

Washington County Women with Children Drug Treatment Court *Year 2 Process Evaluation*



Submitted to:

**The Washington Adult Drug Treatment Court
Byrne Enhancement Program**

Submitted by:

NPC Research
Portland, Oregon

June 2008



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June 2008



Informing policy, improving programs

ACKNOWLEDGEMENTS

This report is made possible by the great efforts, support, and participation of many people and organizations. In particular, we wish to express gratitude to:

- Diana Fleming and Devarshi Bajpai, Oregon Judicial Department, Addictions and Mental Health Division, Criminal Justice Services Division
- Jeff Peters, Addiction Program Coordinator, Washington County Health and Human Services
- Hon. Thomas Kohl, Drug Court Coordinators Dawn Montes and all team members including judicial/legal partners and treatment providers who participated in key stakeholder interviews. We appreciate their warm and welcoming attitude toward our evaluation team; and for making their program completely available to us.
- Charley Korns, NPC Research

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INTRODUCTION

Drug treatment courts represent an innovative approach to dealing with substance abuse and its rippling consequences in communities across the United States. The first drug court was implemented in Florida in 1989. There were 2,147 drug courts as of December 2007, with drug courts operating or planned in all 50 states (including Native American Tribal Courts), the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam (NADCP 2007).

Drug courts use the 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.

NPC Research (NPC), under contract with the Oregon Judicial Department, Addictions and Mental Health Division, Criminal Justice Services Division began a process evaluation of Washington County Adult Drug Court. In 2006, the court received additional funding from the Byrne Grant in order to expand their program to include women and their children. This report contains the process evaluation conducted in 2007-2008, for the 2nd year post-expansion of the drug court to Washington County Women with Children Drug Treatment Court (WCWCDTC).

The first two parts of this report list the methods used in this evaluation and offer a detailed description of the WCWCDTC program phases and participants.

The next section uses the Ten Key Components of Drug Courts (as described by the National Association of Drug Court Professionals in 1997) as a framework for NPC to examine the practices of the WCWCDTC program as well as its fulfillment of the 10 keys as estimated by the WCWCDTC team members through a self-assessment survey. A graph of the survey results for 2007 and 2008 is included with results from 2008 ranging from a low score of 65% compliance on Key Component #9: Multi-disciplinary training, to a high of 97% on Key Component #6: Coordinated strategy toward participant compliance. Most measures fell between 88 and 97 percent compliance. The two key components showing the most improvement were #2: Team's non-adversarial approach, which increased by almost 11% and #4: Continuum of treatment services, which increased by 10%.

In the final section, Lessons Learned, program challenges and innovations for the program's second year are delineated.

METHODS

Information acquired for this process evaluation came from several sources, including observations of court hearings and team meetings, key stakeholder interviews, program manuals, a key stakeholder survey and the program database. The methods used to gather information from each source are described below.

OBSERVATIONS

NPC evaluation staff visited the WCWCDTC program in April and May of 2007 and conducted a site visit in October 2007. These visits included observations of the drug court hearing and pre-hearing staff meetings.

KEY STAKEHOLDER INTERVIEWS

NPC staff interviewed 14 individuals involved in the administration of the drug court, including the Washington County Drug Court Program Judge, Coordinator, District Attorney, and Public Defender. Other team members interviewed included the Cascadia Treatment Providers, Parole/Probation Officers, Sheriff's Deputy, Washington County Community Corrections Group Therapist, Mentors and Caseworkers with the Washington County Department of Human Services.

DATABASE AND DOCUMENT REVIEW

NPC Staff reviewed documents, including an updated training list, a participant handbook, procedures manuals, and minutes from planning sessions and other critical meetings. Data were also gathered from the Oregon Treatment Court Management System (OTCMS) database.

