

Maryland Problem-Solving Courts Evaluation, Phase III Integration of Results from Process, Outcome, and Cost Studies Conducted 2007-2009

Final Report



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Informing policy, improving programs

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EXECUTIVE SUMMARY

Maryland, like many states, has adopted the drug court model to increase community safety, through the collaboration of multi-disciplinary, government and private sector organizations and individuals working together to reduce addiction-driven crime and drug usage, to improve the quality of life and to promote the positive integration of drug abusing individuals with family and community.¹ The first drug treatment court in Maryland began in 1994, and as of July 2009 there were 40 Adult District, Adult Circuit, Juvenile, Family/Dependency, and DUI/Drug Court programs throughout the state.

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, which began in 2007, included a series of technical assistance assessments, process evaluations, and outcome and cost studies.

Over the course of the past 3 years, NPC has conducted 5 foundational process assessments (or pre-process evaluations), 13 process evaluations (assessing the program's implementation of the 10 key components of drug courts through their policies and practices), and 10 outcome-cost studies (comparing program participant costs to the community and outcomes in terms of recidivism and effects on substance use to traditional court processing for a similar group of individuals). In addition, 3 outcome-cost studies were conducted on juvenile drug court programs as part of one of the prior contracts. **This body of work gives Maryland's Office of Problem-Solving Courts one of the largest sets of drug court evaluations in the United States.** This report represents an integration of key results from these process, outcome, and cost studies, and includes:

- Common and/or best practices for implementing the 10 Key Components and 16 juvenile strategies
- Common challenges and recommendations
- The average and range of recidivism outcomes for adult, DUI, and juvenile drug courts in Maryland
- The average and range of program costs per transaction, per agency and overall
- The average and range of outcome costs and benefits per transaction and overall, and the savings per agency

Process Evaluation Results

Staff coded each site with a process evaluation or pre-evaluation from this phase of work (15 programs total, 4 juvenile sites and 11 adult sites) as to whether the program met (or mostly met) minimum guidelines for each Component or Strategy.

Overall, sites ranged from meeting 2 to 9 of the 10 Key Components, with an average score of 4.9. The juvenile sites had an average score of 5.75 and the adult sites had an average score of 4.6. Of the 10 Key Components, none of the sites met the minimum criteria for Key Component #3 (early

¹ Maryland Drug Treatment Court Commission Vision Statement. On line: <http://www.courts.state.md.us/opsc/dtc/pdfs/visionandmissionstatement.pdf>

identification of eligible participants and rapid entry into the program²) while 12 programs met the minimum criteria for Key Component #7 (ongoing judicial interaction³).

Juvenile sites were also coded on the degree to which they met the 16 Juvenile Strategies. The four juvenile sites ranged from meeting 9 to 15 of the juvenile strategies. Of the 16 Juvenile Strategies, 2 to 4 of the sites adequately met each one (that is, at least half of the sites met each of the strategies).

Outcome Evaluation Results

Adult drug court programs on average had a 51% graduation rate (the percentage of individuals who completed the program successfully of those who have left the program), a 73% reduction in the rate of individuals with positive urinalysis tests during program participation, a 19% reduction in the recidivism rate (percent of individuals who had a new criminal offense) over 2 years from program entry (compared to the comparison groups), and a 29% reduction in the number of new arrests (over 2 years from program entry). DUI programs were more effective at reducing criminal recidivism overall than in reducing DUI charges per se, though the frequencies of new charges was low to begin with. Juvenile drug court programs produced a 23% reduction in arrest rates and a 22% reduction in the number of new arrests over 18 months (from program entry). The average graduation rate for the juvenile programs was 53%. Their reduction in positive urinalysis tests was 69%.

Cost Evaluation Results

Program costs (investment in program services) per participant ranged from \$9,530 to \$34,646.

The results from seven Maryland Adult Drug Treatment Court Programs' cost evaluations show an average **24-month outcome cost savings of \$1,982 per adult drug treatment court participant** when compared to the comparison group. The results from two Maryland DUI Court Programs' cost evaluations show an average 24-month outcome cost savings of **\$1,505 per DUI court participant** when compared to the comparison group. The results from four Maryland Juvenile Drug Treatment Court Programs' cost evaluations show an average **18-month outcome cost savings of \$2,551 per juvenile drug treatment court participant** when compared to the comparison group.

The largest single resource used by these programs (adult, DUI, and juvenile) is jail/detention, while the largest expenditure for the comparison group is prison.

Integrated Results

This component of the report analyzed data from seven adult drug court programs that had process, outcome, and cost information.

The **recidivism rate** is the percent of individuals who had a new criminal offense in the 2 year period starting at the program entry date (or equivalent). Effect sizes ranged from -5% (comparison group did 5% better than the program) to 42% (program did 42% better than the comparison

² Minimum guidelines for Key Component #3 include "must have arrest to entry window of less than 3 weeks" and all eligible participants are being identified."

