

Montgomery County Juvenile Drug Court Process Evaluation



Submitted to:

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EXECUTIVE SUMMARY

Drug treatment courts are one of the fastest growing programs designed to reduce drug abuse and criminality in nonviolent offenders in the United States. The first drug court was implemented in Florida in 1989. As of April 2007, there were over 1,700 drug courts, with drug courts operating or planned in all 50 states (including Native American Tribal Courts), the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam¹ (BJA, 2007).

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

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

The Montgomery County Juvenile Drug Court (MCJDC) is located in Rockville, Maryland. The program started serving juvenile offenders with substance abuse problems on December 30, 2004. The program combines strength-based treatment with court supervision and holistic case management services. The MCJDC operations team is made up of the judge, drug court coordinator, case manager, Department of Juvenile Services (DJS) juvenile probation

officer and case management specialist supervisor, representatives from the Office of the Public Defender, a representative from the State Attorney's Office, executive director and program manager for the Journeys Adolescence Intensive Outpatient Substance Abuse Program (Journeys), supervisory therapist with the Department of Health and Human Services, Montgomery County Police liaison, and Montgomery County Public Schools juvenile court liaison.

At capacity, the MCJDC program is currently designed to serve 15 participants at a time. Since the drug court program has been operational, it has not reached capacity and therefore has been able to accommodate all eligible participants. As of February 2007, 18 individuals have enrolled in the drug court; 17% of these participants have graduated, 33% were unsuccessful at completing the program, and 50% are currently active. The section on program screening (p. 7) describes the process to determine eligibility.

The majority (89%) of the program's past and current participants are male, 38% are Black, 33% are White, 22% are Latino, and 5% are Middle Eastern. The average age of participants at program entry is 16 years. The main drug of choice for participants of the MDJDC program, based on positive test results, is marijuana, followed by opiates, and then alcohol.

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

1. To reduce substance abuse among juvenile offenders with a history of significant substance abuse.
2. To develop and attain individualized strategies for success/To develop and implement a holistic, comprehensive pro-

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

gram model that is specific to the treatment needs of each program participant.

3. To reduce delinquent conduct/reduce recidivism among juvenile drug court participants.
4. To reduce the costs to the community and to the state by providing an alternative to long-term placement for probation violators who successfully graduate from the juvenile drug court program.
5. To engage the community in the recovery process through education and awareness of the cycle of addiction and the role of the juvenile drug court in providing a public safety solution.

Additionally, several staff members expressed the goals to empower participants' families by improving family dynamics and communication and to help participants become productive citizens through education and employment.

Process Evaluation Results

Using the 10 Key Components of Drug Courts (as described by the National Association of Drug Court Professionals in 1997) as a framework, NPC examined the practices of the MCJDC program.

The MCJDC should be commended on the quality of the implementation of its program. The program meets the majority of the 10 key components and 16 strategies guidelines through its current policies and program structure. The program appropriately integrates substance abuse treatment services with juvenile justice system processing and supervision; maintains a strong collaborative relationship among team members (including the relationship between the public defender and prosecutor) and includes a very comprehensive team from a broad range of community agencies; provides participants—and their family members—access to a wide range of treatment and ancillary services; utilizes a variety of sanctions and rewards to

encourage compliance with program and participant goals; and maintains ongoing judicial interaction with participants. The program also attends to some language needs, includes an education component, and enables staff to obtain drug court training.

In terms of enhancements, the program may want to increase existing efforts to find alternative ways to reach capacity. As the program gains experience and data, it may want to review which program requirements are helping participants to reach their goals and which may be creating barriers to completion/success; utilization of the Statewide Maryland Automated Records Tracking (SMART) management information system may assist in this effort. Some participants and family members feel burdened and stressed by the time commitment required by the program; the program may want to look at options for reducing some program requirements, such as the number of group treatment sessions. Seeking out, participating in, and tracking participation in additional trainings would also benefit the program. It will be important to continue to meet frequently and consider the addition of a steering committee or policy meetings to make sure that the program's overarching goals/philosophies are maintained.

Overall, the MCJDC is doing well in implementing their drug court program. Taken together these findings indicate that the MCJDC is both beneficial to participants and to their families.

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

nated planning will also enhance program quality. Finally, establishing consistent operational guidelines will provide an efficient and effective structure for service delivery.

SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

The program would benefit from having a policy-level conversation about how the drug court fits into the continuum of services for high-risk youth in Montgomery County, and in particular juvenile justice-involved youth with substance abuse issues. This discussion could help clarify any changes in the target population or referral process that might be warranted, or help galvanize support for the program's mission across agencies.

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

SUMMARY OF AGENCY-LEVEL RECOMMENDATIONS

The drug court team would benefit from discussions to clarify the roles and responsibilities of each partner agency and representative to the team. One of the goals of this discussion should be to determine if the burden for some tasks, such as assessing participants for eligibility, can be shared or if staff can be assigned that work as part of their job descriptions, not in addition to their existing workload.

Additionally, the program should make every effort to maintain its current judge for a minimum of 2 years, to benefit from her drug court experience.

Finally, any changes that occur in response to this evaluation will need to be clearly communicated to staff, participants (current and future), their families, and other key stakeholders.

SUMMARY OF PROGRAM-LEVEL RECOMMENDATIONS

Role clarification of partner agencies is also important at the program level. Once agencies have committed staff and other resources, the program can utilize those resources to provide the best possible services to participants. Part of the role clarification will need to include discussion of whether the program will make any changes in its referral process.

Discussion about administration and operational roles should include the question of whether to develop a policy board or steering committee. Policy questions facing this group would be whether or not to adjust the program's target population, whether or not to adjust the required frequency of drug testing and treatment sessions, how and when to use detention as a sanction, and whether/how to increase parent/guardian involvement.

Staff could benefit from additional training in several areas. In addition, the program should maintain logs of staff training dates and content, and ensure ongoing training opportunities. Training in and use of the SMART data system will also help the program maintain program data consistently.

Finally, the program may want to evaluate its current communication structures and increase the type and amount of communications with participants and their families, particularly related to the program model, goals, policies, and procedures.

BACKGROUND

Drug treatment courts are programs designed to reduce drug abuse and criminality in nonviolent offenders in the United States. As of April 2007, there were over 1,700 drug courts, with drug courts operating or planned in all 50 states (including Native American Tribal Courts), the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam² (BJA, 2007).

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

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

Drug courts have been shown to be effective in reducing recidivism (GAO, 2005) and in reducing taxpayer costs due to positive outcomes for drug court participants (Carey & Finigan, 2003; Carey, Finigan, Waller, 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, 2004; Carey et al., 2005).

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

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

² Update retrieved June 2007 from <https://spa.american.edu/justice/documents/1966.pdf>

METHODS

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

Site Visits

NPC Research (NPC) evaluation staff traveled to Montgomery County, Maryland, for site visits in July 2005, October 2005, and February 2007. The visits included observations of a juvenile drug court hearing and a pre-court team meeting; interviews with key MCJDC staff; and the facilitation of focus groups with current drug court participants and their parents/guardians. Individual interviews were also conducted with former MCJDC participants. These observations, interviews, and focus groups provided information about the structure, procedures, and routines used in the drug court.

Key Stakeholder Interviews

Key stakeholder interviews, conducted in person or by telephone, were a critical component of the MCJDC process study. NPC staff interviewed 10 individuals involved in the administration of the drug court, including the Montgomery County Juvenile Drug Court judge, the program coordinator, a case manager, the assistant public defender, and the assistant state's attorney. Other team members interviewed included the Maryland director of state operations with the Institute for Family Centered Services, program director for Journeys, case management specialist supervisor with Maryland Department of Juvenile Services, supervisory therapist with the Department of Health and Human Services, and the Montgomery County Public Schools juvenile court liaison.

NPC has designed a *Drug Court Typology Interview Guide*³, which provides a consistent method for collecting structure and process information from drug courts. In the interest of making this evaluation reflect local circumstances, this guide was modified to fit the purposes of this evaluation and of this particular drug court. Prior to each interview, evaluation staff identified the questions needed from the general typology, and added additional questions based on information gathered in prior interviews, in site visits, and/or in program documents. The additional questions were included to resolve inconsistencies received through various information sources or to elaborate on information already obtained, to clarify the evaluation team's understanding of the local process and implementation. The information gathered through the use of this guide assisted the evaluation team in focusing on the day-to-day operations as well as the most important and unique characteristics of the MCJDC.

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

Focus Groups and Participant Interviews

NPC conducted two focus groups in the offices of the Montgomery County Juvenile Drug Court in February 2007. Three current drug court participants were involved in the

³ The Typology Guide was originally developed by NPC Research under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. A copy of this guide modified for juvenile drug courts can be found in Appendix A of this report.

first focus group; eight parents/guardians of current and former participants were included in the second group. Phone interviews were later conducted with three MCJDC graduates. The focus groups and interviews provided the participants and parents/guardians with an opportunity to share their experiences and perceptions regarding the drug court process. The sample of focus group participants was limited due to the availability of willing participants. NPC staff members were unable to contact any of the terminated/unsuccessful participants.

Document Review

In order to better understand the operations and practices of the drug court, the evaluation team reviewed the Juvenile Substance Abuse Treatment Court Planning Initiative Policies and Procedures Manual for Montgomery County, MD, and the Juvenile Substance Abuse Treatment Court Manual for Success for program information.

Analysis

Once the data were collected, they were compiled into a Microsoft Word table and organized into general categories, such as eligibility criteria, team member training, etc. As much as possible, data from multiple sources were compared in order to account for the variability of perceptions of interviewees and to minimize bias. The other sources of information included other interview responses, the drug court hearing and team meeting observations, and the Policies and Procedures Manual. When necessary, confirmation of data was achieved through follow-up questions with the drug court team members.

NPC evaluators extracted key themes that emerged from the interviews and focus group responses and that related to the appropriate 10 Key Components of Drug Courts (NADCP, 1997) and the 16 strategies of juvenile drug courts (NDCI and NCJFCJ, 2003). The evaluators then compared the MCJDC practices with the 10 key components and 16 strategies.

RESULTS

Montgomery County Juvenile Drug Court Program Description

MONTGOMERY COUNTY, MARYLAND

Montgomery County is an urban county located on the western border of Maryland. The county has three cities: Gaithersburg, Rockville, Takoma Park, and several towns, villages, and unincorporated areas. According to the 2005 Census estimate, it had a population of 918,046, with more than 74% over the age of 18 and a median age of 38. Montgomery County's racial/ethnic composition in 2006 consisted of 62% White, 16% Black or African American, less than 1% American Indian and Alaska Native, 13% Asian, less than 1% Native Hawaiian and other Pacific Islander, and 6% some other race. There were also 2% of respondents who identified as two or more races. Those individuals of Hispanic or Latino origin (of any race) comprise 14% of the County's population.³ There were 344,038 occupied households reported in 2005; and 126,402 were households with children under the age of 18. The Census also found that the median household income in the county was \$82,187, and the median family (defined as a group of two or more people who reside together and who are related by birth, marriage, or adoption) income was \$98,662. The county's unemployment rate was 4.4%, with 4.5% of individuals and 2.8% of families living below poverty level. Lastly, the main industry categories reported were professional, scientific, and management; administrative; and waste management services. Rock-

³ Hispanic or Latino origin data are collected in a separate question from racial identification on the U.S. Census Bureau American Community Survey, even though many people who are Hispanic or Latino consider that identification their race.

ville, the county seat, had an estimated population of 47,388 in 2005.⁴

MONTGOMERY COUNTY JUVENILE DRUG COURT OVERVIEW

The MCJDC is located in Rockville. The program started serving participants on December 30, 2004. The MCJDC operations team is made up of the judge, drug court coordinator, case manager, Department of Juvenile Services (DJS) juvenile probation officer and case management specialist supervisor, representatives from the Office of the Public Defender, a representative from the State Attorney's Office, executive director and program manager for the Journeys adolescent treatment program, supervisory therapist with the Department of Health and Human Services, Montgomery County Police liaison, and Montgomery County Public Schools juvenile court liaison. The MCJDC serves juvenile offenders with substance abuse problems. The program combines substance abuse treatment with court supervision and holistic case management services for at least one year in order to reduce substance abuse and delinquent conduct among youthful offenders.