PROGRAM DESCRIPTION

WASHINGTON COUNTY WOMEN AND THEIR CHILDREN DRUG TREATMENT COURT

PROGRAM PURPOSE

The Washington County Women and their Children Drug Treatment Court (WCWCDTC) is located in Hillsboro, Oregon, with the program servicing the entire county. The program enrolled its first participant in September 2006. The WCWCDTC operations team includes the Judge, the Program Coordinator, two Department of Human Services (DHS) Child Welfare Case Workers, the Deputy State's Attorney, an Assistant Public Defender, two Parole/Probation Officers, a Sheriff's Deputy, Mentors and Treatment Counselors.

The WCWCDTC's main goal is to serve methamphetamine using parents whose children have been removed, or are at risk of removal from their home as a result of criminal activity and child neglect resulting from parental substance use. A logic model charting short and long term goals is provided in Appendix A. Participants are referred from the District Attorney's Office, Washington County Probation and Parole Women's Team, or DHS-Child Welfare. The women's drug court treatment program is a subset of a larger drug treatment court program. The participants receive the same level of intensive treatment services as in the Adult Drug Treatment Court Program and are integrated into the existing drug court treatment services.

The short to medium term outcome objectives include:

- Appropriate participants will be identified and screened.
- Participants will not re-offend.
- Participants will achieve abstinence and advance in treatment.
- Participants will complete treatment.
- Participants will be employed or in school.
- Participants will live in stable, drug free housing.
- Participants will participate in pro social activities.
- Participants will increase ability to parent safely and effectively.
- Children will receive health, mental health services and supportive services to support health, safety, and healthy development.

TARGET POPULATION

The WCWCDTC serves 15 parents and their children at any one time. Participants are methamphetamine using parents and their children. Participants are criminal offenders with possible multiple arrest cycles and convictions, facing potential prison time, and may be involved with DHS-Child Welfare. This population matches the initially intended target population as described in the program grant application. Presently it is too soon to know whether persons that withdraw or drop out of the program are characteristically different than completers.

The WCWCDTC has served 22 clients between July 1, 2006, and May 31, 2008. The goal for the 2007-2008 fiscal year was to reach the benchmark of serving 15 clients at any one time. The program admitted 16 new clients and typically served 14 to 15 clients at any given time.

The district attorney and staffing team continue to identify appropriate candidates with the help of the DHS liaisons with the goal of achieving the targeted 15 clients being served under the Byrne Grant.

ELIGIBILITY

Below is the eligibility and exclusionary criteria for this program.

Eligibility Criteria:

- Nonviolent class C felony offenses
- Nonviolent class A misdemeanor cases
- Nonviolent probation/revocation cases
- Other felony/misdemeanor offenses that do not involve the exclusion criteria

Excludable Criteria:

- Previous participation in a drug court program
- Another felony or a misdemeanor charged or pending in another county
- Substantial quantity cases
- Commercial drug offense cases
- State believes the defendant is associated with a gang or criminal enterprise
- Previous person crime convictions (Chapter 163 and robbery cases)
- Multiple person crime arrests
- Violent offenses
- Measure 11 offenses
- Case that involves furnishing to a minor
- DUII (can not be the current offense)
- Delivery of a Controlled Substance
- Manufacturing a Controlled Substance
- Child Neglect 1(subject to review on case by case depending on circumstances)
- Tampering with drug records

PROGRAM COMPONENTS

Program phases and specific requirements for each phase:

Phase I- Choice

The focus is on building relationships within a recovery community, initiating a treatment plan, understanding drug/alcohol addiction and how it negatively affects one's life, understanding how mental health affects addiction, and understanding the risks of continued addictive behavior. Specifically, the requirements of Phase I are to:

- Adhere to treatment requirements

- Follow Drug Court rules
- Live in stable, clean and sober housing
- Achieve minimum of 60 days clean time
- Obtain a library card and complete a book report
- Documented attendance at three support group meetings per week
- Employed, attending school and/or vocational training or engaged in other Court-approved activity
- Demonstrate cooperative attitude in treatment
- Adhere to all requirements of DHS, if applicable
- Working towards or completion of GED
- Appear in Drug Court every Monday