³ Minimum guidelines for Key Component #7 include "participants attends court review hearing once every 2 weeks (can be more for higher risk participants)" and "judge is voluntary and does not have a fixed term."

group). Two of the seven programs had worse or the same recidivism rate as the comparison group and the rest (five of seven) did better than the comparison group.

The **number of re-arrests** is related to the recidivism rate, but looks at the average number of arrests per person for 2 years from the program entry date or equivalent. Effect sizes ranged from -13% to 53%. One program had substantially more re-arrests than the comparison group, and the rest had fewer.

The number of arrests and related criminal justice system involvement contributes to the **cost that individuals have on publicly funded systems** during the 2 year outcome period that starts at program entry. Effect sizes for programs ranged from -45% (the program individuals costs 45% more than comparison group individuals) to 34%, with all but one program having a savings over traditional court processing.

For this set of programs, **graduation rates ranged from 38% to 72%**.

In order to help determine which program practices were most likely to result in the most effective courts, NPC rated the programs in relative effectiveness and then compared this ranking to 133 different practices.⁴

Practices engaged in by all 3 most effective courts (but not the least effective courts):

- Probation always or usually attends drug court team meetings (staffings)
- Probation always or usually attends drug court sessions

Practices engaged in by the 3 least effective courts (but not the most effective courts):

- Drug court does not have a single treatment agency⁵
- Prosecutor was formally trained on drug court model⁶

In addition, probation always or usually attended staffing meetings and drug court sessions in the top five courts, ranked by graduation rate. The two sites with the lowest graduation rates were the courts where probation did not attend team meetings and either did not attend or did not attend regularly the drug court sessions.

Recommendations

There are several areas that emerged as themes in multiples sites or statewide that impact the operations of the problem-solving courts. They are described briefly below along with suggestions for implementing program enhancements.

INVOLVE LOCAL LAW ENFORCEMENT

- Sites without law enforcement representation on their teams and/or advisory board should consider inviting their participation. Some programs allocate resources for law enforce-

⁴ Information about drug court practices was gathered during process evaluations, from policy and procedures manuals and other program documents and information provided by drug court staff.

⁵ This result has been found in other studies of drug courts nationally, that programs with a single provider have better outcomes.

⁶ This result is in contrast to prior studies that indicate that having all members of the team trained to understand their role is important and contributes to positive outcomes. This result may indicate that training of the prosecution is less essential than other practices in contributing to positive program outcomes.

ment to support home visits (including checks on appropriate living situations and in-home drug testing).

JUVENILE DRUG COURTS: DEVELOP COLLABORATION BETWEEN COURTS AND THE DEPARTMENT OF JUVENILE SERVICES

- Continue state-level and county-level conversations between leadership at the courts and Department of Juvenile Services.
- Include probation agents and supervisors/managers in the planning for new juvenile drug courts.
- Establish communication systems between team members.
- Discuss roles and responsibilities as a team to ensure role clarification for all team members. Take the time to address conflicts, misperceptions, and concerns related to turf and role sensitivity. Address political issues (e.g., fears related to funding or prestige) if they present barriers to interagency collaborations.

MINIMIZE TIME TO SERVICE

- Strategize how to decrease the time from arrest to referral to entry into the program. To identify bottlenecks or structural barriers, and points in the process where more efficient procedures may be implemented and time to drug court entry shortened, programs should regularly conduct a review and analysis of the case flow from referral to eligibility determination to drug court entry, both to look at the actual time it takes, and where the delays occur. Analyze where additional efficiencies may be possible. The program should identify areas where there are constraints they cannot control based on timelines from other agencies. This should help the program become aware of what they cannot change, and try to build relationships with agencies to see if they can make other changes later. Strategies can then be tested that help reduce barriers to a quicker flow from arrest to program participation.
- Use a team meeting to brainstorm—and test—possible solutions to the barriers identified. The program should set a goal for how many days it should take to admit participants into the program, and work toward achieving that goal.
- Work on possible arrangements to get participants into treatment even before they plea. Meet with defense attorneys to discuss the benefits of treatment and to see if they will encourage their clients to participate in an assessment or begin treatment as a way of showing the judge their commitment and effort to change their behavior (and look good at the sentencing).

ESTABLISH A SYSTEM FOR EFFECTIVE PARTICIPANT RECRUITMENT

- Conduct an assessment of the referral sources and decision points between arrest and program entry to identify any barriers. Work to prioritize and address them.
- Talk to offenders who chose not to participate, to find out why they chose not to. Work on prioritizing and addressing these barriers and issues.
- Work closely with public defenders to address their concerns and to reassure them that the support offered by these programs is intended to benefit the clients, the community, and the overall justice system.