IMPLEMENTATION

The idea to implement the MCJDC program occurred during the process of implementing an adult drug court in the county. Implementation of the program began when a planning team, consisting of representatives from various community agencies, collaborated in their resources and efforts. The planning

⁴ Retrieved on October 3, 2007, from the U.S. Census Bureau Web site: http://factfinder.census.gov/servlet/ACSSAFFacts?_event=Search&geo_id=&geoContext=&street=&county=Montgomery+County&cityTown=Montgomery+County&state=04000US24&zip=&lang=en&sse=on&pctxt=fph&pgsl=010

team consisted of two circuit court judges, the Hon. Dennis M. McHugh, and the Hon. Marielsa A. Bernard; assistant state's attorney; assistant public defender; commander of the police department; assistant area director of the Department of Juvenile Services; human services manager of the Department of Health and Human Services; director of school safety and security of Montgomery County Public Schools; family division coordinator, programmer, and researcher/analyst/evaluator of the Montgomery County Circuit Court. The group worked together to decide upon a target population and create a policy and procedures manual. The planning efforts were funded by a planning grant through the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP). In order to inform the implementation process, key members of the planning team attended three 3-day trainings through OJJDP. The program began serving participants in December 2004.

Judge McHugh became the court's first judge and remained with the program through its first year. A month after the program began, the rest of the planning team transitioned their duties to an operational team. The new team received informal training on drug court procedures from the current coordinator who is also a consultant with the National Drug Court Institute.

PARTICIPANT POPULATION AND PROGRAM CAPACITY

At capacity, the MCJDC program is currently designed to serve 15 participants at a time. Since the drug court program has been operational, it has not reached capacity and therefore has been able to accommodate all eligible participants. As of February 2007, 18 individuals have enrolled in the drug court; 17% of these participants have graduated, 33% were unsuccessful at completing the program, and 50% are currently active. The process to determine eligibility will be de-

scribed in the section on program screening below.

The majority (89%) of the program's past and current participants are male; 38% are Black, 33% White, 22% Latino, and 5% Middle Eastern. The average age of participants at program entry is 16 years. The main drug of choice for participants of the MCJDC program, based on positive test results, is marijuana, followed by opiates, and then alcohol.

DRUG COURT GOALS

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

1. To reduce substance abuse among juvenile offenders with a history of significant substance abuse.
2. To develop and attain individualized strategies for success/To develop and implement a holistic, comprehensive program model that is specific to the treatment needs of each program participant.
3. To reduce delinquent conduct/reduce recidivism among juvenile drug court participants.
4. To reduce the costs to the community and to the state by providing an alternative to long-term placement for probation violators who successfully graduate from the juvenile drug court program.
5. To engage the community in the recovery process through education and awareness of the cycle of addiction and the role of the juvenile drug court in providing a public safety solution.

The MCJDC staff's goals for the program, as reported during the key stakeholder interviews, are in line with those listed in the participant handbook. Additionally, several staff members expressed the goal to empower par-

participants' families by improving family dynamics and communication. The staff also expressed a commitment to the participants becoming productive citizens through education and employment.

ELIGIBILITY CRITERIA

The MCJDC eligibility criteria are listed in the *Policies and Procedures Manual*. Juveniles eligible for the program must be residents of Montgomery County, Maryland, and be between the ages of 14 and 17 years, 3 months. In addition they must be:

- Charged with/on the verge of being petitioned for a Violation of Probation (VOP);
- A previously adjudicated delinquent;
- In need of intensive out-patient drug treatment;
- Currently not on probation for/have not been adjudicated delinquent for a crime of violence as defined by Maryland Criminal Law Article, Section 14-101;
- Assessed as a substance abuser;
- Currently unable to stay clean and sober; and
- Capable of participating in juvenile drug court activities and programs (determined by youth IQ score and a verbal agreement for parental participation).

Generally, potential drug court participants have not responded to regular probation and outpatient treatment. The individual's charge(s) does not have to be directly drug-related; for example, individuals committing forgery or theft are accepted into the program.

DRUG COURT PROGRAM SCREENING

The following description explains the process that potential MCJDC participants go through before entering the program. The majority of participants are referred to the program by probation officers with the De-

partment of Juvenile Services because they are not complying with the terms of their probation. These youth are usually facing a VOP and a 6-month admission to the local youth center or long-term inpatient treatment. The case management specialist supervisor receives referrals for potential drug court participants from other DJS staff. Additionally, defense attorneys will refer potential participants to the drug court team prior to disposition at the point of plea for the original charge. If they are referred at that point, the judge will order that they complete the MCJDC as a part of their probation.

The youth's probation officer and sometimes the assistant public defender have the initial conversation with potential participants and their families about the drug court. After individuals are referred to the program, the drug court case manager partners with DJS to review candidates' files and relays the information to the team to determine if they are appropriate for drug court. He also gathers information from the child and his or her family to help determine eligibility. In addition, the case manager meets with the youth and family to explain what the program entails, after which if they decide that they still want to participate in the program, the youth will be screened for eligibility. During the screening process, the state's attorney does a legal screening to ensure that the youth has not been adjudicated for a crime of violence. He then makes a recommendation to the team regarding the potential participant's legal eligibility.

Due to a referral from the police or, more typically, upon intake to probation, juveniles are assessed using the Screening and Assessment Services for Children and Adolescents (SASCA) at the Juvenile Assessment Center, through the Department of Health and Human Services. The SASCA instrument inquires about school, mental health, and substance abuse issues; as well as previous admittance to substance abuse treatment programs. The tool also indicates the

need for various levels of substance abuse and mental health treatment. By the time an individual is referred to MCJDC, his/her substance abuse is evident through this assessment and possibly by additional factors such as testing positive for drugs while on probation and/or drug-related charges. The drug court team then reviews the candidate's documented history of substance abuse, previous treatment, and psychosocial and psychiatric evaluations.

During the pre-court meeting, the team discusses whether or not individuals are a good fit for the program based on all available information and then votes on their eligibility. After individuals are determined to be eligible for the program, DJS informs them that they and their parents/guardians must attend the next drug court hearing. Or, if the young people are in custody at the youth center, they will be produced from custody to attend the next hearing.

On the day of their first hearing, new participants and their parents/guardians sign consent forms before attending the hearing. The participants then begin treatment immediately following that hearing. It is reported that the process from a youth's referral to the program until he/she enters the program usually takes 2 weeks, but can take as little as 1 week and as many as 4 weeks.

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

The MCJDC is a post-dispositional program for juveniles as a condition of probation or after they have violated the conditions of their probation. The program is optional, the alternative being long-term inpatient treatment or long-term admittance into the youth center. The incentive to enter the MCJDC is to stay in their homes and communities while getting support for gaining control of their lives and for treating their substance abuse issues. Upon a participant's successful completion of the program, his/her probation is

closed successfully. Additional incentives for offenders to enter and complete the drug court program include support in their recovery with treatment and case management, receiving praise from the judge, and material rewards as they progress through the program and for successfully graduating (e.g., gift cards).

DRUG COURT PROGRAM PHASES

The MCJDC program has four phases that generally take a year to complete. The length of each phase is dependent upon the participant's compliance with the drug court requirements. Originally, there were 4 phases, generally 3 months each; however, in July 2005, the drug court team reduced the length of Phase III to 6 weeks in order to give participants a reward and a feeling of success to motivate them to complete the program. Participants in all phases of the program are required to comply with their individualized treatment plans and to maintain employment and/or regularly attend school. All participants are also required to have a weekly meeting with the juvenile probation officer and maintain regular daily contact with the drug court case manager.

Participants in Phase I are required to submit to random urinalysis (UA) two to three times per week and attend the drug court hearings every week. In order to advance to Phase II, participants must have 30 consecutive days of clean UA tests and be in compliance with all of the program requirements.

During Phase II, drug court attendance requirements are reduced to every other week. These participants continue to submit two to three urinalysis samples per week. Participants must remain in Phase II for at least 3 months and maintain sobriety for 30 consecutive days before advancing to Phase III.

Phase III participants must attend drug court hearings every other week and continue submitting at least two to three urinalysis samples per week. Participants are held to

these requirements for at least 6 weeks and must have 45 consecutive days of clean drug tests before moving to Phase IV.

Phase IV participants are still required to attend drug court hearings every other week. In order to complete Phase IV, and therefore graduate from the MCJDC, participants must meet the graduation criteria.

GRADUATION

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

- All probation requirements, including paying all restitution;
- Community service and other program assignments;
- 60 consecutive days being clean and sober (proved by drug test results);

Other requirements:

- The MCJDC team grants a recommendation for graduation;
- The MCJDC judge approves the graduation; and
- Participant and case manager have completed and started an aftercare plan.

The MCJDC holds individual graduations for each graduate. The graduations occur immediately following the regular drug court hearings, and the other participants are asked to wait after the hearing in order to celebrate with the graduate. The graduate receives a certificate and an individualized gift; for example, one individual who enjoyed biking was given a bike shirt. In addition, treats such as cupcakes and soda are served. Upon graduation from the MCJDC, the graduate's probation is closed successfully.

TREATMENT OVERVIEW

Since the implementation of MCJDC, the program has utilized two different treatment providers. The first, Institute for Family Cen-

tered Services (IFCS), provided treatment from the beginning of the program until December 2005. IFCS provided substance abuse counseling groups, a 12-step program, and a relapse prevention program. The two IFCS therapists were on call 24 hours a day and went into the home to focus on family issues using the Family System treatment model and community-based treatment approach. This approach cost \$25,000 per child—a cost too high to sustain the relationship—and therefore treatment services with IFCS had to be discontinued.

Treatment services are now provided by Journeys, which uses a combination of strength-based treatment theory and a cognitive behavioral approach. This program costs \$40,000 total per year (for all participants) and includes didactic education; cognitively-based behavior modification; and individual, group and family counseling sessions. The treatment sessions address addiction issues, anger management, coping skills, peer pressure, and social skills. Gender-specific treatment for the female participants is available, as well as family therapy for non-English speaking parents. Volunteers, such as the intern art therapist, work with participants, and young adult 12-step group members come weekly to address participants' rehabilitative efforts using the 12-step model.

Generally, but dependent on individual needs and progress, participants attend 6 to 8 group sessions and at least one individual counseling session per week. The sessions occur between 4:00 and 7:30 p.m.; the participants also receive dinner and have time to finish their homework during this time. Participants start by attending the intensive outpatient (IOP) treatment program 5 days and a minimum of 9 hours per week for 6 weeks. Next, participants attend regular outpatient treatment for which their attendance drops down to 3 days a week for 6 weeks. Finally, they enter the aftercare program at Journeys. There are two levels of aftercare. During the first level, participants attend twice per week

for 6 weeks, including one individual session. During the second level, participants' attendance is reduced to once per week for 2 months.

Once participants have finished aftercare at Journeys they are encouraged to attend Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) 12-step meetings 2 times per week until they graduate from MCJDC. The 12-step meetings that participants are encouraged to attend are comprised of young adults and adolescents.