Phase II - Challenge

The focus of Phase II is on developing a vision for the future, understanding that recovery is a way of life, understanding how to prevent relapse, and gaining confidence about the decision to change and the ability to sustain recovery. The requirements of Phase II include:

- Adhere to treatment requirements
- Follow Drug Court rules
- Live in stable, clean and sober housing
- Achieve a minimum of 75 days clean time
- Complete book report
- Documented attendance at three support meetings per week
- Employed, attending school and/or vocational training or engaged in other Court-approved activity
- Obtain a sponsor or approved support/mentor
- Adhere to all requirements of DHS, if applicable
- Working towards or completion of GED
- Attend Drug Court the second, third and fourth Monday of the month

Phase III- Change

During Phase III, participants work on practicing coping skills to avoid relapse, building healthy relationships with family, maintaining a strong recovery support system, and becoming economically self-sufficient. In Phase III participants are required to:

- Adhere to treatment requirements
- Follow Drug Court rules
- Live in stable, clean and sober housing
- Achieve a minimum of 90 days clean time

- Complete book report
- Documented attendance at three support group meetings per week
- Employed, attending school and/or vocational training or engaged in other Court-approved activity
- Evidence of a sponsor or support person
- Adhere to all requirements of DHS, if applicable
- Work towards or completion of GED
- Attend Drug Court the second and fourth Mondays of the month

Phase IV- Community Transition

The focus of Phase IV is on reconnecting with the community and working a personal recovery plan. This is the testing phase for the participant's new clean and sober skills. In Phase IV the requirements include:

- Adhere to treatment requirements
- Follow Drug Court Rules
- Live in stable, clean and sober housing
- Achieve minimum of 120 days clean time
- Documented attendance at three support meetings per week
- Employed, attending school and/or vocational training or engaged in other Court-approved activity
- Adhere to all requirements of DHS, if applicable
- Working towards or completion of GED
- Evidence of working a Twelve-Step (or similar) Program
- Attend court first Monday of month

TREATMENT OVERVIEW

Cascadia Behavioral HealthCare was the treatment provider for the intensive outpatient treatment for all participants involved in the drug treatment court program. In July 2008, CODA replaced Cascadia Behavioral HealthCare as the program's contracted treatment provider. However, treatment provider representatives on the WCWCDTC team are transitioning to CODA and will remain on the drug court team.

Participants in the WCWCDTC receive additional treatment, including Seeking Safety, a curriculum for individuals who suffer from both substance abuse and a history of trauma. A recovery mentor assists in the delivery of the service plan for the participant and children, provides day-to-day interagency service coordination and "hands on" assistance such as transportation to appointments and recovery coaching. Case coordination for participants is family-based and includes care coordination with DHS-Child Welfare; family decision meetings; coordination of family support services and services to meet the safety, health and mental health needs of participants' children; and parenting education. All children have access to mental health evaluations and treatment through the already established contracted mental health provider system. In addi-

tion, dedicated flexible funds are available exclusively for Byrne Grant participants to provide wraparound services as identified by the services plan for both the parents and their children. In order to help participants meet their treatment plan goals, the program has implemented on-site childcare for participants attending treatment. Residential treatment is used only for participants who chronically relapse.

All participants in the Byrne portion of the program are attending all treatment as required. For the second year, a wide variety of treatment services were offered and completed by participants:

- 9 completed THC Education: focus is on the myths about and dangers of marijuana use.
- 13 completed Criminality: addresses criminal thinking errors, criminal masks and the nature of the client's criminality.
- 10 completed Moral Reconciliation Therapy: cognitive behavior therapy aimed at moral development.
- 2 completed Seeking Safety: aimed at trauma survivors and developing coping skills.
- 6 completed Dialectical Behavior Therapy: teaches skills to cope with intense emotions.
- 4 completed Women's Recovery Plan: transition and aftercare planning.
- 4 completed Matrix Treatment for Stimulant Abuse: comprised of relapse prevention groups, education groups, social support groups and individual counseling.
- 6 completed Discovery: focus is on skills needed to make it in early recovery.
- 1 completed Healthy Relationships: examines relationship issues, such as boundaries and sexuality.