ENSURE STAFF HAS REASONABLE CASELOADS

- Establish caseload guidelines as a state and provide support to programs to ensure adequate staffing based on program size. Programs should serve adequate numbers to be cost effective and have a staff to client ratio that allows staff to provide the level of supervision and case management appropriate to the risk level of the program's clientele.
- Programs may need to work at higher levels of administration to ensure that probation and parole staff at the county level are permitted to participate in the drug court program (that is, that they are able to attend team meetings and drug court sessions) and are given enough time to serve the clients on their caseload.

IMPLEMENT STRENGTH-BASED APPROACHES

- Ensure that all team members understand the importance and role of strength-based practices in developing trust between participants and staff and building participant engagement. Ensure that this training is available and release time is provided.

DIFFERENTIATE TREATMENT RESPONSES FROM SANCTIONS

- Review program policies and procedures to ensure that materials clearly acknowledge the change process and the recovery process, as well as differentiate criminal and addictive behaviors and the responses to those behaviors.
- Ensure that all team members are trained to understand both the addiction/recovery processes and criminogenic (contributing to offending) risks and needs.

INCREASE INCENTIVES FOR PARTICIPANTS

- Sites should ensure that all team members fully understand the intent and benefits of Key Component #6/Juvenile Strategy #15, that research demonstrates the positive impacts on program effectiveness of using incentives and sanctions in drug court settings.
- Talk to colleagues in other programs about creative incentives and rewards they have used. Ask participants what would motivate them so that the incentives and rewards are most impactful.
- Work with your advisory or steering committee to engage community partners in the program for ideas about accessing resources that could be used for incentives and rewards.
- Sites should identify the guidelines and laws that govern their ability to accept donations and what the specifics of those regulations are. If regulations allow programs to accept donations for their participants, ensure that this information is shared clearly with all team and advisory board members, or other stakeholders.
- If regulations are vague or non-specific, convene a team meeting or advisory board meeting to discuss the local interpretation of the guidelines and agree on terms (policies and procedures that all members feel comfortable with).
- If the team or advisory board feels the current regulations are too restrictive or being interpreted too narrowly, this can be a topic worthy of discussing and pursuing through the appropriate channels.

ENSURE ADEQUATE PROGRAM OR COMMUNITY SUPPORTS ARE IN PLACE FOR PARTICIPANTS AFTER PROGRAM PARTICIPATION: AFTERCARE

- Program staff should talk to colleagues in other programs to get ideas about how they have structured their aftercare components. For example, some programs have used alumni support groups effectively. This model is also a low-cost solution to meeting this need.
- Look at creative options for providing or allowing continuing contact with participants after treatment completion and program completion.
- Whenever possible, build in monthly phone check-ins with departing participants for a few months to see how they are doing, remind them of their progress, and provide support or referrals as needed to prevent relapse or intervene if they are having difficulty. Gather contact information for future evaluations.

ENSURE PROGRAMS HAVE EFFECTIVE DRUG TESTING PROTOCOLS

- Utilize a combination of instant and lab testing procedures to benefit from immediate response to behavior as well as confidence in the results.
- Ensure that testing follows best practices, such as testing for varied substances, using random or frequent testing, and observing sample collection.

CONTINUE PROGRAM MONITORING AND EVALUATION

- Prepare for future studies by reviewing the program's data storage systems to ensure all necessary information to conduct future evaluations is present and complete.
- Ensure that quality historical program data are available for future studies. Encourage programs (by providing the resources or developing a system for uploading data from other sources into SMART) to store information from participants who entered and completed the program before the implementation of SMART to maintain all records within this system, including referrals to the program who may or may not have participated.
- Ensure that programs are able to self-monitor through accessing their own data from SMART.

ENSURE STAFF ARE THOROUGHLY TRAINED

- Maryland's Office of Problem-Solving Courts has comprehensive, low cost training resources available. Staff should utilize these resources whenever they are starting a new program or bringing on new team members.
- Work at the agency level to educate administrators/managers about the value of training and to ensure that staff is permitted release time to be trained. In addition to initial orientation and training, refresher trainings and new information is needed on an ongoing basis.
- Continue to utilize colleagues within and outside of the community to problem solve, gain support, and learn about new promising practices or creative ideas to address challenges your program faces.
- Set up opportunities for cross-training (e.g., ensuring that treatment professionals learn about criminal justice and criminal justice professionals learn about addiction treatment) and discussions about role clarification.

Conclusion

The integration of the process, outcome, and cost results from the many problem-solving courts in Maryland that have participated in evaluation over the past 3 years provides the opportunity to look at areas of strength and challenge across the state. The results of these studies offer many areas that programs can continue to work on to enhance program practices and increase their effectiveness in the years to come.