Journeys is not permitted to provide services to participants 18 years or older. If participants turn 18 years of age before completing treatment, they receive treatment at an adult outpatient treatment program.

THE DRUG COURT TEAM

Judge

Since the implementation of MCJDC, two judges have presided over the court. Judge Dennis McHugh started the drug court and retired in February 2006, at which time Judge Katherine D. Savage became the presiding drug court judge. Judge Savage presides over the pre-court meetings and drug court hearings. When Judge Savage is unable to preside over a session, a substitute judge presides (as much as possible Judge McHugh substitutes for Judge Savage as he is familiar with the drug court policies and procedures). The position of the drug court judge is voluntary and is not limited in length, nor is it a rotating position.

Coordinator

The MCJDC coordinator works for Montgomery County and is responsible for coordinating the Montgomery County juvenile and adult drug courts. For MCJDC, she organizes and disseminates information to the team weekly. The coordinator attends pre-court meetings and drug court hearings. In addition, she educates the court and the community about the MCJDC.

Case Manager

The drug court case manager is housed at the Journeys program office and acts as a liaison between drug court and Journeys. During the screening process, the case manager partners with DJS to review candidates' files and relays the information to the team to determine if they are appropriate for drug court. He also gathers information from the child and his or her family to help determine eligibility.

Once an individual is determined eligible and enters the program, the case manager gathers additional information about the participant in the areas of school, home, employment, community, and drug treatment. He conducts home visits, during which he gains insight about the family and the potential participant. He then shares that insight with the rest of the team, enabling them to make decisions on how to help the individual succeed in the program.

The case manager facilitates treatment groups at Journeys. He supports participants in various areas, such as in finding employment. The case manager also works with participants' parents/guardians to show them how to best support their children. The case manager works with the other team members to help participants succeed. For instance, if a participant has been expelled from school, the case manager works with the Montgomery Public Schools juvenile court liaison to get him/her re-admitted.

Probation

There are two representatives from the Department of Juvenile Services (probation) on the drug court team: the case management specialist supervisor and the juvenile probation officer. Both DJS representatives regularly attend the pre-court team meetings; however, only the juvenile probation officer regularly attends the drug court hearings.

The case management specialist supervisor receives referrals for potential drug court participants from other DJS staff. He then inter-

views the potential participant and family and informs them about the drug court rules. The information gathered in the interview is brought to the pre-court team meetings to inform the team's decision on eligibility. Once participants enter the program, the juvenile probation officer has weekly meetings with the drug court participants and communicates the participants' status to the program case manager.

Treatment Providers

There are two representatives from Journeys on the MCJDC team: the executive director and the program director. The program director regularly attends the pre-court team meetings and drug court hearings and makes suggestions and recommendations about how the drug court team can assist the participants with their substance abuse issues. The executive director occasionally attends the drug court hearings. In addition, there are three substance abuse counselors and one family therapist that provide treatment to drug court participants at Journeys, all of whom communicate with the drug court case manager regularly (usually daily) about the youths' goals and their participation in treatment, however they do not attend the pre-team meetings or the court sessions.

Assistant Public Defender

The assistant public defender (APD) on the MCJDC team refers potential participants to the program and represents the program's participants using a non-adversarial team approach. He attends the pre-court team meetings, where he contributes to team decisions and advocates for participants along with the other team members. The assistant public defender also attends the drug court hearings. If he is unable to attend, two other assistant public defenders cover for him; one of whom is an educational attorney. This attorney advocates for special educational services and occasionally attends the pre-court meetings and drug court hearings as needed, in addi-

tion to covering for the drug court assistant public defender.

Assistant State's Attorney

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

Law Enforcement Agencies

A police officer is the police liaison on the drug court team and occasionally participates in the drug court meetings and hearings. The police liaison provides bus passes and vouchers for driving lessons as rewards for participants who are compliant with the program rules. These are given during drug court hearings to help the youth succeed in the program.

Public School Liaison

As a member of the drug court team, the Montgomery County Public Schools juvenile court liaison provides the rest of the team information on participant school issues. He attends pre-court meetings and hearings and relays to the team concerns about grades, suspension information, and information on educational programs for which participants may be eligible.

Supervisory Therapist

The supervisory therapist with the Department of Health and Human Services is the substance abuse and mental health consultant with the team. She attends pre-court meetings and hearings. Occasionally, she meets with the MCJDC coordinator to discuss clinical and team issues. Outside of drug court, she supervises the Screening and Assessment

of Children and Adolescents program. The Department of Health and Human Services also contributes to the drug court by providing funding for the program, including the contracted treatment services.

DRUG COURT TEAM TRAINING

Several MCJDC team members have attended national and statewide drug court training conferences. The coordinator and the case manager have attended the National Association of Drug Court Professionals (NADCP) Annual Training Conference for the past 2 years. The drug court coordinator, ASA, DJS case management specialist supervisor, and juvenile probation officer attended the conference in 2006. The judge, coordinator and case manager also attended the Maryland Drug Court Symposium sponsored by the Drug Treatment Court Commission of Maryland with assistance from the National Drug Court Institute in 2006; and in 2007, the Department of Health and Human Services supervisory therapist and Journeys program director joined the judge, coordinator and case manager in attendance at the symposium. These symposia covered various drug court-related topics, such as cultural competency.

TEAM MEETINGS

The pre-court meeting is held every Thursday from 1:30 p.m. until 3:00 p.m. The judge, coordinator, APD, ASA, case management specialist supervisor, juvenile probation officer, case manager, Journeys program director, Montgomery County Public Schools juvenile court liaison, and supervisory therapist regularly attend the pre-court meetings. Occasionally, depending on necessity and availability, the police liaison, Journeys executive director, and additional representatives from the Office of the Public Defender (OPD) attend the pre-court meetings.

In addition to these meetings, the team reviews a written report prepared by the case manager. That report provides a summary of

participants' overall goals and progress along with a summary of progress in the specific areas of home, school, treatment, employment, and community. At the bottom of the progress report, there is a report card by which participants are graded on their effort in each area. These reports, along with oral reports by team members, inform team discussions on the participants' progress or issues in the program. The team members then make recommendations on sanctions and rewards to the judge, who makes the final decisions. However, it was reported that it is very rare for her to make a decision that differs from the team decision.

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

PROVIDER AND TEAM COMMUNICATION WITH COURT

Team members, including the program director of Journeys, are able to communicate with the court (the judge) at the weekly pre-court meetings. In addition to the Journeys program director having direct contact with the judge during meetings, information on participant progress is communicated by the drug court case manager at Journeys to the judge through the progress reports prepared by the case manager. The treatment team at Journeys has daily contact with the drug court case manager, who is housed at the Journeys program office.

DRUG COURT HEARINGS

The drug court hearings are held every Thursday at 3:00 p.m., immediately following the pre-court meeting, and usually last until 4:00 or 5:00 p.m., depending on the number of participants in attendance. Participants in Phase I attend drug court hearings weekly, and participants in the remaining phases attend hearings every other week. Team members that regularly attend the hearings include the judge, coordinator, assistant

public defender, assistant state's attorney, juvenile probation officer, case manager, Journeys program director, Montgomery County Public Schools juvenile court liaison, and supervisory therapist. In addition, the police liaison and Journeys executive director attend the hearings as needed.

The drug court hearings are closed to the public with the exception of family members and drug court team members. Participants are expected to remain for the entire hearing to observe the rewards and sanctions administered to their peers. During the hearings, each participant sits at a desk facing the judge, between the case manager and assistant public defender. The DJS juvenile probation officer and assistant state's attorney sit at another table next to them.

Each participant takes a turn addressing the judge while standing. The judge speaks directly to participants in a warm and respectful, but stern, manner when necessary. As needed, the judge speaks with the drug court team throughout the hearing. Team members also stand in order to address the judge. The primary content of the conversation is related to the participants' issues and progress. As each participant comes in front of the judge, the case manager provides a general report to the court regarding that individual, including UA status and progress that week. After the status of each participant is discussed, the judge then imposes a sanction or reward, if deemed appropriate.

The drug court hearing that NPC observed had six participants in attendance. On average, each participant stood in front of the judge for 8 minutes while discussing their performance in the program since the last hearing.

FAMILY INVOLVEMENT

Participating family members have to sign the consent form for disclosure of confidential information along with the child upon admission into the drug court program. The

parents/guardians are expected to come to the drug court hearings; however, there are currently no consequences in place for non-compliance with this expectation. Families are informed of and are asked to help enforce some of the drug court rules such as the curfew, which is generally 9 p.m. on the weekdays, and 10 p.m. on the weekends. The case manager also works with families on developing their ability to support their child in their recovery efforts.

SUBSTANCE ABUSE TREATMENT FEES

Participants and their families are not asked to pay fees for their participation in the drug court program.

DRUG TESTING

Participants' compliance with the program is tested by urinalysis. All participants are randomly tested twice per week, and then a third random test per week is administered if the case manager suspects that a participant is using. Breathalyzer tests are used on occasion, but only when participants' behavior is out of the ordinary or if they smell of alcohol. Urine samples are observed and collected by gender appropriate Journeys staff following a written collection procedure. The samples are then sent across the street to Addiction Services Coordination (ASC) for analysis. ASC is the centralized drug testing facility for the county; the samples are analyzed by machine for five types of drugs: marijuana, cocaine, opiates, benzodiazepine, and amphetamines. If participants are older than 18 years of age, Journeys is not permitted to collect their urine samples. In those cases, participants go directly to ASC to submit samples. During the first year of the program, when IFCS provided the treatment services for the drug court, the drug screen samples were also collected and analyzed directly at ASC.

The urinalysis test results are entered into and accessed from the University of Maryland Automated Tracking System (HATS).

HATS is a data management information and tracking system used by all of Maryland's certified treatment providers as well as by portions of the criminal justice, child welfare, and social services systems. HATS provides real-time interface, allowing the UA test results to be available in a timely manner.⁴ The test results are usually available through HATS within 2 days after the test. Journeys staff accesses their clients' results, and the juvenile probation officer accesses the results for the remaining participants who are over 18 and unable to attend Journeys.

REWARDS

MCJDC participants receive rewards from the judge for doing well in the program. As described earlier, participants' progress is summarized in a written report, at the end of which is a report card on which participants are rated on their effort in 5 areas of their lives. The rating scale is 1 to 5. A "5" means that the participant has been fully compliant in that area and has consistently displayed positive attitudes and behaviors. If the participant earns a number 5 rating in all 5 areas, the judge allows her/him to pick a reward out of the fishbowl during the drug court hearing. The fishbowl contains rewards such as gift certificates, edible treats, and movie tickets. Verbal praise from the judge is also given to reward participants for compliance with the program. All rewards are provided by the judge at the participants' next scheduled drug court hearings after they earn the 5 rating. Examples of possible rewards are written in the handbook that is given to participants.

SANCTIONS

After a non-compliant act occurs, the MCJDC team discusses the issues related to

the infraction at the pre-court team meeting prior to the participant's next regularly scheduled drug court hearing. The drug court team contributes to decisions on sanctions. The judge listens to the team and then makes the final decisions, but generally agrees with the team's decision. The judge then imposes the sanctions at the drug court hearing that day.

The sanctions are graduated, starting with a warning and then moving gradually through more serious sanctions and finally resulting in time in detention or jail. The type of sanction is also dependent on the type of offense. If a participant does not attend a required drug court hearing, the judge will issue a bench warrant. All participants are required to stay through full drug court hearings in order to see the consequences of their peers' behaviors.