Currently, there are 12 participants enrolled in treatment services.

PROCESS EVALUATION

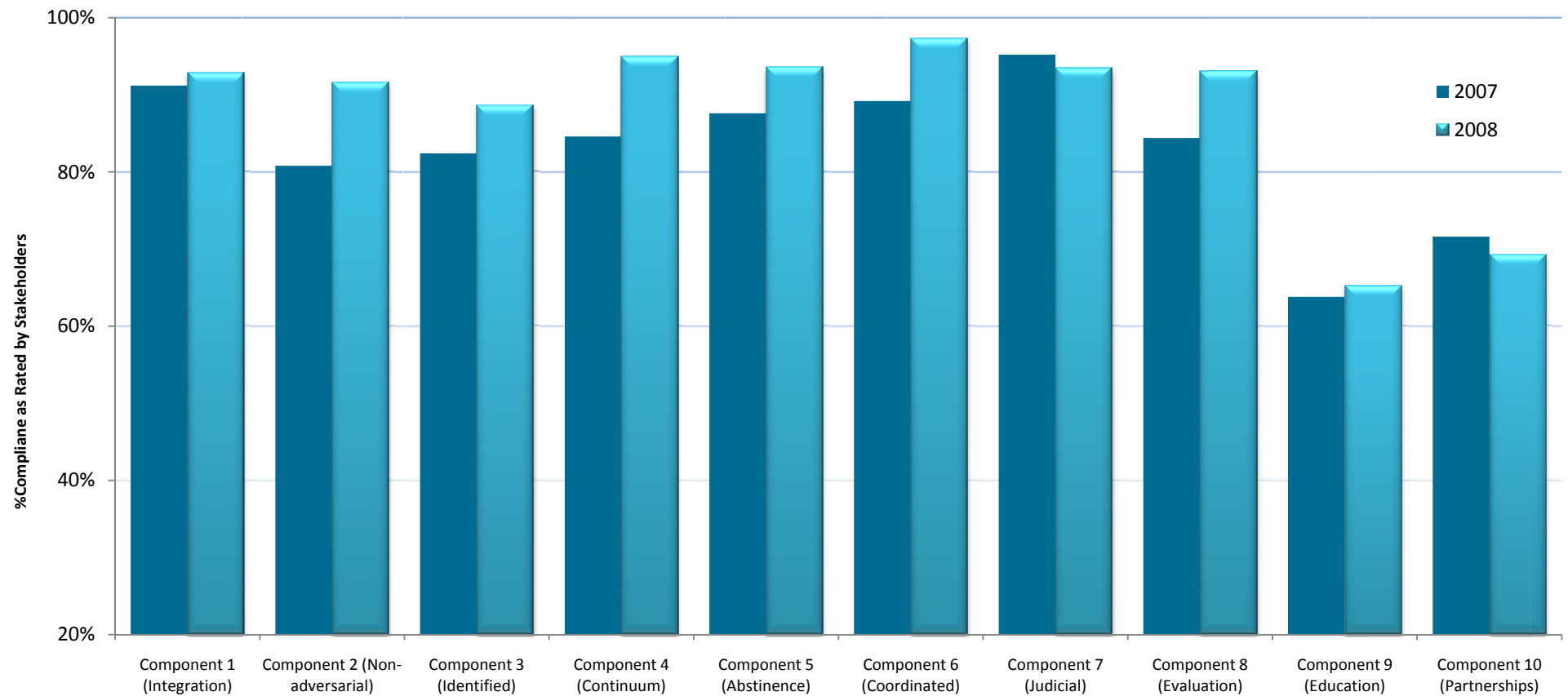
This section of the report provides a detailed analysis of the program's fidelity to the 10 key components and evidenced-based practices. First, an overview of program fidelity is provided followed by a thorough analysis of the key stakeholder and observation data, which describe the level of fidelity for each component.