Though there is variability in recidivism, cost and graduation outcomes, most programs are demonstrating positive impacts on participants, the community, and the criminal justice system. With prison as the largest expenditure to the community for those who were eligible but not participating in problem solving courts in Maryland, adult, juvenile and DUI courts are providing an important service to the state.

I. BACKGROUND

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, which began in 2007, included a series of technical assistance assessments, process evaluations, and outcome and cost studies.

Over the course of the past 3 years, NPC has conducted 5 foundational process assessments (or pre-process evaluations), 13 process evaluations (assessing the program's implementation of the 10 key components of drug courts through their policies and practices), and 10 outcome-cost studies (comparing program participant costs to the community and outcomes in terms of recidivism and effects on substance use to traditional court processing for a similar group of individuals). In addition, 3 outcome-cost studies were conducted on juvenile drug court programs as part of one of the prior contracts. **This body of work gives Maryland's Office of Problem-Solving Courts one of the largest sets of drug court evaluations in the United States.** This report represents an integration of key results from these process, outcome, and cost studies, and includes:

- Common and/or best practices for implementing the 10 Key Components and 16 juvenile strategies
- Common challenges and recommendations
- Highlights of creative and promising practices across drug courts
- Program practices that lead to positive outcomes (Best practices in Maryland)
- The average and range of recidivism outcomes for adult, DUI, and juvenile drug courts in Maryland
- The average and range of program costs per transaction, per agency and overall
- The average and range of outcome costs and benefits per transaction and overall, and the savings per agency

II. INTRODUCTION

Since the first drug court began operation in Miami in 1989, several hundred thousand men, women and juveniles have participated in drug court programs that have involved federal, state and local taxpayer investments of billions of dollars. As of October 2009, there were over 2,300 adult, juvenile, family and other specialized drug treatment courts active in all 50 states, the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam with another 214 being planned (National Association of Drug Court Professionals, 2009). The rapid expansion of drug courts highlights the need to understand the effectiveness of these programs, as well as understanding what elements of drug courts are most important to supporting positive outcomes for these clients.

Maryland, like many states, has adopted the drug court model to make its state safer, through the collaboration of multi-disciplinary, government and private sector organizations and individuals working together to reduce addiction-driven crime and drug usage, to improve the quality of life and to promote the positive integration of drug abusing individuals with family and community.⁷ The first drug treatment court in Maryland began in 1994, and as of July 2009 there were 40 Adult District, Adult Circuit, Juvenile, Family/Dependency, and DUI/Drug Court programs throughout the state.

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, 2004; Carey, Marchand, & Waller, 2006). Belenko (1998; 2001) found in reviews of drug court research that drug courts successfully engaged and retained offenders in treatment, and reduced both clients' drug use and criminal recidivism. However, he also notes that while evidence appears to be converging that drug courts *can* work, considerably less is known about *how* drug courts work, especially for particular types of clients.

Given the rapid expansion of drug courts across the country, there has been interest in standardizing the drug court model. The National Association of Drug Court Professionals led this effort in their groundbreaking publication, *Defining Drug Courts: The Key Components* (National Association of Drug Court Professionals, 1997). In this work, they prescribe ten operational characteristics that all drug courts should use as guides for performance. These include practices such as drug testing, judicial interaction with participants, and the integration of alcohol and other drug treatment services with judicial case processing.

However, drug court programs vary tremendously in how they operationalize these 10 Key Components (see Table 1 for their descriptions). Drug courts also vary on other issues that may influence program effectiveness, such as what type of clients enter the drug court, the level of experience and expertise of drug court team members and frequency of judicial turnover among others. While research is relatively clear that adult drug courts can have positive effects for improving treatment outcomes and reducing recidivism, outcomes vary considerably across participants and programs.

The current report summarizes the results of 12 outcome-cost studies and 13 process studies to illustrate the range of practices and results present in Maryland drug treatment courts.

⁷ Maryland Drug Treatment Court Commission Vision Statement. On line: <http://www.courts.state.md.us/opsc/dtc/pdfs/visionandmissionstatement.pdf>

Table 1. The 10 Key Components of Drug Courts

10 Key Components of Drug Courts	
KC #1	Drug courts integrated alcohol and other drug treatment services with justice system case processing.
KC #2	Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
KC #3	Eligible participants are identified early and promptly placed in the drug court program.
KC #4	Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
KC #5	Abstinence is monitored by frequent alcohol and other drug testing.
KC #6	A coordinated strategy governs drug court responses to participants' compliance.
KC #7	Ongoing judicial interaction with each drug court participant is essential.
KC #8	Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
KC #9	Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
KC #10	Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

III. PROCESS EVALUATIONS SUMMARY

Common Recommendations from Process Evaluations

CODING OF PROCESS EVALUATION RECOMMENDATIONS

As part of the process analysis for each site, NPC staff looked at whether and how well each of the 10 Key Components of Drug Courts⁸ is demonstrated by the drug court. For juvenile drug courts, staff also considered how the site is demonstrating the 16 juvenile drug court strategies.⁹

