of a parent/guardian so that more young people who need them may receive needed education and services through the WCJDC. Related to this issue, increase efforts to find solutions so that youth who are in the program are not dropped due to family non-participation.

A team member believes there are young people who would benefit from the program who have charges that do not qualify (those with DUI charges or other potential participants who are not arrested on a drug charge). Another team member suggested accepting young people who do not have a family member willing to participate. If the program is restricted to certain charges for legal or funder requirements, the team may want to look at other system strategies, including engaging law enforcement and/or the State's Attorney's Office in discussions about discretion related to criminal charges to allow additional eligible youth into the drug court program.

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

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

#### *Juvenile Strategy #7: Comprehensive treatment planning*

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

*Juvenile Strategy #8: Developmentally appropriate services*

- Tailor treatment to the developmental needs of adolescents.

*Juvenile Strategy #9: Gender-appropriate services*

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

*Juvenile Strategy #10: Cultural competence*

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

*Juvenile Strategy #11: Focus on strengths*

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

*Juvenile Strategy #12: Family engagement*

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

*Juvenile Strategy #13: Educational linkages*

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

National Research

Programs that have requirements around the frequency of group and individual treatment sessions (e.g., group sessions 3 times per week and individual sessions 1 time per week) have lower investment costs (Carey et al., 2005), substantially higher graduation rates, and improved outcome costs (Carey, Finigan, & Pukstas, 2008). Clear requirements of this type may make compliance with program goals easier for program participants and may make it easier for program staff to determine if participants have been compliant. They also ensure that participants

are receiving the optimal dosage of treatment determined by the program as being associated with future success.

Clients who participate in group treatment sessions 2 or 3 times per week have better outcomes (Carey et al., 2005). Programs that require more than three treatment sessions per week may create a hardship for clients, and may lead to clients having difficulty meeting program requirements. Conversely, it appears that one or fewer sessions per week is too little service to demonstrate positive outcomes. Individual treatment sessions, used as needed, can augment group sessions and may contribute to better outcomes, even if the total number of treatment sessions in a given week exceeds three.

The American University National Drug Court Survey (Cooper, 2000) shows that most drug courts have a single provider. NPC, in a study of drug courts in California (Carey et al., 2005), found that having a single provider or an agency that oversees all the providers is correlated with more positive participant outcomes, including lower recidivism and lower costs at follow-up.

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

Research is mixed on the effectiveness of 12-step programs for adolescents. While most groups are not adolescent-specific, many treatment programs are beginning to offer AA/NA groups for teens and young adults (Deas & Thomas, 2001). The 12-step model appears to have some utility as a treatment approach for adolescents as long as the content of the group is geared for a younger audience and the composition of the group consists of mostly adolescents and younger adults (Kelly, Myers, & Brown, 2005). Fami-

ly involvement has been found to be crucial to success of teens in 12-step programs (Hsieh, Hoffmann, & Hollister, 1998).

### Local Process

A representative from the treatment provider is on the drug court team.

The program has four program phases so that participants can feel that they have made progress over time and begin to take responsibility for structuring their own lives while still under program supervision.

There are clear requirements, aside from time spent in the program, which must be satisfied in order for a participant to move from one phase to the next. These requirements are published in the Policy and Procedure Manual and in the Participant Handbook.

Substance abuse treatment is individualized, based on ASAM Level of Care criteria.

Participants attend drug court sessions a minimum of once every 2 weeks during Phases I and II and once per month during Phases III and IV.

All participants receive substance abuse treatment, may receive mental health services as needed, and are linked with physical health providers.

The addictions program has a van to transport participants to treatment.

There is no formal “aftercare” program, but participants start an aftercare plan while they are still in drug court. A “social care program” provides continuing care for 6 months following graduation and then twice quarterly. This program is mainly a check-in function, wherein individuals call in or are called and asked a series of questions to help identify whether a relapse is suspected. If so, the individual is encouraged to return for treatment. (Graduates may continue to seek Health Department resources.)