FIDELITY TO 10 KEY COMPONENTS AND EVIDENCE-BASED PROGRAMS/PRACTICES

The treatment services funded through the grants include the following EBP's: Matrix Treatment for Stimulant Abuse; ASAM PPC-2R; Motivational Enhancement Therapy; Dialectical Behavioral Therapy (DBT); Cognitive-Behavioral Therapy (Time Out for Me; Time Out for Men); Seeking Safety; Twelve-Step Facilitation Therapy; Wraparound Services; and Moral Reconciliation Therapy. All services are provided based on the particular and unique needs of the eligible participants. All participants receive all or most of these services regardless of funding source.

A "Drug Court Self-Assessment" survey, developed by Judge William G. Meyer, was sent to the drug court key players to assist in assessment of compliance to the 10 Key Components. Analyses of results for the program's second year suggest a high level of compliance, similar to results for the first year. The components that most increased in their level of compliance, according to survey results, were Key Component #2: the team uses a non-adversarial approach, and Key Component #4: drug courts provide a continuum of treatment services. Areas that could use improvement are team training and community partnerships.

Washington County Women and their Children Drug Treatment Court: Meyers Assessment - Program Year 1 and 2



KEY COMPONENT #1***Drug Courts integrate alcohol and other drug treatment services with justice system case processing***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 Outcome

The WCWCDTC has an integrated treatment and judicial team that works well together and includes a comprehensive list of agency representatives. Compliance to this component was ranked at 92.86%, up 1.6% from the first year's score. There has been a successful effort made by the coordinator to involve more representatives on the team, including treatment providers and mentors. Further, in addition to weekly drug team meetings, the treatment provider attends regular monthly meetings to coordinate drug court adherence with DHS.

KEY COMPONENT #2***Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights***National Research

Recent research by Carey, Finigan, & Pukstas, under review, found that participation by the prosecution and defense attorneys in team meetings and at drug court sessions had a positive effect on graduation rate and on outcome costs.

Local Outcome

Prosecution and defense counsel are included as part of the drug court team. Compliance to this key component was rated at 80.8% in the first year and 91.64% in the second year, indicating stronger commitment to a non-adversarial approach. Indeed, this key component showed the greatest increase out of all 10 key components. This score change is supported by this year's interviews with team members who reported that there was no unilateral decision-making and that interactions were marked by cooperation. One team member remarked:

“With this team, we all really respect each other. We don't always agree, especially with people coming from probation backgrounds and counseling backgrounds, law and order backgrounds – but we work really well together.”

KEY COMPONENT #3***Eligible participants are identified early and promptly placed in the drug court program***National Research

Carey, Finigan, and Pukstas, under review, found that courts that accepted pre-plea offenders and included misdemeanors as well as felonies had both lower investment and outcome costs. Courts

that accepted non-drug-related charges also had lower outcome costs, though their investment costs were higher.

Local Outcome

Participants are referred from the District Attorney's Office, Washington County Probation and Parole Women's Team, or DHS-Child Welfare. Potential participants are identified by DHS either through the juvenile court or through their assessment report-if it indicates drug and alcohol concerns. Once the DHS workers feel they have an eligible referral, they send it on to the drug court coordinator who reviews it and sends it on to the district attorney. It is intended that individuals identified as eligible are enrolled in drug court within 3-5 days of arraignment and are admitted into treatment within 3-5 days following program entry. Compliance with this key component rose from 82.4% in the first year to 88.67% in year two, suggesting that team members feel that the referral and program entry process has become somewhat more efficient.

KEY COMPONENT #4

Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation service

National Research

Programs that have requirements on the frequency of group and individual treatment sessions (e.g., group sessions 3 times per week and individual sessions 1 time per week) have lower investment costs¹ (Carey et al., 2005) and substantially higher graduation rates and improved outcome costs² (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 positive outcomes. Individual treatment sessions, used as needed, can augment group sessions and may contribute to better outcomes, even if the total number of treatment sessions in a given week exceeds three.