For each key component, a description of the component, relevant research questions, and what the site was currently doing in that area was provided. NPC staff then made recommendations for how the site could better meet the expectations of the key component, based on the standards for that component and national research. All of these pieces are included in each site's final report.¹⁰

To gain a better understanding of how sites across the state are meeting the expectations of the key components, NPC compiled recommendations from 4 adult sites from a previous phase of work with Maryland drug courts, and 12 adult sites from the current phase of work, for a total of 16 Maryland adult drug courts for which NPC completed process evaluations. The recommendations were taken from the final site reports and compiled into one document (see Appendix C). Following each recommendation is a note of which site received that recommendation. If more than one site received the same recommendation, all of those site names are noted. To save excessive repetition in cases where recommendations had minor differences, the recommendation was spelled out once, with any difference designated in italics.

The same process was completed for 7 of the juvenile drug court sites evaluated by NPC in an earlier phase of work, and 4 juvenile sites from the current phase, for a total of 11 juvenile sites for which NPC completed process evaluations. However, in addition to the 10 Key Components of drug courts, the process evaluations of the juvenile sites also considered the 16 strategies for juvenile drug courts when evaluating juvenile drug courts and making recommendations. Recommendations from the juvenile drug courts were taken from the final site reports and compiled into one document (see Appendix C) organized by the key components and juvenile strategies.

RESULTS: RECOMMENDATIONS BY COMPONENT

Table 2 summarizes the number of recommendations provided by type of program (adult or juvenile) and by Key Component. The absence of recommendations can generally be interpreted to mean that the programs were doing well in those areas. The number of recommendations may be in part a reflection of the number of challenges facing the program or by the range of options for various suggestions that are available within a given Key Component.

⁸ As described by the National Association of Drug Court Professionals (NADCP, 1997)

⁹ National Drug Court Institute and National Council of Juvenile and Family Court Judges (2003)

¹⁰ Evaluation reports are located at <http://www.courts.state.md.us/opsc/dtc/evaluationsreports.html> or <http://www.npcresearch.com>

Table 2. Number of Process Evaluation Recommendations by Key Component

Key Component	No Recommendations		Total # of Recommendations		Rank (1 = fewest number of recommendations)	
	Adult	Juvenile	Adult	Juvenile	Adult	Juvenile
1	1	2	29	32	5	5
2	6	5	12	8	1	1
3	0	0	41	34	10	8
4	0	0	33	41	7	9
5	4	3	12	12	2	3
6	1	0	38	27	9	6
7	4	5	15	10	3	2
8	1	0	37	27	8	6
9	1	0	27	31	4	7
10	0	2	31	20	6	4

Adult: n = 16; Juvenile: n = 11

This information, presented another way provides information about the 10 Key Components, ranked by the total number of recommendations they had. Table 3 presents this information for adult programs and Table 4 presents this information for juvenile programs.

Table 3. Number of Recommendations for Adult Drug Courts

Rank (1 = fewest number of recommendations)	Key Component	No Recommendations	Total Recommendations
1	2	6	12
2	5	4	12
3	7	4	15
4	9	1	27
5	1	1	29
6	10	0	31
7	4	0	33
8	8	1	37
9	6	1	38
10	3	0	41

Table 4. Number of Recommendations for Juvenile Drug Courts

Rank (1 = fewest number of recommendations)	Key Component	No Recommendations	Total Recommendations
1	2	5	8
2	7	5	10
3	5	3	12
4	10	2	20
5	1	2	32
6 (tie)	6	0	27
6 (tie)	8	0	27
7	9	0	31
8	3	0	34
9	4	0	41

For more details about the types of recommendations offered to the study sites, see Appendix D.

Programs' Success at Implementing the 10 Key Components and 16 Juvenile Strategies

Because the 10 Key Components and 16 Juvenile Strategies are broad conceptual standards, NPC staff worked to operationalize them by identifying specific practice guidelines that would fall within each area. NPC conducted a literature review and established the research support for each of the guidelines (see Appendix E for the minimum guidelines and research support). Staff coded each site with a process evaluation or pre-evaluation from this phase of work (15 programs total, 4 juvenile sites and 11 adult sites) as to whether the program met (or mostly met) the minimum guidelines for each Component or Strategy (each program received a code of 1 [mostly met] or 0 [did not meet] for each Component or Strategy).

RESULTS: IMPLEMENTATION OF THE 10 KEY COMPONENTS AND 16 JUVENILE STRATEGIES

Overall, sites ranged from meeting 2 to 9 of the 10 Key Components, with an average score of 4.9. The juvenile sites had an average score of 5.75 and the adult sites had an average score of 4.6.