Possible sanctions are listed in the participant *Manual for Success*. Participants who violate program rules and requirements are subject to the following sanctions:

- A warning from the judge
- Essay or presentation assignment on strategies to avoid behavior resulting in sanctions
- Requirement to work off the sanction
- Requirement to attend and report on adult/juvenile court proceedings
- Additional drug/breathalyzer tests/curfew checks
- Stricter curfew
- Delayed movement to the next phase of the program
- Placement on home electronic monitoring
- Weekend detention
- Commitment to detention for up to 7 days

⁴ Retrieved on May 22, 2007, from the Maryland Department of Health and Mental Health Hygiene Web site: http://www.maryland-adaa.org/ka/ka-2.cfm?folder_id=199

- Revocation from the MCJDC program, back to regular probation, or the imposition of the original consequence

UNSUCCESSFUL PROGRAM COMPLETION (TERMINATION)

Program participation may be terminated for various reasons including, but not limited to:

- Committing a crime of violence, being charged as an adult for any crime or continuing to commit crimes of lesser severity
- Worsening of a participants' mental illness and subsequent interference with program participation
- Revoking his or her consent to disclose confidential treatment information to the court
- Commitment to a juvenile facility
- Lack of effort to comply with the program's requirements

Once program participation is terminated, the participant remains on probation and must appear before the judge who decided the original disposition. That judge then decides the appropriate sanction. If program involvement is terminated because of a new charge, the case may instead be transferred to adult court (depending on the participant's age).

GRADUATION

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

- All probation requirements, including paying all restitution;
- Community service and other program assignments;
- 60 consecutive days being clean and sober (proved by drug test results);

- The MCJDC team grants a recommendation for graduation;
- The MCJDC judge approves the graduation; and
- Participant and case manager have completed and started an aftercare plan.

The MCJDC holds individual graduations for each graduate. The graduations occur immediately following the regular drug court hearings, and the other participants are asked to wait after the hearing in order to celebrate with the graduate. The graduate receives a certificate and an individualized gift; for example, one graduate who enjoyed biking was given a bike shirt. Treats, such as cupcakes and soda are served. Upon graduation from the MCJDC, the graduate's probation is closed successfully.

DATA COLLECTED BY THE DRUG COURT FOR TRACKING AND EVALUATION PURPOSES

The MCJDC tracks participants' ongoing status and progress in the program in a table within a Word document. The information tracked includes the dates and drug(s) participants tested positive for, and their phase advancement dates. Participants' infractions and the resulting sanctions are also tracked, along with the dates when participants received rewards for their achievements. Re-arrests are documented with the type of charge and date of the offense. Each participant's date of birth and admission date into the program are also kept in the table.

DRUG COURT FUNDING

The drug court has been funded by a 3-year grant from the Governor's Office of Crime, Control, and Prevention. The grant, which primarily funds the case manager's position, ends in December 2007.

In order to support fundraising for the program, MCJDC has created a non-profit 501(c)(3) program called Montgomery's Mi-

racles. A consultant who was on the planning team has been selected to solicit funding from the community.

The remaining program and treatment costs are paid for by Montgomery County through DJS.

COMMUNITY LIAISONS

MCJDC has partnered with a number of community agencies in Montgomery County, in a concerted effort to provide needed services to its participants. The MCJDC has created a community partnership with the master's level art therapy program at George

Washington University. An art therapist student from the university interns under the director of Journeys and provides therapy for the drug court participants. Together they plan to paint a large mural for the courthouse. The drug court has also partnered with Pathways Treatment Center in Annapolis, which is an adventure therapy program. The drug court plans to utilize those services twice per year. A partnership with a local movie theater has also developed; the movie theater provides employment for participants and donates movie tickets for participant rewards.

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),⁵ are included as well. Within each key component, drug courts must establish local policies and procedures to fit their local needs and contexts. There are currently few research-based benchmarks for these key components, as researchers are still in the process of establishing an evidence base for how each of these components should be implemented. However, preliminary research by NPC connects certain practices within some of these key components with positive outcomes for drug court participants. Additional work in progress will contribute to our understanding of these areas.

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

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

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

Research Question: Has an integrated drug court team emerged?

Juvenile Strategy #1: Collaborative Planning

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

Juvenile Strategy #2: Teamwork

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

National Research

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

Local Process

This key component focuses on having a drug court team that integrates substance abuse treatment services with juvenile justice system processing and supervision. The Montgomery County Juvenile Drug Court has an integrated, non-adversarial treatment and judicial team—larger in composition than many drug court programs—that in-

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

cludes the judge, drug court coordinator, case manager, Department of Juvenile Services (DJS) juvenile probation officer and case management specialist supervisor, representatives from the OPD, a representative from the SAO, executive director and program manager for Journeys, supervisory therapist with the Department of Health and Human Services, Montgomery County Police liaison, and Montgomery County Public Schools juvenile court liaison.

The entire drug court team gathers for pre-court meetings each week. In between the team meetings, staff members from Journeys Adolescent Intensive Outpatient Substance Abuse Program update the drug court case manager on participant progress and treatment issues. The case manager then prepares a written progress report that includes a summary of participants' overall goals and progress in the program as a whole. The drug court team, including the judge, reviews this report during the pre-court team meetings and discusses participant progress, identifies issues, and determines the participants' next steps.

Policy issues are discussed as needed during the pre-court meetings, and the team makes decisions about policy changes. Many team members expressed appreciation of the collaborative decision-making process. Although the judge has the final say, team members reported feeling that all of their perspectives and professional opinions are fully considered in decisions. During the team meeting observation, the team openly shared their different perspectives with regard to drug court clients. The team members listened and were respectful to one another.

Recommendation

The drug court team should consider convening a steering or policy committee to discuss policy issues outside of pre-court meetings on an as-needed, periodic basis. This group would include representatives from private and public community organizations. The

steering/policy committee could make policy decisions, or they could make recommendations to the team for final decisions.

The collaborating agencies donate staff time to the drug court. This decision has added drug court duties to existing workloads. To avoid overburdening the collaborating agencies (and staff) the drug court may want to seek additional funding to support drug court specific positions within those agencies.

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.

Local Process

MCJDC appears to respond to this key component effectively. The APD and the ASA feel that their traditional missions of promoting public safety and protecting participants' due process rights are upheld while taking a non-adversarial team approach.

The prosecution and the defense present a united front during the drug court hearings. The APD continues to advocate for the young people, and the ASA may remind a participant that behavior needs to be modified, but they do so as part of a team. All members of the team who speak at the hearings speak on behalf of the team's decisions.

Recommendations

There are no recommendations at this time, as the MCJDC appears to excel in this area.

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.

Local Process

The MCJDC's eligibility criteria are written in the Policies and Procedures Manual. To be eligible for the program, young people must be between the ages of 14 and 17 years, 3 months; charged with or on the verge of being petitioned for a Violation of Probation; previously adjudicated delinquent; in need of intensive outpatient drug treatment; currently not on probation for/not been adjudicated delinquent for a crime of violence (as defined by Maryland Criminal Law Article, Section 14-101); assessed substance abuser; currently unable to stay clean and sober; and capable of participating in the juvenile drug court activities and programs. Through a verbal participation agreement, parents/guardians are expected to attend drug court hearings; this verbal agreement is required for the child to be considered eligible for the program.

The MCJDC is a post-dispositional program for juveniles as a condition of probation or after they have violated the conditions of their probation. The length of time between arrest and entry into drug court varies because the individuals may have been on probation before violating that probation. The time from referral to drug court entry is

usually within 2 weeks, but can take as little as 1 week and as many as 4 weeks.

MCJDC program capacity is 15 individuals at one time; the drug court has not yet reached capacity. Interview responses indicated the nature of post-disposition referrals as a barrier to reaching capacity. One respondent explained that some youth who are potentially eligible for the program, such as having eligible charges and being assessed as having a substance abuse issue, are not the ones who end up on probation and then later in the drug court. These are the youth with private attorneys that go to court, get a temporary disposition, and receive a less intensive sentence than probation. Since DJS staff time is donated to the drug court on top of regular duties, limited time to interview/screen potential drug court participants was also indicated as a barrier to reaching program capacity.

The data on program participants indicates that the drug court admitted two participants slightly over the age eligibility requirement, which states that eligible participants must be between the ages of 14 and 17 years, 3 months.

Recommendations

The current capacity of the program is 15 participants; the drug court should consider assessing whether or not this capacity is large enough to meet the needs of Montgomery County (population of 918,046).

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

- How does the juvenile drug court fit into the continuum of care for high risk/high need children/adolescents in Montgomery County?
- What is the level of need for the juvenile drug court?
- How big does the program capacity need to be to meet the need?

- Which youth should be the focus of the drug court?
- What ancillary services need to be in place to support the drug court's core services?

Once the community needs are assessed, the drug court team (or steering committee/policy board if created) should examine and adjust as necessary its policies, staffing, eligibility requirements, and referral sources. For example, in order to increase referrals, the drug court team might initiate conversations with representatives from DJS to determine if individuals could be referred to drug court earlier in the probationary process, perhaps after a certain number of positive drug screens.

If DJS staff members are facing an undue burden with their role of interviewing prospective participants, the policy group could discuss the issue with DJS leadership. The group could decide if this task should be included in the workload of DJS staff, rather than in addition to other duties. Another option for the team is to assign a different agency or staff person to take on that function.

Another route to increasing capacity might be through the promotion of increased pre-dispositional referrals (the court ordering the drug court as a condition of probation). If this approach is deemed appropriate, the program would need to discuss whether this change would affect any other components of the program and adjust policies, procedures, and communications accordingly.

In order to satisfy Juvenile Strategy #3 (Define a target population and eligibility criteria that are aligned with the program's goal and objectives), the suggested change in eligibility criteria would also necessitate a change in the programs goals. Goal #3 now reads as follows:

To reduce the costs to the community and the state by providing an alternative to long-term placement for *probation viola-*

tors who successfully graduate from the Juvenile Drug Court Program.

This goal could be changed so that "probation violators" is replaced with "drug-involved offenders," or other terminology appropriate to the type of offender to be considered eligible for drug court.

Solving such issues should lead to greater numbers of program participants. This would eventually result in the program operating at an increased capacity to better meet the community's needs.

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

Research Question: Are diverse specialized treatment services available?

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 three times per week and individual sessions one time per week) have lower investment costs⁶ (Carey et al., 2005) and substantially higher graduation rates and improved outcome costs⁷ (Carey, Finigan, & Pukstas, under review). Clear requirements of this type may make compliance with program goals easier for program participants and also may make it easier for program staff to determine if participants have been compliant. They also ensure that participants are receiving the optimal dosage of treatment determined by the program as being associated with future success. Clients who participate in group treatment sessions two or three times per week have better outcomes (Carey et al., 2005). Programs that require more than three treatment sessions per week may create a hardship for clients, and may lead to clients having difficulty meeting program requirements. Conversely, it appears that one or fewer sessions per week is too little service to demonstrate posi-

⁶ 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.

⁷ 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.

itive 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.

Research exploring the effect of peer groups on problem behavior (Dishion, McCord, & Poulin, 1999), has indicated that putting high-risk youth together in intervention groups is associated with increased negative behaviors including substance use.

The American University National Drug Court Survey (Cooper, 2000) shows that most drug courts have a single provider. NPC, in a study of drug courts in California (Carey et al., 2005; Carey, Finigan, & Pukstas, under review), 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.

Local Process

Consistent with most drug courts nationally, this drug court has a single provider. The MCJDC program has four phases that generally take a year to complete, so that participants can feel that they have made progress over time and begin to take responsibility for structuring their own lives while under program supervision. Generally, but dependent on individual needs and progress, participants attend at least one individual counseling session per week and start the program by attending the intensive outpatient (IOP) treatment program group sessions 5 days and a minimum of 9 hours per week for 6 weeks. Next, participants attend regular outpatient treatment group sessions for which their attendance drops down to 3 days a week for 6 weeks. Finally, they enter the aftercare program at Journeys. Additionally, supplemental treatment services are provided through George Washington University's master's level art therapy program, which provides an intern art therapist to work with participants; and Pathways Treatment Center, which pro-

vides a twice-per-year adventure therapy course.