All community-based mental health providers must have gender, ethnic, and age appropriate competencies.<sup>12</sup>

Families may receive outpatient mental health services (family counseling), are linked to physical health providers by the case manager, and may receive other services, depending on need. Families participate in identifying family strengths and barriers for services.

Focus group participants were concerned about the amount of time they are required to attend appointments, court, etc., and about having to take time off from work for those reasons. (Since the focus group, the drug court program has worked to improve its punctuality, so that staffing finishes early and court starts on time.)

In cases where the participant is fully engaged, but the family is not, the family is encouraged to cooperate. The team works to ensure the youth is not penalized as a result of family non-participation, but participants have been dropped because their families refuse to meet the program's requirements.

In addition to the phase requirements, participants who are over age 18 attend Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) 12-step meetings. Treatment has increased focus on family involvement.

In addition to substance abuse and mental health treatment, participants are linked with physical health providers. Other services offered to participants include after school academies (offered in schools), Worcester County Asset Building program, Worcester Youth and Family Counseling, faith-based groups and organizations, GED programs, Bridges Recovery and evening schools. The Dropout Prevention and Recovery Program helps participants find employment and pro-

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<sup>12</sup> In accordance with the Worcester County Local Management Board's cultural competency standards

vides job training; One Stop Job Market mobile unit is in the county weekly to assist in finding jobs; the Lower Shore Workforce Alliance assists with creating resumes and applications.

### Recommendations

Continue to reinforce positive behaviors on the part of family members, such as thanking them during drug court for helping to monitor curfew, or presenting a tangible reward for their help, such as a gift certificate. Also, continue to look for ways to focus on the strengths of the youth, encouraging positive traits and activities, and making sure that they know that any effort on their part, however small, is acknowledged and praised. Such activities satisfy Juvenile Strategies #11 and #12, focusing on strengths and engaging families, and may result in attitude and other positive changes on the part of participants.

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

*Research Question: Compared to other drug courts, what is this court's drug test model?*

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

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

### National Research

Research on drug courts in California (Carey et al., 2005) found that drug testing that occurs randomly, at least 3 times per week, is the most effective model. If testing occurs more frequently (that is, 3 times per week or more), the random component becomes less important.

Programs that tested more frequently than 3 times per week did not have any better or worse outcomes than those that tested 3 times per week. Less frequent testing resulted in less positive outcomes. It is still unclear

whether the important component of this process is taking the urine sample (having clients know they may or will be tested) or actually conducting the test, as some programs take multiple urine samples and then select only some of the samples to test. Further research will help answer this question.

Results from the American University National Drug Court Survey (Cooper, 2000) show that the number of urinalyses (UAs) given by the large majority of drug courts nationally during the first two phases is two to three per week.

### Local Process

Drugs of choice for youth in this program are alcohol, marijuana and cocaine. UAs and Breathalyzer tests are used most frequently, although EtG tests for use of alcohol may be used if such use is suspected. The program also began using sweat patches that offer continuous monitoring. The Policy and Procedures Manual says that tests will be used to detect “all known illegal or illicit drugs, legal prescription medications, inhalants and alcohol.”

Participants receive UA and Breathalyzer tests a minimum of twice per week and one or more random tests once per week during phases I and II, UA and Breathalyzer once per week plus a random test each week during Phase III, and UA and Breathalyzer tests twice per month plus random testing during Phase IV.

Tests are observed by a person of the same sex as the participant being tested.

UAs tested at the laboratory (Redwood Toxicology) are performed using a 6 panel “thin layer chromatography” test that includes THC, cocaine, and opiates. They also can test creatinine levels—which may indicate diluted urine. Occasionally a full panel test is used if inhalant use is suspected. Instant on-site UAs performed by DJS workers use 10-panel tests with immediate results; EtG

(Ethyl Glucuronide) tests are used to detect alcohol use, but are not employed unless use is suspected. The EtG tests are analyzed by Redwood Toxicology, and results are available online in 5 to 7 business days.