Juvenile sites were also coded on the degree to which they met the 16 Juvenile Strategies. The four juvenile sites ranged from meeting 9 to 15 of the juvenile strategies. Of the 16 Juvenile Strategies, 2 to 4 of the sites adequately met each one (that is, at least half of the sites met each of the strategies).

Of the 10 Key Components, scoring was based on the number of sites that met the minimum guidelines for the Component. Scoring ranged from 0 for Key Component #3 (early identifica-

tion of eligible participants and rapid entry into the program¹¹) to 12 for Key Component #7 (ongoing judicial interaction¹²).

Table 5. Number of Programs Successfully Implementing Each Key Component

Key Component	Number of programs meeting minimum guidelines (n = 15)
KC #1: Well integrated team	7
KC #2: Non-adversarial	11
KC #3: Early identification of eligibles	0
KC #4: Continuum of treatment services	10
KC #5: Drug testing	9
KC #6: Response to participants' behaviors	4
KC #7: Ongoing judicial interaction	12
KC #8: Evaluation and monitoring	8
KC #9: Training	3
KC #10: Community Partnerships	10
Average across Key Components	7.4

The results of this coding process illustrate the variability of programs in their degree of implementation of the 10 Key Components. It also indicates that there are some areas that could be addressed as a state system and others where technical assistance could be individualized, possibly with the support of programs offering peers ideas and mentoring. It is important to note that programs are continually changing, both due to their own decision-making and due to multiple areas that are outside of their control, so this coding should be viewed as a reflection of a point in time since when programs may have changed their policies or procedures (either as a result of their program evaluations or through staff, budget, or state level policy changes that have impacted them).

¹¹ Minimum guidelines for Key Component #3 include “must have arrest to entry window of less than 3 weeks” and all eligible participants are being identified.”

¹² Minimum guidelines for Key Component #7 include “participants attends court review hearing once every 2 weeks (can be more for higher risk participants)” and “judge is voluntary and does not have a fixed term.”

Detailed Program Practices

For the nine adult sites for which process, outcome and cost studies were completed, NPC created a database of variables of particular interest and relevance for understanding adult drug court operations. Staff extracted data from process, outcome, and cost reports; pre-evaluation forms completed by drug court coordinators; program materials provided by the sites (policy & procedures manuals, participant handbooks; and any other sources that could provide detailed information about the operation of the drug court [e.g., interviews with team members]). Not every type of information was available for every site, but the database was complete enough to provide some fascinating and useful information about the drug courts in Maryland. These data will be not only useful for the Maryland Office of Problem-Solving Courts and the drug courts of Maryland, but nationally, as well. The summary of this information can be found after the summary of outcome and cost results.

IV. OUTCOME EVALUATIONS SUMMARY

Outcome Evaluations Summary – Maryland Adult Drug Treatment Court Programs

The results from seven Maryland Adult Drug Treatment Court Programs' outcomes evaluations, conducted in 2008 and 2009, are compiled in the tables below. The ranges and averages are reported for demographic characteristics, recidivism rates, graduation rates, and other variables of interest for the seven sites. These sites include Baltimore City Circuit Court – Drug Treatment Court, Baltimore City Circuit Court – Felony Diversion Initiative, Harford County District Court, Howard County District Court, Montgomery County Circuit Court, Prince George's County Circuit Court, and Wicomico County Circuit Court.

The outcomes analyses were based on a cohort of adult drug court participants from each site and a matched comparison group of offenders from the corresponding county who were eligible for adult drug court programs through their criminal history but who did not attend these programs. These individuals were tracked through administrative data for at least 24 months post program entry (and a similar time period for the comparison group). The studies sought to compare recidivism for the two groups over the 24 months. In addition, the evaluations examined the graduation rates and effects on substance use for program participants at each of the sites.

These studies were conducted by NPC Research using the methods described in detail in Appendix B.

MARYLAND ADULT DRUG TREATMENT COURT PARTICIPANT CHARACTERISTICS

Program participant characteristics across the seven sites show that most Maryland Adult Drug Treatment Court participants are male (73%), African American (63%), and in their early 30's (average age of 32.5). The ranges of race/ethnicity proportions indicate that some programs serve mostly Caucasian participants while others have a higher percentage of African American participants. In addition, the ranges in average ages shows that some programs are working with younger participants while others are reaching individuals at a later stage in their lives. Primary drugs of choice are mixed, with alcohol being listed the least often for all programs.