The number of group sessions MCJDC participants attend per week during the first phase is greater than the optimum number found in previous research (Carey et al. 2005); though this study was conducted on adult drug courts, future research may determine whether the optimal number of sessions is different for adolescents. In addition, participating in individual treatment sessions may contribute to better outcomes (Carey et al., 2005), even when participants attend more than 3 group sessions per week. While individual sessions are part of this drug court's treatment model, one parent/guardian in the focus group reported that individual sessions were not offered and would be preferred.

Youth reported feeling that the amount of time at the treatment agency was excessive, and parents/guardians were concerned that by the time their children return home in the evening, they are tired and not motivated to complete school assignments. Youth reported that during the free time (at dinner) when they could do homework, it is too loud to focus on their work. Contrary to what the youth and their parents/guardians reported, program staff reported that homework completion is strictly enforced. Perhaps scheduled homework time needs to be clearly designated so that youth and parents/guardians understand this expectation. The program may also want to evaluate whether the environment is conducive to youth completing assignments during this scheduled time.

In addition to one-on-one counseling, Journeys offers group sessions addressing addiction issues, anger management, coping skills, peer pressure, and social skills. In addition, family counseling (including family therapy for Spanish-speaking parents) and gender-specific treatment for the female adolescents is available. Key stakeholder interviews indicated that work has been done to improve the

quality of treatment services at Journeys through informal staff training, but that additional efforts may be warranted. Participants (and parents/guardians in describing their children) reported a lack of engagement in treatment. Parents/guardians also reported that drug court participants were in the same treatment groups as other youth. Participants described the treatment component as focused primarily on accountability and supervision, with little effort to engage youth and focus on building their strengths.

In contrast to participant reports, the MCJDC program describes itself as based on strength-based theory and aims to build on the assets and strengths of the individual. The case manager utilizes this approach by having participants write their goals and progress each week. With their goals and progress in mind, the case manager and the participant decide together on the participant's rating (1-5) in five areas of their lives (school, home, employment, community, and drug treatment). Team members use this information in determining appropriate incentives to reinforce positive behavior and goal attainment. The case manager also works with the parents/guardians to show them how to support their children. These are examples of how the program encourages strength-based asset building; however, other aspects of the program may need to be reassessed as focus group participants had an impression of the program as trying to catch them doing something wrong. They described the staff they liked as those who would look for something good to say even if they were also pointing out a negative, while they described other staff as being focused on negative behavior. Some of the participants' comments reflect a lack of understanding of the scope of program goals and the purpose of the program focusing on all areas of their lives. For example, participants explained they understood why they should be sanctioned by the program for relapsing, but did not understand

why they should be sanctioned for skipping school.

The juvenile court liaison for the public schools makes sure that educational assessments are completed and that information about each child's academic needs goes back to the courts. In addition, an educational attorney with the OPD works as an advocate for special services for the participants who need them. She represents the young people at the first hearing to make sure that their educational needs are met.

Families are involved with the juvenile drug court to some extent. They are expected to attend drug court hearings, though there is no consequence if they do not comply with this expectation. Families are also asked to help enforce curfew and other drug court rules, and the case manager works with the families to develop their ability to support their children in their recovery efforts.

Recommendations

Several participants expressed the burden resulting from the frequency of treatment sessions. The drug court may want to consider reducing the group session requirements to three group sessions per week during the early part of the program, while continuing to require one individual counseling session per week. This change could increase participant compliance and reduce program costs. Of course, treatment intensity should be individualized to the needs of each participant, so the program will also want to allow for more frequent treatment involvement for those who need it. In addition, based on the research conducted by Dishion, McCord, and Poulin (1999) on the negative effect on behavior associated with peer groups in interventions, it would be advisable to consider individual rather than group treatment settings whenever feasible. When groups are used, serving drug court youth separately from other youth may also help clarify and reinforce program expectations.

The program may want to consider including family representation in planning, such as discussions of drug court policy changes, as this may develop families' "buy-in" to the program. If a steering/policy committee is convened, family representation on that committee would be of value. 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. Such activities would satisfy Juvenile Strategies #11 and #12, focusing on strengths and engaging families. Parents/guardians also suggested a parent support group. It would clearly benefit the program to focus on increasing communication with parents/guardians about the program structure, purpose, incentives, and consequences. While information may be provided at the beginning of the program, offering reminders and updates throughout the program would help parents/guardians better understand and retain information. For example, parents/guardians were confused about the roles of some drug court team members.

Cultural competence requires constant evaluation of program policies and procedures and regular staff training. MCJDC staff should consider regularly attending training on cultural topics and/or reviewing articles or other materials on the topic. Scheduling regular reviews of policies and procedures to be sure that gender and cultural needs are being met for all drug court participants might also assist in further implementing Juvenile Strategy #10.

The program may want to bring in additional training on motivational or solution-focused interviewing, adolescent development, strength-based practice, or positive youth development, and assess areas of the program that might be adjusted to enhance youth engagement, buy-in, and satisfaction with services.

According to program staff, while homework time is strictly enforced, perhaps scheduled homework time needs to be clearly designated so that youth and parents/guardians understand this expectation. During interviews with Parents/guardians and youth it was stated that homework time should be scheduled into the hours spent at Journeys. Setting up a structured time for schoolwork would reinforce the value the program places on academic success/progress and the program's connection to and interest in educational outcomes.

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

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

Juvenile Strategy #14: Drug Testing

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

National Research

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

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

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

Local Process

The MCJDC requires random drug testing (urinalysis) twice per week in all phases, plus a random third test per week if there is suspicion of drug use. The case manager decides who will get the third test. This model is somewhat different from the three times per week drug testing that was found by research in California to be the most effective (Carey et al., 2005), in that not every participant receives the third test each week. However, it is possible that the knowledge that a third test is possible will create equivalent outcomes. As mentioned in a discussion of the California research (Carey et al., 2005), it is unclear whether it is the possibility of having the 3 weekly tests or actually having those tests that leads to better outcomes.

MCJDC's drug testing process meets the requirements of Juvenile Strategy #4. Urine samples are taken frequently, observed and collected by gender-appropriate Journeys staff following a written collection procedure.

Recommendation

Randomly test all participants in the first two phases for drug use three times per week, regardless of suspicion of use.

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

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

Juvenile Strategy #15: Goal-Oriented Incentives and Sanctions

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

National Research

Nationally, experience shows that the drug court judge generally makes the final decision regarding sanctions or rewards, based on input from the drug court team. All drug courts surveyed in the American University study confirmed they had established guidelines for their sanctions and rewards policies, and nearly two-thirds (64%) reported that their guidelines were written (Cooper, 2000).

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

Local Process

In line with the national research, the MCJDC team contributes to decisions about sanctions. The judge makes the final decision, but generally agrees with the team's recommendation. The judge imposes the sanction at the participant's next scheduled appearance at a drug court hearing.

Possible sanctions are listed in the participant handbook, "Manual for Success." Sanctions are graduated, starting with a warning from the judge, moving through more serious sanctions, and finally resulting in time in detention or jail. The type of sanction is dependent on the offense as well as any history or pattern of noncompliance. Parents/guardians expressed their perception that detention was an overly harsh consequence for some behaviors and reported a lack of understanding of the consequences for various rule infractions. However, they also reported that some infractions, sometimes occurring repeatedly, did not result in sanctions.

The MCJDC rewards participants for being compliant and showing positive behaviors and attitudes. Prior to each drug court hearing, every participant is rated by the case manager based on his or her level of progress, behavior and attitude in five areas: home, school, treatment, employment, and community. Individuals who are rated as a "5" on a scale from 1 to 5, in all 5 rating areas, may then pick a reward (movie tickets, edible treats, gift certificates) out of a fishbowl at that individual's next scheduled drug court hearing. Verbal praise is also given as a reward by the judge in court. Examples of rewards are written in the participants' handbook.

The incentive for participants to stay in the program is that they will be able to stay in their homes and community while getting support for gaining control of their lives and for treating their substance abuse issues. The alternative is long-term inpatient treatment or long-term admittance into the youth center

(detention). Upon successful completion of the drug court program, probation is closed successfully. Other incentives include support in their recovery with treatment and case management, receiving praise from the judge, and material rewards as they progress through the program and graduate (e.g., gift cards).

Recommendations

The drug court procedures address the area of sanctions and incentives through team decision-making, the policy of graduated sanctions, and the use of rewards. Some participants expressed frustration at receiving sanctions for non-drug-related offenses, such as skipping school. Increased and/or repeated communication with participants and families about the scope of the program and the holistic goal of the drug court may help them understand the program's expectations and the reasons why positive behavior in all areas of their lives will help them be successful in the future, thus potentially decreasing some of their frustration.

Parents/guardians requested information so that they would know what consequences to expect if their child broke program rules. They requested greater involvement of parents/guardians in sanction decisions. They suggested increased use of community service as a sanction. Additionally, parents/guardians suggested that the program stipulate that youth not be permitted to associate with other drug court participants, and to put this requirement in writing.

The team may want to conduct a case review on a sample of recent cases to identify whether incentives, sanctions, and rewards were used consistently in response to participant behaviors.

If the program does not already do this, individualizing incentives and rewards (and even sanctions) based on the youth's interests increases their effectiveness at reinforcing desired behavior.

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

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

Juvenile Strategy #4: Judicial Involvement and Supervision

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

National Research

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

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

Local Process

Participants in the MCJDC attend drug court hearings once a week during the first phase, and once every 2 weeks in phases II, III, and IV. During the first two phases of the MCJDC program, the number of required drug court hearings is in line with the majori-

ty of drug court programs nationally; while drug court attendance requirements for the remaining phases exceeds that frequency.

During drug court hearings, the judge speaks directly to the participants seemingly in a supportive but firm way, and speaks to the drug court team throughout the hearing. The judge works with the treatment providers and other members of the drug court team to determine appropriate responses to participants' actions.

The MCJDC benefits from the judge's position as one that is voluntary and not mandatory. The judge has the option of remaining as the drug court judge indefinitely. The drug court would additionally benefit from keeping their current judge for at least 2 years, to maximally benefit from her experience

Recommendations

There are no recommendations in this area, as the program is successfully implementing this key component. The program is encouraged to retain its current judge for at least 2 years, to benefit from her experience and avoid disruption in the participant-judge relationship for current program participants.

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

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

Juvenile Strategy #5: Monitoring and Evaluation

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

Juvenile Strategy #16: Confidentiality

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

National Research

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

Local Process

The MCJDC monitors participants' ongoing status and progress in the program in a table within a Word document. The program accesses drug screen results through the University of Maryland's automated tracking system (HATS).

In an effort to improve the drug screening process, the program conducted a survey with participants. The results of the survey informed staff on the ways that participants alter the results of their drug screens. Using this information, the program adjusted their drug screen observation procedures to further limit the possibility of participants altering their drug screen samples.

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

The Notice of Rights of Confidentiality for Participants, Parents, and/or Guardians, in the Montgomery County Juvenile Substance Abuse Treatment Court document is given to participants and their parents/guardians. The document explains the confidentiality of the participants' alcohol and drug abuse patient

records. The participant, the parent/guardian, and legal counsel sign a Consent for Disclosure of Confidential Information before beginning participation in the program. This consent form releases information pertaining to the youth's participation in the drug court program to the drug court team members.