Information about the number and type of tests is included along with other information about program phase requirements that is presented in a table in the Participant Handbook and in the Policy and Procedure Manual.

### Recommendations

The program uses a variety of methods to detect alcohol and/or drug use, and participants are tested frequently. There are no recommendations in this area at this time.

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

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

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

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

### National Research

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

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

Carey, Finigan, and Pukstas (2008) found that for a program to have positive outcomes, it is not necessary for the judge to be the sole person who provides sanctions. However, when the judge is the sole provider of sanctions, it may mean that participants are better able to predict when those sanctions might occur, which might be less stressful. Allowing team members to dispense sanctions makes it more likely that sanctions occur in a timely manner, more immediately after the non-compliant behavior. Immediacy of sanctions is related to improved graduation rates.

### Local Process

The WCJDC initially described its incentives and sanctions in the program's Policy and Procedure Manual and in the Participant Handbook, and provided examples of possible sanctions and incentives. The program no longer posts information about possible incentives and sanctions in its Policy and Procedure Manual or in the Participant Handbook.

Any direct service provider, the Coordinator, or the Case Management Specialist can offer incentives or punishments in the context of her/his own role. For example, the Coordinator can adjust the curfew, so if a youth is eligible based upon reported compliance, he/she may call the Coordinator to request curfew passes.

The Coordinator tracks the ratio of rewards to sanctions. The Policy and Procedure Manual states that a ratio of three incentives to the use of one sanction is acceptable.

The WCJDC has a formal separation of sanctions and treatment responses.

Depending on the case, incentives for individuals to enter and complete the WCJDC program may include the Judge striking the finding of delinquency for the case, comple-

tion of the program in lieu of an out of home placement, or the completion of the program in lieu of revocation of probation.

### Recommendations

In order to make an informed decision about whether to participate in the program, youth and their families need to be provided information about expectations of the drug court, benefits to the youth, and consequences that may be imposed. Therefore, because the program is not allowed to publish information about possible incentives and sanctions in the Policy and Procedure Manual and the Participant Handbook, continue to ensure that this information is relayed to all potential drug court participants and their families at orientation.

Continue to individualize rewards and sanctions based on the youth's interests, skills, needs, and resources. This practice will increase the team's effectiveness at reinforcing desired behavior, and is another opportunity to utilize a strength-based approach. Continue to engage youth in productive, interesting, and educational community service opportunities, such as working with the local shelters—a community service activity that resulted in positive behavior change in the past (also see Key Component #10).

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

*Research Question: How frequent is this court's contact with the judge? What is the nature of this contact?*

*Juvenile Strategy #4: Judicial involvement and supervision*

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

### National Research

From its national data, the American University Drug Court Survey (Cooper, 2000) re-

ported that most drug court programs require weekly contact with the judge in Phase I, contact every 2 weeks in Phase II, and monthly contact in Phase III. The frequency of contact decreases for each advancement in phase. Although most drug courts follow the above model, a substantial percentage reports less court contact.

Further, research in California and Oregon (Carey et al., 2005; Carey & Finigan, 2003) demonstrated that participants have the most positive outcomes if they attend at least one court session every 2 to 3 weeks in the first phase of their involvement in the program. In addition, programs where judges participated in drug court voluntarily and remained with the program at least 2 years had the most positive participant outcomes. It is recommended that drug courts not impose fixed terms on judges, as experience and longevity are correlated with cost savings (Carey et al., 2005; Finigan, Carey, & Cox, 2007).

Praise and approval from the judge were named by drug court participants as motivating factors for them to progress in the program (Cisner & Rempel, 2005), and personal attention from the judge during status hearings was rated as the most important influence of drug court, according to authors at the National Institutes of Justice (2006).

### Local Process

Participants attend review hearings once every 2 weeks during Phases I and II, and once every month in Phases III and IV.

During a review hearing attended by an evaluation staff member, each participant was called by the Judge and stood at the table with defense counsel. The Judge was interactive with the treatment staff and with the participants. He spoke directly to each participant and showed interest in her/his progress, asking for clarifying or additional information from team members when warranted.