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

Discharge and transitional services planning is a core element of substance abuse treatment (SAMHSA/CSAT, 1994). According to Lurigio (2000), "the longer drug-abusing offenders

¹ 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.

² 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.

remain in treatment and the greater the continuity of care following treatment, the greater their chance for success.”

Local Outcome

Cascadia Behavioral HealthCare is the sole treatment provider for all participants of the WCWCDTC. Participants are required to attend individual recovery treatment weekly and attend additional therapy for trauma related issues. Specifically, participants receive a comprehensive assessment shortly following the participant’s first drug court appearance. In this process, Motivational Interviewing techniques are used to support program engagement and participation. Treatment is provided using the Matrix Intensive Outpatient Program for the Treatment of Stimulant Abuse. Based on assessed need, participants may also receive Seeking Safety, a curriculum for individuals who suffer from both substance abuse and a history of trauma. A review of treatment in the second year (see Treatment Overview, p.7) indicates an increase in the number and types of services being utilized and completed by WCWCDTC participants. This is supported by the fact that team members rated compliance to this key component at 95%, up 10% from the first year score of 84.6%

KEY COMPONENT #5

Abstinence is monitored by frequent alcohol and other drug testing

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 Outcome

The number of urinalyses (UA) administered by WCWCDTC is comparable to most drug courts nationally. During Phase I, clients receive random testing three times a week. At Phase II, this goes down to two times a week and Phase III and IV require a minimum of one UA per week. The treatment provider uses a color line to randomize the drug testing process. Members of the drug court team may also request that a UA be administered if use is suspected. Meyers Survey results indicate a high level of compliance at 93.6%. This key component was rated 6% higher than Year 1.

KEY COMPONENT #6***A coordinated strategy governs drug court responses to participants' compliance***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. 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. However, 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 Outcome

The WCWCDTC team reported that each team member gives input on what the response should be to individual participant behavior. They discuss the matter until they come to a consensus and, according to staff, the Judge generally agrees. These discussions take place at the weekly team meetings. Incentives and sanctions are comparable to drug courts nationally and are graduated but individualized.

Compliance to key component #6 was rated over 8% higher in this year's Meyer Survey and is likely associated with the increase in Key Component #2, the team's non-adversarial approach, as well as the program's natural growth in experience and knowledge.

KEY COMPONENT #7***Ongoing judicial interaction with each drug court participant is essential***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 Outcome

In the WCWCDTC Program, participants are required to be in court as frequently as reported in most drug court programs nationally. Drug Court sessions are required once per week in Phase I, three times a month in Phase II, twice a month in Phase III and once a month in Phase IV.

The first year's Meyers results for this component were scored higher than any other component. This year's results have Key Component #7 as the fourth highest ranked with 93.54% compliance. Similar to last year's sentiments, team member had only positive feedback regarding judicial interaction. Drug court observations underscored this feedback and noted that participants were respectful of the judge whose decisions were accompanied by a clear explanation. Likewise, he seemed to be genuinely concerned with participant progress and communicated in an authoritative yet caring manner.

KEY COMPONENT #8

Monitoring and evaluation measure the achievement of program goals and gauge effectiveness

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 Outcome

Team members rated compliance to this key component at 93.09%, up almost 9% from the first year, indicating that evaluation and feedback practices, by and to the team, have been helpful in guiding program policy. This drug court uses the Oregon Treatment Court Management System (OTCMS) to track program progress. Program policy issues are discussed at policy meetings and annual retreats.

KEY COMPONENT #9

Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations

National Research

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

It is important that all partner agency representatives understand the key components and best practices of drug courts, and that they are knowledgeable about adolescent development, beha-

violation change, substance abuse, mental health issues and risk and protective factors related to delinquency.

Local Outcome

This component received the lowest ranking on the Meyers Survey both years, with this year's score at 66.75%.