Recommendations

MCJDC staff should be trained to use the new Statewide Maryland Automated Records Tracking (SMART) management information system as planned once software incompatibility issues with Addiction Coordination Services, the County drug testing lab, are resolved. During this training the staff should consider focusing on gaining skills both in terms of entering information consistently and accurately, and in extracting information for program review and planning. Until the compatibility issues are resolved, it would be useful to begin collecting the additional data that SMART includes. That way, when staff is trained on SMART, program and outcome data will be available later for outcome studies.

The drug court team should initiate and continue analysis of data about the drug court and its participants, and use it to inform the team about its participant population and their programmatic needs.

We recommend that the program examine its goals (with evaluator assistance) to determine the necessary information that will allow future evaluations to assess these goals. The program can use NPC's list of data elements needed for assessing program impact, to ensure the program or partner agencies are collecting all appropriate information and that it is accessible for use in future evaluation.

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

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

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

National Research

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

Local Process

During the planning stages prior to implementation of the MCJDC, key members of the planning team attended three 3-day trainings through the Office of Juvenile Justice and Delinquency Prevention (OJJDP).

During the past 2 years, several MCJDC team members have attended the National Association of Drug Court Professionals (NADCP) conferences. Team members also attended the Maryland Drug Court Symposium sponsored by the Drug Treatment Court Commission of Maryland (now the Office of Problem-Solving Courts), with assistance from the National Drug Court Institute, in 2006 and 2007.

In addition, the MCJDC judge is a member of a multi-county juvenile drug court work group that is addressing drug court issues and statewide practices. As part of this group, the judge benefits from hearing of other jurisdictions' problems and solutions.

Recommendations

The drug court team, in collaboration with partner agencies, should ensure that all team members receive initial and continuing drug court and cultural competence training. There

should be an expectation of and encouragement for staff to take advantage of ongoing learning opportunities, both locally and nationally. To support this goal, a training plan and training log system should be established, and program administrators should review the results periodically. The log system could be a document used to track which team members go to which trainings on certain dates. Monitoring of both the log and upcoming training opportunities would lead to the development of a training plan for each team member. These tools will be useful in keeping track of training activities and in reinforcing the importance of professional development.

The key stakeholder interviews highlighted several areas in which the drug court team might benefit from additional training, including programming adaptations for individuals with severe learning disabilities, borderline IQs, or significant cognitive issues.

The team should consider bringing in training for key service areas that would benefit program participants, including effective interventions for youth with cognitive or learning challenges, substance abuse/addiction—including stages of change, relapse, and withdrawal—and mental health issues. In particular, it would be beneficial for staff who have not yet received this training to obtain information regarding recognition of mental health issues in adolescents and how best to address them.

Also described in Key Component #4, the program may benefit from training on motivational or solution-focused interviewing, adolescent development, strength-based practice, or positive youth development.

As stated earlier, additional training for treatment staff may be warranted. The team may want to review the treatment model and conduct a site visit to ensure that treatment is occurring according to its expectations. If a policy group is convened, it may also want to participate in this process.

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

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

Juvenile Strategy #6: Community Partnerships

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

National Research

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

Local Process

MCJDC has a partnership with the local movie theater, which provides employment for drug court participants and movie tickets as program incentives. The Journeys program brings in young adult speakers from the local 12-step community to conduct weekly mock 12-step meetings with the participants. Speakers are also periodically brought in to talk about vocational opportunities.

Recommendations

If MCJDC decides to convene a policy or steering committee, it is recommended that representatives from public and private community agencies serve on that committee, along with drug court team members. This committee would be responsible for ad-

vising partner agencies on program design and ensuring that the program is meeting community needs.

The program should identify new community partners, connections, or resources that would be interested in supporting the pro-

gram and strengthening relationships/ties with existing agency partners. These partnerships may also foster support for job readiness, career exploration, and employment placement.

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

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

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

Community Level

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

Social service and criminal/juvenile justice systems respond to community needs. However, to be most effective, it is important that these systems clearly understand the components and scope of those needs. System partners must analyze and agree on the problem

to be solved, what the contributing factors are, who is most affected, and what strategies are likely to be most successful at addressing the problem. An analysis of need will begin to define what programs and services should look like, what stakeholders exist, and what role each will play. Key agency partners in the MCJDC raised questions during their interviews about whether the program was serving the appropriate population, based on where the greatest community need is and who might be most successful.

SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

The program would benefit from having a policy-level conversation about how the drug court fits into the continuum of services for high-risk youth in Montgomery County, and in particular juvenile justice-involved youth with substance abuse issues. This discussion could help clarify any changes in the target population or referral process that might be warranted, and/or help galvanize support for the program's mission across agencies.

The drug court team should continue discussing possible community connections and resources, and ideas for generating additional support to enhance the program and be responsive to changes in the environment and participant needs. Building additional connections with recreational, employment/career development, and educational services would be beneficial.

If MCJDC decides to convene a policy or steering committee, it is recommended that representatives from public and private community agencies serve on that committee, along with drug court team members. This committee would be responsible for advising partner agencies on program design

and ensuring that the program is meeting community needs.

A needs assessment is the first step in ensuring that the community needs are being met. NPC can provide this service as well as assist in the facilitation of community and agency dialogues, translating the findings of the needs assessment into strategies for addressing emergent needs.

Agency Level

Once community and participant needs are clearly defined and any additional 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, including funders), and create review and feedback loop systems for program monitoring and quality improvement activities. Discussions at this level can solidify a process for establishing workable structures for programs and services, as well as identify key individuals who will have ongoing relationships with the program and with other participating agencies and key stakeholders.

SUMMARY OF AGENCY-LEVEL RECOMMENDATIONS

The drug court team would benefit from discussions to clarify the roles and responsibilities of each partner agency and representative to the team. One of the goals of this discussion should be to determine if the burden for some tasks, such as assessing participants for eligibility, can be shared or if staff can be assigned that work as part of their job descriptions, not in addition to their existing workload.

Additionally, the program should make every effort to maintain its current judge for a minimum of 2 years, to benefit from her drug court experience.

Finally, any changes that occur in response to this evaluation will need to be clearly communicated to staff, participants (current and future), their families, and other key stakeholders.

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 work best for the community.

SUMMARY OF PROGRAM-LEVEL RECOMMENDATIONS

Role clarification of partner agencies is also important at the program level. Once agencies have committed staff and other resources, the program can utilize those resources to provide the best possible services to participants. Part of the role clarification will need to include discussion of whether the program will make any changes in its referral process.

Discussion about administration and operational roles should include consideration of the development of a policy board or steering committee. Policy questions facing this group or the drug court team would be whether or not to adjust the program's target population, eligibility requirements, the required frequency of drug testing and treatment sessions; how and when to use detention as a sanction; and whether/how to increase parent/guardian involvement.

Staff could benefit from additional training in several areas. In addition, the program should

maintain a log of staff training dates and content, and ensure ongoing training opportunities. Training in and use of the SMART data system (when the system becomes available for Montgomery County staff) will also help the program maintain program data consistently.

Finally, the program may want to evaluate its current communication structures and increase the type and amount of communications with participants and their families, particularly related to the program model, goals, policies, and procedures.

SUMMARY AND CONCLUSIONS

The Montgomery County Juvenile Drug Court should be commended on the quality of the implementation of its program. The program meets the majority of the 10 Key Components and 16 juvenile strategies through its current policies and program structure. The program appropriately integrates substance abuse treatment services with juvenile justice system processing and supervision, maintains a strong collaborative relationship among team members (including the relationship between the public defender and prosecutor), and includes a very comprehensive team from a broad range of community agencies, provides participants and their family members access to a wide range of treatment and ancillary services, utilizes a variety of sanctions and rewards to encourage compliance with program and participant goals, and maintains ongoing judicial interaction with participants. The program also attends to some language needs, includes an education component, and enables staff to obtain drug court training.

In terms of enhancements, the program should increase existing efforts to find alternative ways to reach and/or expand capacity.

As the program gains experience and data, it may want to review which program requirements are helping participants to reach their goals and which may be creating barriers to completion/success; utilization of the State-wide Maryland Automated Records Tracking (SMART) management information system may assist in this effort. Some participants and family members feel burdened and stressed by the time commitment required by the program; the program may want to look at options for reducing some program requirements, such as the number of group treatment sessions. Seeking out, participating in, and tracking participation in additional trainings would also benefit the program. It will be important to continue to meet frequently and consider the addition of a steering committee or policy meetings to make sure that the program's overarching goals/philosophies are maintained.

Overall, the MCJDC is doing well in implementing their drug court program. Taken together these findings indicate that the MCJDC is both beneficial to participants and to their families.

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

Drug Court Typology Interview Guide Topics

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

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

Below is a copy of a typology version modified for juvenile courts. It is then further modified during each process study to better fit the context of each court.



Juvenile Drug Court Typology Interview Guide⁸

Time period of sample _____

Respondent Information

1. Interview Date:
2. Drug Court Site:
3. Respondent's Name: _____ NPC ID # _____
4. Respondent's Title:
5. Respondent's Organization:
(Including categories such as: division, bureau, unit, etc.)
6. Respondent's email:
7. Respondent's direct telephone number:

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CONTACT LOG

DATE	RESULT

Background

8. When was this drug court implemented?
9. When did you become involved in the drug court program?
10. Were you involved with the implementation of this drug court? If so, would you please describe the implementation process?

Role (Activities and Time Spent)

11. What is your role (or what do you do) in this Drug Court program (or at your agency)?
12. What services does your agency provide to Drug Court clients and/or to the general public?
13. *(For Public Defender and State's/District Attorney)* How is your role in drug court different from your role in non-drug court processes? Do you feel that your mission as the (defense/prosecutor) has been upheld in your role in drug court?
14. How much time do you spend on drug court activities? *(Probe: About how much of your FTE is spent on drug court?)*
15. Who else does drug court activities in your organization? What do they do? *(Some of these people will be interviewed separately to determine their time spent. Would you recommend I speak to them directly about their drug court activities, or can you tell me about what they do?)*
16. What kind of training have you received related to drug courts? Have you attended classes, workshops, or conferences? If yes, how often have/do you attend(ed)?

Drug Court Goals

17. What are the main goals of your drug court?
18. How does what you do in the process relate to these goals?
19. What do you think would be good measures for whether you have reached the goals?
20. Can you describe how families are involved?
21. What are the goals for families in the drug court?

Eligibility

22. Is the program pre-plea or post-plea (*Note: post-plea includes post-conviction. Also include any further explanation from respondent.*) When in the adjudication process does this decision/referral occur?
23. Describe the case referral process. (*How are eligible participants identified?*) Who does the initial screening? (*DA, PD, school counselors?*)
24. Who is responsible for final determination about program entry? (*DA, PD, Judge?*)
25. Which charges are targeted for entry? (*Misdemeanors, felonies, or both? Possession, trafficking, under the influence, property offenses, etc.? Are non-drug offenses allowed in drug court? Violent charges?*)
26. What are the eligibility criteria? (*Only nonviolent offenses? Limit on number of prior convictions?*). *Age? Involvement of family members? Residing at home/community?*
27. What are the criteria that would exclude someone from drug court? (*e.g., types of offenses, mental health issues*)
28. Can you describe the step-by-step process for determining eligibility?
29. What assessments are performed in determining eligibility? Is there a clinical substance abuse assessment conducted before entry? What screening instrument is used? Is there a mental health assessment conducted in the process of determining eligibility? Is mental health treatment a component of drug court or are mental health cases excluded (*What is the assessment tool called? Is it a risk/needs assessment? What are the criteria? What is the cut-off score? Who completes this assessment? How, if at all, is participant eligibility affected by the results?*) (**Ask for copies**)
30. Do you think that everyone who is eligible (based on their criminal history or other criteria) is always referred to drug court? What are the circumstances under which you would not refer someone who is technically eligible?