The current drug court judge has been involved with the program since implementation. His position is a voluntary one, and does not rotate among other judges.

### Recommendations

Compared to other drug courts nationally, this drug court's participants have less frequent contact with the Judge during Phase I than most drug courts. However, the frequency of this contact is consistent with that found to provide the most positive participant outcomes. No recommendations are necessary in this area.

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

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

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

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

#### *Juvenile Strategy #16: Confidentiality*

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

### National Research

Carey, Finigan, and Pukstas (2008) found that programs with evaluation processes in place had better outcomes. Four types of evaluation processes were found to save the program money with a positive effect on outcome costs: 1) maintaining paper records that are critical to an evaluation, 2) regular reporting of program statistics led to modification of drug court operations, 3) results of program evaluations have led to modification to drug court operations, and 4) drug court has

participated in more than one evaluation by an independent evaluator. Graduation rates were associated with some of the evaluation processes used. The second and third processes were associated with higher graduation rates, while the first process listed was associated with lower graduation rates.

### Local Process

The WCJDC collects data relating to the program's goals and objectives, and enters those data into the SMART management information system and into a court-based data system.

The Coordinator runs bi-annual reports from SMART and brings them to the team to inform them about progress toward goals.

Confidentiality of records is governed by federal regulations. Participants sign releases and consents so that all agencies partnering in the juvenile drug court program may exchange information about participants.

During stakeholder interviews, two team members mentioned their concern about the paperwork required for the drug court program. One concern was the quantity of paperwork and the other was the need to have an overview of progress available for reference.

### Recommendations

The team should set aside time to discuss paperwork concerns and determine whether any changes can be made in order to lessen the paperwork burden on drug court staff and to provide ongoing information about participants' progress (issues mentioned by stakeholders during interviews), and any other issues that arise. Some solutions may not be possible due to limitations of the information system. For example, a stakeholder reported that SMART cannot export individual reports. Therefore, if the team determines that individual reports are needed, it would not be possible to obtain them from SMART.



Drug court staff members are encouraged to discuss the findings from this process evaluation as a team, to identify areas of potential program adjustment and improvement.

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

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

National Research

The Carey, Finigan, and Pukstas (2008) study found that drug court programs requiring all new hires to complete formal training or orientation; team members to receive training in preparation for implementation; and all drug court team members be provided with training were associated with positive outcomes costs and higher graduation rates.

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

Local Process

Key drug court staff attended training sessions presented by the Department of Justice, Bureau of Justice Affairs prior to program implementation.

The Coordinator and other drug court staff have attended many national and local trainings.

Team members have attended Drug Court 101 training presented by the Maryland Office of Problem-Solving Courts, as well as symposia presented yearly.

Recommendations

Continue to ensure that all new team members are oriented and trained to understand

the functions and processes of the drug court and their particular roles within the program. To support this goal, a log system and training plan should be established, the results of which should be reviewed by administrators periodically. These tools will be useful in keeping track of training activities and reinforce the importance of professional development.

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

*Research Question: Has this court developed effective partnerships across the community?*

*Juvenile Strategy #6: Community partnerships*

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

National Research

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

Local Process

The WCJDC program works with local churches on community service projects. AA, NA, and GED programs are held at churches. Program participants also perform community service at Assateague State Park. The Coordinator has relationships with organizations such as the American Cancer Society, which also offer community service

opportunities. WCJDC participants have worked at the local homeless shelters to clean up their yards and assist in their food pantry. Drug court participants enjoyed these activities, and it appeared to bring about positive behavior changes in the youth, according to a team member. Participants requested more of this sort of community service.

Other partnerships have been established with governmental agencies such as the Health Department and the Board of Education. One respondent would like to see more involvement from community resources, such as arts and music programs.

In the past, most community agencies, even if they were not officially involved, tended to help when asked. However, program staff members are no longer able to request or accept such assistance because of State policy changes that do not allow such activities.