Table 6. Characteristics of Program Participants in the Study Samples (7 sites)

	Range	Average
Male	55% - 88%	73%
African American	13% - 96%	63%
Caucasian	4% - 84%	36%
Hispanic/Latino	0% - 5%	0%
Other	0% - 3%	1%
Average age at program start	23 - 39	32.5
DOC¹³: Cocaine	6% - 56%	26%
DOC: Heroin	0% - 73%	33%
DOC: Marijuana	0% - 70%	23%
DOC: Alcohol	0% - 26%	10%

MARYLAND ADULT DRUG TREATMENT COURT PROGRAMS' EFFECTS ON RECIDIVISM RATES

Table 7 shows the recidivism rates for 2 years post program start date for the Maryland Adult Drug Treatment Court participants from the seven studies. Re-arrest rates ranged from 18% to 60% within the programs.¹⁴ The average re-arrest rate in 24 months for Maryland Adult Drug Treatment Courts was 39%. The number of re-arrests in 24 months for the drug treatment court groups at each site range from .23 to 1.11 with an average of .65.¹⁵ Negative effect sizes indicate that a program has a higher number of subsequent arrests (on average, per person) than its comparison group.

¹³ DOC is drug of choice.

¹⁴ The effect sizes for re-arrest rates range from -.05 to .42 with an average of .19.

¹⁵ The effect sizes for the number of re-arrests range from negative (-.13) to positive .53 with an average of .29.

Table 7. Adult Drug Treatment Court Participant Recidivism - 24 Months (7 sites)

	Range	Average	Effect Size range ¹⁶	Effect Size average
Re-Arrest Rates (program groups)	18% to 60%	39%	-.05 to .42	.19
Re-Arrest Rates (comparison groups)	30% to 60%	48%		
Number of Re-Arrests (program groups)	.23 to 1.11	.65	-.13 to .53	.29
Number of Re-Arrests (comparison groups)	.46 to 1.32	.92		

Further, data from the individual reports also shows that program participants generally had lower recidivism rates and lower numbers of new arrests in the period 24 months after program participation compared to 24 months before participation, and their rates after program entry were lower than the comparison groups. In some cases, program participants had more arrests than the comparison group after starting the program but they were of a less serious nature. Arrest rates increased over time for both the program participants and the comparison groups, but in general, the adult drug treatment court groups increased at a slower pace.

MARYLAND ADULT DRUG TREATMENT COURTS PROGRAM COMPLETION AND EFFECTS ON SUBSTANCE USE

The graduation rate for four of the seven programs in the study was less than the national average of 50%, with a range that includes a high of 72% of participants who exited the program successfully to a low of 38% and an average of 51% across the seven sites.

Drug test dates and results were collected from the sites where available (that is, for six of the seven adult drug court programs). The number of program participants with a positive drug test in each month during the period of time examined for each site decreased by a range of 53% to 91% within the seven sites, with an average decrease of 73% across all of the sites.

¹⁶ A negative difference in the effect size indicates that the program participants had higher arrest rates/numbers than the comparison group.

Table 8. Adult Drug Treatment Court Program Graduation and Effects on Substance Use (7 sites)

	Range	Average	Percent change range	Percent change average
Graduation Rates	38% to 72%	51%	N/A	N/A
Percent with a Positive Drug Test at Start¹⁷	17% to 39%	29%	53% to 91%	73%
Percent with a Positive Drug Test at End	2% to 12%	8%		

Results found in the individual reports also showed that overall, outcomes for Maryland Adult Drug Treatment Court participants ranged from quite positive to mixed for each of the sites in terms of reducing substance use. After participation in the program, regardless of whether they graduate, program participants generally were re-arrested on drug charges less often than the comparison group, also indicating a likely reduction in drug use due to program participation at most sites.

MARYLAND ADULT DRUG TREATMENT COURT OUTCOME EVALUATIONS OVERALL SUMMARY

In sum, the results of this limited statewide evaluation indicate that the programs are mostly successful in reducing participant recidivism, with some programs having more success than others, and decreasing substance use. Programs are mixed in their ability to graduate participants but the average graduation rate across all sites is at the national average (51% for Maryland Adult Drug Treatment Courts compared to 50% nationally; Belenko, 2001).

Outcome Evaluations Summary – Maryland DUI Court Programs

The results from two Maryland DUI Court Programs’ outcomes evaluations, conducted in 2009, are combined in the tables below. The ranges and averages are reported for demographic characteristics, recidivism rates, graduation rates, and other variables of interest for the two sites. These sites include Anne Arundel County District Court and Howard County District Court.

The outcomes analyses were based on a cohort of DUI court participants from each site and a matched comparison group of offenders from the corresponding county who were eligible for the programs through their criminal history but who did not attend these programs. These individuals were tracked through administrative data for at least 24 months post program entry (and a similar time period for the comparison group). The studies sought to compare recidivism for the two groups over the 24 months. In addition, the evaluations examined the graduation rates and effects on substance use for program participants at each of the sites where data were available.

¹⁷ Study periods varied for the seven sites from 8 months to 12 months depending on drug test data availability.