31. Are there ever exceptions to the eligibility restrictions? (*Are some people allowed in that don't exactly fit the requirements or that have one or more disqualifying factors?*) How are those clinical/professional judgments made/handled?
32. How is drug court offered to each potential participant? (*Is there an official letter from the District Attorney, are the offenders just asked in open court, etc.*) Are participants asked if they are willing to enter drug court? How often do people refuse and what reasons do people give for refusing? Can youth decide, or is it a parent/guardian decision? What is the alternative to drug court? What are the incentives to decide in favor of drug court?
33. Has the eligibility determination process changed (*since the time of our sample*)? If yes, what was it at the time of our sample?
34. Are there other family-level eligibility criteria? Can the court place expectations/sanctions on the parent/guardian?
35. What is the length of time between arrest (or incident that triggers referral) and referral to drug court?
36. What is the length of time between referral to drug court and being in the drug court program?

Drug Court Participants

37. Can you describe your drug court participants? (*What are the most commonly used drugs by your drug court participants? Are your participants experimental or beyond experimental, or a mix?*)
38. Do you have any statistics or reports on your participants? If so, can we have copies?

Drug Court Judge

39. How is the judge (*how were you*) assigned to drug court? (*Voluntary? Rotating assignment?*) Is the length of time presiding over the drug court limited? What is the limit? If rotating assignment, how does the rotation work?
40. Is there only one drug court judge? If only one judge, does he/she (*do you*) hear other cases in addition to drug court? If there is more than one judge, how many are there and what are their roles and responsibilities?
41. What are the judge's other roles and responsibilities?
42. Have there been other drug court judges before ("*you*" or "*the current judge*")? If so, who was the drug court judge (*at the time of our sample*)?
43. Does the judge spend time on drug court activities beyond the time officially allocated for it? If yes, how much time and for what activities?
44. How does the judge interact with participants in court?

Drug Court Coordinator/Judge

45. Have you ever written a grant proposal for drug court funding?
46. Have you had to fill out paperwork or surveys on statistics or costs for your drug court?
47. What kind of information have you needed for grant proposals/paperwork/surveys?
48. Do you have an evaluation and monitoring aspect to the drug court program (*Have you had process or outcome evaluations performed on your drug court?*) If so, what type of information was collected, summarized, and/or analyzed? (**Ask for a copy**)
49. What kind of cost information would be useful for you to have?

Drug Court Team

(Note: Most of these questions will be asked either in the initial phone calls or directly to the person who belongs to each role)

50. Is there a drug court coordinator for this drug court? If not, who is responsible for operations? How many drug courts is the coordinator responsible for? By what agency is the coordinator employed? Who supervises the coordinator?
51. Is there a drug court team? Who is part of it? (*Prompt: Are there others who you feel are key to the drug court process who are not on the team?*)
52. Does the team meet outside of drug court hearings? (*Prompt: How often and for what purpose? Who attends regularly and who attends as needed? Do they talk mainly about policy issues or participant progress?*)
53. How much do you interact with staff from the other agencies involved in drug court? (*Prompt: What activities do you do together? Team meetings? Do you communicate outside of team meetings?*)
54. Who attends drug court sessions? (*Prompt: Please include everybody in the courtroom, and whether they attend regularly or as needed. Specify their agency and position*)
55. When are drug court sessions held and how long are they? How many clients typically attend one session? About how much time do you think is spent per participant in a typical drug court session?
56. How are Drug Court policy decisions generally made (*e.g. by the team, judge*)?
57. How are decisions about responses to participants' behavior made (*e.g. by the team, judge*)?
58. What is the role of the judge? (*Duties both outside & during drug court sessions?*)
59. What is the role of the coordinator? (*Duties both outside & during drug court sessions?*)

60. What is the role of law enforcement? (*Duties, level of involvement?*) Which agencies are involved? (*sheriff, state policy, city police, school-based*) What meetings do they attend? Do they attend staffings? What do they do differently with drug court vs. non-drug court cases? Do they do home visits? If so, how often and how long do they take? Are home visits required as part of the program?
61. Are home visits done for all drug court participants? Who does them? What percentage of participants get home visits? How many home visits does the average drug court participant receive during his or her time in drug court?
62. Do you have active warrants (*in which law enforcement goes out to pick someone up*) or do you have open bench warrants (*in which a participant is picked up when stopped for something else*)? How/where are they recorded? How often does that occur? How much time is spent per warrant?
63. What is the role of the Probation Department? (*Duties, level of involvement?*) What do they do differently with drug court vs. non-drug court cases? Do they do home visits? If so, how often, how long do they take, and who is involved?
64. What is the role of the Public Defender or other defense counsel? (*Level of involvement, etc. Do they attend staffings? Court sessions?*) What proportion of cases are served by public defenders?
65. What is the role of the State's/District Attorney? (*Level of involvement, etc. Do they attend staffings? Court sessions?*)
66. How do the Public Defender and State's (District's) Attorney interact inside and outside of court sessions? (*Are their roles in drug court different than what they would be in a regular court case?*)
67. Who provides primary case management and coordination of treatment and rehabilitation services? (*Probation, treatment services, drug court staff?*)
68. Does the drug court team receive any training or continuing education regarding drug court?
69. How well do you feel the agencies involved in DC work together? (*Give examples. Do the agencies integrate any services? Have partnerships developed between key agencies and with local community organizations? Is there cooperation and communication among team members?*)
70. What kind of relationships or connections do you have with community agencies in relation to drug court?

Drug Court Process/Phases

71. Does your program have phases? If so, how many and how long do they last?
72. What are the requirements for each phase? *(Include number of number of court appearances, UAs, group and individual sessions, and the number of hours in each group and individual session)*
73. Are there any specific requirements or criteria to move from one phase to the next phase?
74. Have the phases or the process changed *(since the program was implemented, since the time of our sample)*?
75. What kind of services besides drug and alcohol treatment are offered to drug court participants?

Treatment

76. Does your agency provide treatment directly to drug court clients? *(as compared to referrals, administrative oversight, etc.)* Are the treatment providers directly contracted with the court?
77. How many treatment providers are involved with drug court? Do you have the names and contact information for these providers?
78. Is there a central intake to treatment?
79. What specific treatment services does each one offer? *(Individual and group counseling, residential treatment, case management, acupuncture, mental health services)* How long does each session typically last?
80. What other services are offered? *(Parenting classes, GED, anger management, life skills training, job training, physical health services, AIDS education, ,cognitive restructuring etc.)*
81. What assessments are performed on drug court clients? *(Please describe these tools. What are they called? Can we get a copy of the tool? Who completes this assessment? Who reviews it? How, if at all, is the treatment plan affected by the results?)*
82. How many counselors at each provider are directly involved with drug court participants?
83. Who else at the treatment agencies are directly involved in drug court?
84. *(If more than one treatment provider)* How is it decided which clients go to which treatment provider?

85. How many drug court clients does the treatment provider (*do the treatment providers*) serve? Who is required to report to court staff on treatment progress/compliance?
86. Have the treatment providers and/or the services they provide changed *since the program was implemented*?
87. Have the treatment providers and/or the services they provide changed since the time of our sample? (*We need to find out which providers were operating at the time of our sample and find out information for them. Who was providing treatment during the time of our sample*)?
88. What type of information does the treatment provider share with the court and how is it shared? (*Prompts: progress reports, reports of missed treatment sessions, groups attended, UAs*) Is this information useful? Is it shared in advance of drug court session?
89. Are participants encouraged or required to attend other treatment support groups? (*12-step or other self-help programs*)
90. Do the treatment providers serve non-drug court drug offender cases? How often, and how is this coordinated with probation?
91. What is the primary philosophy or treatment model used? (*At each agency. Prompt: strict boot camp, strengths based social work?*) Does it vary? (e.g., by counselor, by client characteristics)
92. Are you involved in drug testing? (*UAs?*)
93. Which agency/agencies are responsible for UAs? Who pays? How is it funded?

Probation

94. Does your agency provide treatment directly to drug court clients? (*as compared to referrals, administrative oversight, etc.*)

Drug Testing

95. What is the urinalysis and other drug testing process? (*Frequency per participant, what types of tests are given, who is responsible, who coordinates them, who administers them, and how are they conducted—observed or not?*)
96. Are drug tests assigned randomly? If not, how are they assigned?
97. Who performs the analysis? (*For UAs and any other tests they use*).
98. Do clients pay for their drug tests?
99. Has the drug testing process changed since the drug court was implemented? (*What was it like at the time of our sample?*)

Fee Structure

100. Is there a fee required of drug court participants? If yes, how much is the fee? Is it on a sliding scale? If so, what is the scale, and how is the client's eligibility determined?
101. Is full payment required for graduation? Is payment reduced if the participant successfully completes the program?
102. Who collects the fees? Where does the money go? What is the money used for?
103. Has the fee structure changed over time? If yes, when and how? (*Was it the same at the time of our sample?*)

Rewards/Sanctions

104. What is considered good behavior?
105. What kinds of rewards are given for good behavior? (*Applause, physical rewards such as key chains or movie tickets, less frequent court appearances*) How often do you use rewards? Are rewards given as consistently as sanctions? Do you feel that you use rewards more or less often than sanctions?
106. Does the drug court team work together to determine sanctions and rewards? Does your drug court have any new or creative/different sanctions or rewards?
107. Has the reward/sanction process changed (*since the time of our sample*)?
108. What behaviors are considered non-compliant? (*Failure to appear at court or treatment sessions, positive UAs, subsequent criminal referrals*)
109. What kinds of sanctions are imposed as a result? (*Bench warrants, writing papers, sit sanctions, community service, residential treatment, more frequent UAs or court appearances, detention, etc.*)
110. Are sanctions graduated? How frequently are sanctions given? (Rare or quite common?) Who decides? What is the process for determining sanctions?
111. How consistently are sanctions imposed for similar non-compliance behaviors? Are all youth treated alike? If not, what characteristics affect decisions regarding sanctions (*e.g., risk level, number of offenses*)? How are the sanctions administered?
112. How swiftly/quickly are sanctions imposed after non-compliant behavior? (Immediately? At the next court session?)
113. Who imposes the sanctions? (The Judge only? Probation officer? Treatment provider? Anyone else?)

Failure

114. What would prompt removing a youth from participation in the drug court program? *(Note: some drug courts call graduation “successful termination” and failure “unsuccessful termination” Prompts: New arrest for drug possession or trafficking? Arrest for violent offense? Arrest for other non-violent offenses? Nonparticipation or noncompliance with treatment or court orders? Failure to appear? Dirty UAs? Other?)*
115. If a participant is terminated/does not complete drug court, what happens next? *(Standard court process, stipulated facts trial, or another part because they have already pled guilty?)*
116. Has the termination process changed (since the time of our sample)? If yes, when and how?

Graduation

117. What are the incentives to complete the drug court program? *(Charges dismissed, guilty pleas stricken, probation in lieu of detention, probation shortened, felony reduced to misdemeanor, other incentives?)*
118. What are the requirements for graduation? *(Number of days clean, payment of fines and drug court fees, employment, suitable housing, GED, other requirements)*
119. Please describe the drug court graduation and the graduation activities.
120. How often is a graduation ceremony held?
121. What funds are used to pay for the graduation ceremony?
122. Does graduation from drug court mean an end of probation?
123. In your experience, do you think certain types of program participation have different graduation rates? *(For example, first timers versus repeat felons, type of addiction, a particular age group, etc.)*
124. Has the graduation process changed over time? If yes, when and how? *(What was it like at the time of our sample?)* If yes, do you know what factors have affected the graduation rate?