The Advisory Committee includes the Drug Court Judge, Domestic and Juvenile Master, Court Administrator, Clerk of Court, State's

Attorney, APD, Director of Case Management, Director of Addictions, Director of Mental Health (all directors are from the Health Department), Supervisor for DJS, representatives from every municipal law enforcement agency, Sheriff's Department, a private substance abuse treatment provider, Family Services Coordinator from the Circuit Court, representatives from the Board of Education, private mental health treatment providers, and the entire juvenile drug court team.

### Recommendations

The WCJDC has created community relationships that generated local support and enhanced drug court program effectiveness in the past. Since that time, however, the Maryland Judicial Ethics Committee determined that drug courts cannot solicit or accept assistance from the community, according to a stakeholder. There are no recommendations for Key Component #10 at this time.

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

**D**rug courts are complex programs designed to deal with some of the most challenging problems that communities face. Drug courts bring together multiple—traditionally adversarial—roles, and stakeholders from different systems with different training, professional language, and approaches. They take on groups of individuals that frequently have serious substance abuse treatment needs.

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

### Community Level

Individuals with substance abuse issues who are also involved in the juvenile justice system must be seen within an ecological context; that is, within the environment that has contributed to their unhealthy attitudes and behaviors. This environment includes the neighborhoods in which they live, their family members and friends, and the formal or informal economies through which they and their families support themselves. In an effort to better address the needs of these individuals, then, it is important to understand the various social, economic and cultural factors that affect them.

Social service and juvenile justice systems are designed to respond to community needs. To be most effective, it is important that these systems clearly understand the components and scope of those needs. System partners must analyze and agree on the specific problems to be solved, as well as

what the contributing factors are, who is most affected, and what strategies are likely to be most successful when addressing the problem. A formal/informal needs analysis can help to define what programs and services should look like, who the stakeholders are, and what role each will play.

### SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

The drug court developed and maintained community relationships in the past, but is no longer allowed to solicit or accept assistance from the community. There are no recommendations for this component at this time.

### Agency Level

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

This level of analysis is a place to be strategic, engage partners and advocates, leverage resources, establish communication systems (both with each other and with external stakeholders), and create review and feedback loop systems for program monitoring

and quality improvement activities. Discussions at this level can solidify a process for establishing workable structures for programs and services, as well as identify key individuals who will have ongoing relationships with the program and with other participating agencies and key stakeholders.

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

Strategic planning should be pursued on a cooperative basis among agency stakeholders (Advisory Committee) to address obstacles to increasing program capacity. For example: 1) Consider accepting youth into the program who do not have a family member to support them; look for other adults to fill that role; increase efforts to retain youth whose family does not participate. 2) Look at strategies for including youth whose charges do not currently qualify them for the program (such as those with DUI charges).

#### **Program Level**

Once a common understanding of need exists and partner agencies and associated resources are at the table, programs and services can be developed or adjusted as needed to ensure that the program is meeting the identified needs and utilizing public funds as efficiently and effectively as possible. Program policies and procedures should be reviewed to ensure that they create a set of daily operations that works best for the community.

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

Continued role-specific drug court training is encouraged, especially for new team members, to ensure that they understand the functions and process of the drug court and their particular roles within the program.

Continue to meet quarterly with law enforcement agencies to identify barriers and challenges that cause the lengthy delay between arrest and charges being relayed to DJS. Determine where more efficient procedures may be used to shorten the time between arrest and drug court entry.

Continue to reinforce positive behaviors on the part of family members and to find ways to focus on the strengths of the youth and encourage and praise any effort, however small.

Because information about possible incentives and sanctions was removed from the Policy and Procedure Manual and the Participant Handbook, continue ensure that such information is relayed to all team members, drug court participants, and their families.

Continue to individualize incentives and rewards (even sanctions) based on the youth's interests, skills, needs and resources.

Discuss findings from this process evaluation as a team to identify areas of potential program adjustment and improvement.