Stakeholder interviews indicated that team members were interested in broad-based training, such as a drug court basics course, as well as role-specific training. Since the survey, a representative from the National Association of Drug Court Professionals (NADCP) traveled to Washington County to train the entire team on topics such as sanctions and incentives, working with young adults, drug testing, and roles and responsibilities. In addition to this, the coordinator, district attorney, and women's probation officer attended the annual NADCP conference in May 2008. Finally, the *Policy and Procedures Manual* has been completed since last year's survey and serves as a useful resource for training.

KEY COMPONENT #10

Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness

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 Outcomes

Compliance to Key Component #10 received a rating similar to last year's, at 69.23%, indicating that team members feel that community support and networking could be improved. WCWCDTC has established numerous relationships with community partners, including transitional housing, housing for women with children, employers and child outreach services. Interviews with team members revealed concerns about sufficient housing resources and especially housing for men with children. Since this survey was conducted, the program's alumni group has become active in engaging community partners and has received funding for incentives and social activities through these efforts. The drug court may also want to consider maintaining a list of common participant need areas and conducting outreach to new community partners to find ways to creatively meet those needs. New partners may include faith communities, medical providers, service organizations and businesses. Compared to drug court programs nationally, WCWCDTC has a fairly extensive list of community partners.

LESSONS LEARNED

This section provides an overview of the lessons learned during the past year and the challenges faced by the program. Team members seemed to be much more satisfied overall with how the program was functioning this year. When asked what they would change about the program, stakeholders reported similarly and these items are listed below, along with some program modifications that addressed last year's concerns.

Devoted DHS Caseworkers

There are currently eight or nine different DHS caseworkers who work with the WCWCDTC participants. The team has experienced some problems trying to accommodate the different styles of each worker. The two DHS team members have been helpful in connecting to the rest of the DHS staff. However, there is general consensus that one or two devoted drug court DHS caseworkers would be most effective. This has been an ongoing concern and was listed in this section on last year's report.

Housing for Men with Children

The WCWCDTC recently enrolled its first father into the program. While there is housing for men and housing for women with children, team members report that there is a lack of clean and sober housing available for men with children. They continue to work with DHS in this area and hope to identify resources for their male parents.

Working Mothers

Several team members discussed childcare challenges a parent must contend with once s/he has been reunified with his/her child(ren). Participants question which option is best for them: working full-time and paying for daycare or staying at home to care for children full-time while receiving public assistance.

On-site Childcare

On the first year's annual report, the team had identified childcare as a barrier to participants' consistent attendance at requisite meetings and appointments. Shortly thereafter, the team implemented on-site childcare, which team members unanimously feel has been an effective solution.

Employment Group

Participants who are unemployed or under-employed are now required to attend a group which meets daily, to discuss issues around job searching.

Completers v. Non-completers

Team members report that successful program participants differ from those who were unsuccessful in their commitment to change and what has motivated that change (e.g. children, avoiding prison). Those who were less motivated, were also less likely to take the team's advice.

SUMMARY

The Washington County Women with Children Drug Treatment Court seems to possess a thorough understanding of the 10 key components and has been successful at implementing their drug court program. Furthermore, they have met their short to medium term objectives (see page 5) as is detailed in quarterly progress reports and the number of family reunifications that have taken place.

Some particular findings are:

Unique and/or Promising Practices:

- Longstanding involvement by a judge
- Increasingly cohesive drug court team
- Individualized sanctions and rewards
- Representation of a diverse group of agencies on the team
- Availability of numerous and varied treatment services
- Substantial number of partnerships established which address participant needs
- Creative recruitment of community partners through the program's alumni group

Policy changes implemented by the drug court team:

- Refinement of eligibility criteria
- Employment check-in group
- On-site daycare for treatment attendees
- Acceptance of men with children into the program

Areas that could benefit from more attention:

- Implications of staff turnover for stakeholder buy-in
- Ongoing training for new and existing team members
- Continual community outreach to establish new partners

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**APPENDIX A: WASHINGTON COUNTY BYRNE
METHAMPHETAMINE REDUCTION GRANT LOGIC MODEL**

Washington County Byrne Methamphetamine Reduction Grant Logic Model