Aftercare

125. Is there an aftercare program for the drug court? Is it mandated? Does aftercare occur before or after graduation?
126. What are the requirements of the aftercare program and what services are offered?
127. What agency administers aftercare? Is it an in-house or contractual activity? If it is a contractual program, how is the contractor compensated? *(e.g., per client per period of time, lump sum per period of time, per service consumed, etc.)*

128. Who is involved with aftercare activities? What are those activities? How much time do they spend on each of those activities? (*Time per client?*)
129. How long does it last?
130. What happens upon completion? (*Incentives to complete?*)
131. Has the aftercare program changed since the program was implemented? (*What was it like at the time of our sample?*)

Drug Court Program Capacity and Enrollment

(If the Coordinator does not know these numbers off hand ask for copies of recent reports or statistics that could be mailed to you that would give us this information.)

132. What is the annual program capacity? (*How many are in the program at one time? How long do people stay in the program, on average? How many new participants each year?*)
133. What is the total number enrolled (ever) to date? As of what date?
134. What is the number of graduates to date? As of what date?
135. What is the number of active participants? How do you define active? (*If the definition includes youth not participating, probe number not actively participating.*)
136. What is the number of unsuccessful terminations to date? As of what date?
137. What is the primary drug of choice for drug court participants? (*Percentages of: Marijuana, Crack or Cocaine, Heroin, Methamphetamines, Poly Drug, Alcohol, Other*)

Regular (non drug court) court process

(Ask State's Attorney, PD, Judge, Probation):

138. In order to understand what happens to the comparison group, please describe the general court process and options for a person who is arrested on a drug court eligible charge, but not involved in drug court. In particular, explore the flow and who is involved. What types of hearings and sentences do they receive? (*Probe: Are youth placed on probation? Do they usually complete probation requirements, or can they be released from probation early?*)
139. Are you (*or your agency*) involved with non-drug court activities?
140. Do you attend court for non-drug court cases? What kinds of cases? How often?
141. What is your role for these kinds of cases? (*What activities are you involved in?*)

142. Is treatment ever a condition of the offender's sentence? (*e.g., as a condition of probation*) How often? What is the probation process in these instances? What is the treatment process in these instances?
143. Do you know who or what agency performs the UA testing for non-drug court offenders? What agency handles treatment for cases not involved in drug court?
144. Who appears at a typical regular court (*non-drug court*) hearing? (*Name the position of everyone in the courtroom who would appear for an average, typical case, as well as their corresponding agency. Probe: Public Defender, State's Attorney, treatment providers, Court Clerks, Court Reporter, Judge, Bailiff, etc.*)

Other Important Questions (Ask these of every interviewee)

145. What do you feel are some notable or unique characteristics of your drug court? (*Character of court, reputation*)
146. What do you think are the most promising practices of this drug court?
147. Are there any changes you would like to see happen that you think would improve the program? What do you think would make the program more effective?
148. Are there any issues (idiosyncratic problems) that you have found at your particular part of the drug court process?
149. We need to find a group of individuals who would be eligible for drug court, but have not participated. If you were attempting to find this kind of group, how would you go about it?

Ending the Interview

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

Thank the respondent for their time and ask if they have any questions for you. Ask if they would be willing to be contacted should you have any follow-up or clarifying questions for them. If they agree, ask if they prefer to be called or emailed.

APPENDIX B: FOCUS GROUP RESULTS SUMMARY

Focus Group Summary

As described in the methodology section of this report, NPC conducted two focus groups in the offices of the Montgomery County Juvenile Drug Court in February 2007. Three current drug court participants were involved in the first focus group. Eight parents/guardians of current participants and graduates were included in the other. The focus groups provided the participants and parents/guardians with an opportunity to share their experiences and perceptions regarding the drug court process. In addition, NPC interviewed three program graduates over the phone in May 2007.

The topics discussed during the interviews and focus groups included what participants liked about the drug court program, what they disliked, general feedback about the program (including program staff), the program's effect on personal relationships, (for parents/guardians) how the participants had changed since starting the program, reported successes, why they decided to participate in drug court, advice participants would give someone considering entering the drug court program, and recommendations for the program.

What they liked/what worked

Active/graduated participants:

- [Drug court team member] is cool. Even if somebody does something bad, he'll say some good too.
- It's the drug testing that keeps us clean.

Parents/Guardians:

- They were without a case manager for about two months, which was hard. When they brought [the case manager] on board, things turned around again. [The case manager] is essential.
- The judge can be hard with them, but he's also nice. I think the kids like him.
- I like how they hold the kids accountable.
- The confrontation isn't harsh or critical; it's beneficial and therapeutic.
- It challenges kids to think a little; helps them think things through before they do something dumb again.
- This program has been the best thing that's happened to my son in a couple of years. As a whole, it's just been great. When he got arrested and put on probation, his behavior didn't change. It was when he came to drug court that he made a change.
- When my son was put on home electronic monitoring he was able to manage his time better; it was very helpful.

What they didn't like

Active /graduated participants:

- [Drug court team member] is always the one to get up and say something bad about one of the kids.
- We never get to chill [with old friends].
- I don't know how good of an impression it is to go into a school meeting with a drug counselor... When you go into a school, you should just be like "I'm here to do my schoolwork," and they should only know about your school, they shouldn't know all about [you] being a drug addict...

- The only time we get to do [homework at Journeys] it is during dinner, and during dinner there's too much talking.
- It'd be one thing if we just got in trouble for whether or not we pass the drug test, but I think it's [bad] that we go there and punish us, they can send us to NOYES for skipping a day of school; that doesn't have to do with our drug problem. If we pass our drug test, they should leave it at that. I don't think they should evaluate our entire life. Some of the consequences aren't fair if they're not related to drug use/testing.
- I don't like all of the meetings.

Parents/Guardians:

- Sometimes they let things go on for too long. Like kids not bringing slips in; they let that go on and on and on without doing anything.
- Sometimes there's not a consequence when there should be.
- By the time my son gets home from Journeys it's so late that [child] is not motivated to get his homework done. They're supposed to be able to do it at Journeys, but I've been there a few times and have never seen anyone doing homework.
- I've asked some kids about Journeys and they said, "Oh, it's a babysitting place; I don't get anything out of it."
- Don't agree with locking them up in NOYES, I'm really upset with what they did to [him] and that [he] was there with one of the drug court girls.
- Doesn't think the drug court is fair with choosing consequences [he's] working full time, part of AA, [he's] got a sponsor, [he's] clean and now it's going to put [him] back.
- I agree NOYES is not effective; my child just kept having to go back.
- Other kids fighting and cursing in NOYES, it's not a good influence.

General feedback regarding the program (including drug court staff)

Active/graduated participants:

- It's just like five days a week is redundant. And even if it is five days a week—why four hours? We come here [Journeys] for four hours; they pick us up and bring us here. They take us home. If you want to go outside and smoke a cigarette, they're like "no," you can't walk downstairs unless we go with you; you can't go to the bathroom without being escorted—they just treat us like we're five years old.
- The judge is all right. She's reasonable.
- They definitely care if we're successful.
- They didn't say anything about outpatient [before entering the drug court program].
- When they told me about this [drug court], they said "you have to do drug court," they didn't say I'd have to come to this five days a week, they also didn't say that you get some dude—he said he can show up on the weekend and breathalyze me—that's [messed] up.
- We pretty much already know the rules. You get punished for stupid stuff. If I go to NOYES for something like not calling my dad and I was an hour late for curfew... did he say that if I miss an appointment with my PO I got to NOYES for a week? If that happened, when I got out, I wouldn't consider this program. This is ridiculous.

Parents/Guardians:

- They don't give up on these kids.
- This [program] is actually a relief for parents; they've got your back and help you out.
- The only staff member I have concerns about is the [team member]; I don't think he's too supportive of the kids.
- The two [team members] hardly say anything; I don't think I've ever heard the [team member] talk.
- [Drug court team members] have been very helpful.
- The judge can be hard with them but he's also nice. I think the kids like him.

Drug court's effect on personal relationships

Active/graduated participants:

- Builds trust.
- They [parents/guardians] told me they were proud of me.
- They [parents/guardians] have some hope.
- Sometimes I feel like [my dad] he doesn't want me to go to jail, but if he really didn't want me to go to jail... whenever I break his rules, he's the first one to dial [juvenile probation officer's] or [case manager's] number to tell them I [messed] up. I think drug court gets people's parents [messed] up in the head. They don't know whether to worry.

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

Parents/Guardians:

- On the positive side, I think my [son] got lot out of drug court and I think [he's] more mature about it. I don't think they expect kids to go 100% when they get out of here, but I think the goal is to help them function in society and that's what they've done with my [son]. [He's] working; [his] personality has changed.
- I can have a conversation with [him], because before that attitude – they're zombies. It's been a rough start, but I'm hoping that with the consequences that [he] won't want to go back to these places and we'll get [him] on the right path. [He] used twice in three months compared to four times a week, I feel like I have someone to talk to now.
- Drug court helps with the actual drug use, with school, when something does happen and it's not drug related it's not the end of the world – they're still behind [him]. If [he] slips up, [he's] not tossed away.

Reported Successes

Active /graduated participants:

- Well I start college in the fall.
- Since I was in there I haven't been in any trouble and I've been out of drug court for 3 years.

Why they decided to participate in drug court

Active/graduated participants:

- I didn't think it was an option... They said if you go somewhere, you'll go to [inpatient treatment provider] or somewhere for 6-9 months. I did drug court so I could stay here.
- My situation—I went to [treatment provider] because my dad wanted me to, and I got kicked out because...I got arrested for [charge] over the summer... I got a [charge] and they asked me to go to [treatment provider]. I graduated from one class... recommended I

go to more classes because they thought I wanted to use... my dad called them up and told them I was drinking, and they put me here.

- Cause I was in Federal Court in [another county]. I kept getting positive, so they said I had to go to drug court or it would be a violation of my probation... so I said I'd go to drug court. I went to drug court because I didn't want to be in NOYES for six months.

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

Active/graduated participants:

- Just speaking realistically, 90% of the kids that finish drug court [and Journeys] are going to smoke the first day they get out. That's what drug addicts who smoke weed look forward to. Because if you've been smoking weed consistently for three years, after three years, if you can do it without getting into any of these other drugs, then you don't have much to worry about.
- We come to these groups and these people think that they are saving our lives, but nothing's worse than alcohol, alcohol is legal. If anything, weed's better for you than alcohol.
- [The drug court program can be helpful] if the person wants help.
- Nobody [I've known has been helped by drug court] except maybe that [one] dude. He has different [responsibilities] to take care of—his life's different than all of ours. Yeah, he has a baby.

Recommendations for the program

Active/graduated participants:

- The thing that they should only focus on [urine testing].
- When we go to drug court, we should not get punished for anything besides our drug problem.

Parents/Guardians:

- They need something in writing saying that kids in drug court shouldn't associate with other kids in drug court.
- It would be good for Journeys to have a night where the parents come in with the kids.
- They do have a "concerned parents group." I went one time and was only one of two parents there. But it's not involved/interactive with the kids.
- Parents/guardians commented about parent/multi-family groups at [treatment provider], which were helpful and well attended.
- It would be nice to have a psychologist [at Journeys] meet with the kids once a week [one-on-one] for an hour. I was told by a therapist at [treatment provider] that my [son] was much better to work with one-on-one rather than in a group.
- Families would like to have more input on how the sanction decisions are made.
- More community service opportunities for sanctions would be effective. I don't think the kids do enough community service.