## SUMMARY AND CONCLUSIONS

**T**he Worcester County Juvenile Drug Court seems to possess a thorough understanding of the 10 key components and 16 juvenile strategies and has been successful at implementing their drug court program.

Some particular findings (also included in the 10 key components summary) are:

### **Unique and/or Promising Practices:**

- WCJDC operates with a team model that includes treatment as a core component of the program.
- Substance abuse treatment is individualized, based on ASAM Level of Care criteria.
- The addictions program transports participants to treatment via van.
- Families participate in identifying family strengths and barriers for services.
- Treatment has increased focus on family involvement.
- The WCJDC has a formal separation of sanctions and treatment responses.
- The Coordinator runs bi-annual reports from SMART to inform the team about progress toward goals.

### **Policy changes implemented by the drug court team:**

- Possible incentives and sanctions are no longer posted in Policy and Procedure

Manual or Handbook, but are relayed orally at new participant orientation.

- Sweat patch testing has been added as a means of continuously testing for drug use.
- Drug testing no longer takes place at the courthouse.
- Treatment changes include changing the focus of treatment sessions to look at improving family involvement and to include intense mentoring.
- Detention is used less frequently as a sanction; electronic monitoring is used more often than previously.
- Older participants may be tested for drug/alcohol use via a randomized call in system.

### **Areas that could benefit from more attention:**

- Process and eligibility changes that could increase the number of young people who participate in drug court to its capacity goal of 20 participants
- Barriers and challenges resulting in delay between arrest and drug court entry
- Additional ways to identify and build on strengths of participants and their families
- Team members' paperwork issues



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



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

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

Although the typology guide is modified slightly to fit the context, process and type of each drug court (e.g., juvenile courts, adult courts), a copy of the generic drug court typology guide can be found at [www.npcresearch.com/materials.php](http://www.npcresearch.com/materials.php) (see Drug Court Materials section).



**APPENDIX B: YOUTH FOCUS GROUP AND  
PARENT/GUARDIAN INTERVIEW SUMMARIES**



## **Worcester County Juvenile Drug Court Summary of Program Participant Focus Group**

**Date:** February 7, 2008

**Location:** Snow Hill, MD

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The Worcester County Juvenile Drug Court Focus Group was held at the Worcester County Health Department in February 7, 2008, facilitated by an NPC staff member. The focus group consisted of six participants: 2 Caucasian females, 1 Caucasian male, and 3 African American males. Participants self-reported which treatment phase they were in: 2 in Phase II, 2 in Phase III, 1 in Phase IV, and 1 who did not know his phase but stated that he had been in the program for a long time.

The questions participants were asked and their responses were as follows:

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

- I like the things they give us when we do something good. I think they call them incentives.
- It has helped me to bring up my grades.
- It helped me with the structure I guess I needed to go to school.
- I hear our records can get expunged.
- I really like [Probation Officer]. He really helps us a lot.

### **What do you dislike about the drug court program/What isn't working for you?**

- I hate everything about this program. There is not nothing good about it!
- [Everyone spoke against the curfew.]
- I don't like having to leave urine and all of the drug testing.
- The program is not fair. The consequence for what we do is not the same for everyone. Some people get off easier for doing the same thing that I may have done.
- I think everyone should get the same consequence for the same behavior. If I test positive for marijuana, the same thing that happens to her should happen to me.
- I think I was misled about the program. I thought it would be a lot easier and that I would not be here so long. [With further probing, he stated that he was not told about all of the requirements when he started the program.]
- I lose time from my job because I have to come to treatment.

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

- They are okay.
- I have not had any problems with any of them.
- I don't really feel anything about any on them. They got a job to do, I guess.
- I have not really learned anything from going to treatment.
- I guess they have helped me get some clean time.
- I do like Katrica and Sally. They have helped me work through some of my problems.

**Why did you decide to participate in drug court?**

- I did not really feel like I had a choice. I thought it was the only thing that I could do.
- Because I heard that you could get rid of your record if you finish the drug court. I just did not know that I would be in here so long.
- My mom thought that I should go to drug court.
- My mom said that she doesn't care what happens to me and that she wants to send me away somewhere.

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

- No. We just don't like being in drug court.
- It is too long. If the time to be in drug court was shorter, I may be motivated to get more done. Because it is so long, I say what is the purpose in finishing something right away, because I am still going to be in drug court for a long time.
- I don't see where the program really helps you with much of anything.

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

- I would eliminate it, get rid of the whole thing. I think it is a stupid program.
- If you get tired of being in the program or felt that it is really not for you, you should be able to get out of it and just go back on probation.
- I think we should just be able to be on probation with no curfew.

**Did your family participate in any way in the process?**

- My family likes that the drug court gives me some structure.
- Like I said, my mom wants to send me away.
- My mom does not like how much I have to go to court or the curfew.
- My family does not like how my curfew affects my going out with them at night.

**What educational support and linkages in the community have been provided? How did drug court help you with school?**

- It has not helped at all.
- I guess I go [to school] more than I would be going if I were not in drug court.
- I am doing better in school but it is not because they did anything to help me.

**What is the drug court session like?**

- I am nervous and uncomfortable when I am in court. [When asked why, she said that she is not sure and that she just gets nervous.]
- I do not like [Master]. [When asked why, he said that he did not know, he just does not like him.]
- Court is ok, we just have to go way too much.

**Why do you think there is a drug court?**

- I don't know. They should get rid of the whole thing.



**What is the hardest part of drug court?**

- Staying in the program so long is very hard.
- It is hard having someone controlling your life and telling you what to do every minute.
- Being on curfew is really a pain. I don't like it when I can't go out at night to something that my family is going to enjoy.
- I don't see what the big deal is about smoking blunts. We should be able to smoke if we want to.

**What are your own individual goals in the program?**

- I just want to get finish and get out of this program.
- Graduate from the program and keep going to school.



## **Worcester County Juvenile Drug Court Summary of Parent/Guardian Interviews**

**Dates:** June 12 – 14, 2008

**Location:** Snow Hill, MD

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Six parents and one grandparent (guardian) of six Worcester County Juvenile Drug Court participants met with a staff member from NPC Research between June 12 and June 14, 2008, to talk about their involvement with the juvenile drug court. (The juvenile participants whose parents/guardian were interviewed were in Phases II and III of the program at the time of the interviews, and their ages were between 14 and 18.)

Following is a summary of parent/guardian responses to questions about the juvenile drug court:

### **What are your responsibilities related to drug court and how were you made aware of these responsibilities? What does the court ask of you as the parent/guardian?**

- Take him to all of his appointments to include court. Of course, I have to take off from work to do this. The program needs to consider the impact that it has on the parents.
- I sometimes feel like I have more responsibility than my son has. It really is all on the parent.
- Make sure that he is present for all of his many appointments and court.
- Make sure that he follows through with his responsibilities.
- Be there to be supportive of my son and support him as he goes through the phases. Both my husband and I try very hard to support him. I also try to keep the lines of communication open.
- Take him to the court hearings and all of his appointments with DJS, the Health Department, etc. [Grandparent] helps out with the transportation to and from many of these appointments. Some gas reimbursement would help.
- There seems to be a little bit of confusion about the structure of the program and the role of all of the different players. There seems to be something missing in the coordination of it all.
- Make sure that he adheres to the program and does what he is supposed to do.
- Be there for my child
- Help him get through all of the phases of the drug court.
- Make sure he has transportation to everything. I go to court with him, I think we have to go anyway.

Note: All the parents/guardian said that they were told about their responsibilities in advance of the child joining the program. Two mentioned that they did not realize how numerous the appointments and court dates would be, or the extent of time that it would take.

### **What do you feel are the main goals drug court program? What is the purpose of the drug court?**

- To make my son understand that he does not need to do drugs.
- As long as he completes the drug court, he will not have a record.
- To complete all of the phases of the drug court.
- To help my son remain free and clean of illicit drugs and alcohol.
- The program gives education to the kids.

- Even though the program is designed to help our kids change their behavior, sometimes they are given mixed messages.
- To educate him about peer pressure and appropriate affiliation.
- To help him with his decision-making abilities.
- To help him improve in all aspects of his life to include school and relationship with family.
- To help my child understand the negative impact of drugs and alcohol.
- To help add some structure to my son's life.
- To educate him about the consequences of using.

**How is your child different now compared to when he/she first started the program?**

- He has grown up a lot.
- He has been incarcerated so he is more aware of the consequences of what he does and his own decisions.
- He also has now seen a psychiatrist and has been diagnosed with depression and is on medication. This has made a difference in his mood and personality.
- He appears to be under less stress.
- Now that he is clean of the drugs, he is doing much better in all areas.
- He is not as withdrawn and does not seem like he has anything to hide.
- His appearance has changed
- His attitude is better
- He has a better outlook on life
- His school performance is better
- My son is actually angrier now that he is in the program. He is not pleased to be in drug court. The only benefit for him appears to be that the court does control him to a degree, his curfew and structure. There does not seem to be a process to deal with kids like my son.
- He is more positive and therefore more productive
- We have less conflict at home
- My son appears to be more stressed since he began the program. Due to the pressure with following through with all of the appointments, he is always tense and stressed. School has always been a challenge for him. Now it is worse, because he is more stressed.
- Overall, he is doing better
- He is definitely more focused and doing better in school
- He is clean and that was the ultimate goal

**What does drug court (staff) do that you feel is most helpful for your child? What is the best part of drug court?**

- The probation officer is wonderful.
- The Addiction Supervisor seems to be supportive of the parents and understands our work and other obligations.
- They care about the children and you can tell that.
- They seem to be there to guide my child and help where they can.
- Some of the staff work on the kids to stay honest and I think that is good.
- I think the court process is very structured and the review of the children's progress is good for us all to hear.

- I think the rewards and consequences are good. If you are on track, the teen gets a reward for that progress.
- The whole team seems to provide structure to help the kid deal with his problems.
- The Counselors at the Health Department really helped my child deal with anger management.
- I find the Probation Officer the most helpful. He is quick to resolve problems and communicates well.

**What is the worst part of the drug court program?**

- I think the sanctions are sometimes inappropriate for not making appointments.
- The pressure of trying to coordinate the treatment and mental health appointments is frustrating.
- Transportation would help. We can't always take off from work to transport him to and from appointments.
- The end goal for the teens is not always clear and concrete. This can feed the relapse process.
- The team does not appear to be supportive of the kids working and the value of work.
- There is no advocate for your child on the various appointments, other than me.
- The mental health piece is lacking. There does not appear to be a well trained person to address these issues.
- I struggle with the curfew. It is too early for kids in this age group. It is hard to adjust to because my child is usually able to spend more time outside. Maybe a winter and summer curfew should be considered, to be in line with the time change and longer days.
- Many counseling sessions were missed due to staffing issues. I find that unacceptable. There has been a lot of turnover in the counseling staff.
- I think there are too many kids in the program and the caseloads are too high.
- I think they need more group therapy. Sometimes I feel that there is poor coordination of care. There are too many appointments each week. There are sometimes 4-5 appointments in one week. That is too much.
- The program is very demanding and stressful for the whole family.

**What could the program (staff) do that would help you and your family better support your child? What would you change?**

- I would ask the staff to be more understanding of the impact on the whole family.
- If they could try and schedule things so that it does not affect the parent's work schedule would be good.
- It is a good program and having us come to court is a good thing. It is just hard to juggle it all with work and other obligations.
- Considering the impact on us, the parents, is something they should do.
- I think the staff should make more effort at making the kids feel more comfortable about being in the program. Maybe my child would be more invested.
- We are asked to be at the court at 3 p.m. and sometimes it does not get started until 4 p.m. That is even more troubling for our work schedules.
- The rest [staff other than the PO] seem somewhat disconnected.
- Sometimes you can't get a hold of the drug court staff.