These studies were conducted by NPC Research using the methods described in detail in Appendix B.

MARYLAND DUI COURT PARTICIPANT CHARACTERISTICS

Program participant characteristics across the two sites show that most Maryland DUI Court participants are male (83%), Caucasian (77%), and in their later 30s (average age of 37.5).

Table 9. DUI Court Characteristics of Program Participants in the Study Samples (2 sites)

	Range	Average
Male	77% - 88%	83%
Caucasian	71% - 83%	77%
African American	12% - 18%	15%
Hispanic/Latino	0% - 6%	3%
Other	4% - 5%	3%
Average age at program start	37 – 38	37.5

MARYLAND DUI COURT PROGRAMS' EFFECTS ON RECIDIVISM RATES

Table 10 shows the recidivism rates for DUI charges for 2 years post program start date for the Maryland DUI Court participants from the two studies. Re-arrest rates for DUI charges ranged from 13% to 46%.¹⁸ The average re-arrest rate for DUI charges in 24 months for Maryland DUI Courts was 30%. The number of DUI re-arrests in 24 months for DUI Court participants at the two sites range from .18 to .64 with an average of .41.¹⁹ Negative effect sizes indicate that a program has a higher number of subsequent arrests than its comparison group.

The table also shows the recidivism rates for all other criminal justice charges for 2 years post program start date for the Maryland DUI Court participants from the two studies. Re-arrest rates for ranged from 0% to 10% within the programs.²⁰ The number of re-arrests in 24 months for DUI Court participants at the two sites ranged from 0 to .17.²¹

¹⁸ When compared to the comparison group, the effect sizes for re-arrest rates ranged from -1.6 to .27 with an average of -.69.

¹⁹ The effect sizes for the number of re-arrests ranged from negative (-5.0) to positive .47 with an average of -2.27 when compared to the comparison group.

²⁰ When compared to the comparison group, the effect sizes for re-arrest rates ranged from .64 to 1.0 with an average of .82.

²¹ The effect sizes for the number of re-arrests ranged from .58 to 1.0 with an average of .79 when compared to the comparison group.

Table 10. DUI Court Participant Recidivism 24 Months (2 sites)

	Range	Average	Effect Size range ²²	Effect Size average
DUI Re-Arrest Rates (program groups)	13% to 46%	30%	-1.6 to .22	-.69
DUI Re-Arrest Rates (comparison groups)	5% to 59%	32%		
Number of DUI Re-Arrests (program groups)	.18 to .64	.41	-5.0 to .47	-2.27
Number of DUI Re-Arrests (comparison groups)	.03 to 1.2	.62		
Other CJ Re-Arrest Rates (program groups)	0% to 10%	5%	.64 to 1.0	.82
Other CJ Re-Arrest Rates (comparison groups)	28% to 37%	33%		
Number of Other CJ Re-Arrests (program groups)	0 to .17	.09	.58 to 1.0	.79
Number of Other CJ Re-Arrests (comparison groups)	.4 to .72	.56		

Further, data from the individual reports also shows that program participants generally had lower recidivism rates and lower numbers of new arrests in the period 24 months after program participation compared to 24 months before participation, and their rates after program entry were lower than the comparison group.

MARYLAND DUI COURTS PROGRAM COMPLETION AND EFFECTS ON SUBSTANCE USE

The graduation rate for both programs in the study was above the national average, with a range that includes a high of 84% of participants who exited the program successfully to a low of 57% and an average of 71%.

²² A negative difference in the effect size indicates that the program participants had higher arrest rates/numbers than the comparison group.

Drug test dates and results were not available consistently enough for one site to include in these analyses. The number of program participants with a positive drug test in each month during the period of time examined for the other DUI Court decreased by 83%.

Table 11. Maryland DUI Court Program Graduation (two DUI Court programs) and Effects on Substance Use (one DUI Court only)

	Range	Average	Percent change range	Percent change average
Graduation Rates	57% to 84%	71%	N/A	N/A
Percent with a Positive Drug Test at Start	N/A	35%	N/A	83%
Percent with a Positive Drug Test at End	N/A	6%		

MARYLAND DUI COURT OUTCOME EVALUATIONS OVERALL SUMMARY

In sum, the results of this DUI Court evaluation indicate that the programs are successful in reducing participant recidivism both for DUI charges and in the criminal justice system overall and that one program has documented a decrease in substance use among participants (data were unavailable for the other program). Both programs are above the national average for drug court graduation rates (50% nationally; Belenko, 2001) with Howard County displaying a very high graduation rate, indicating that the DUI Court program is helping most participants successfully complete program requirements.

Outcome Evaluations Summary – Maryland Juvenile Drug Treatment Court Programs

The results from four Maryland Juvenile Drug Treatment Court Programs' outcomes evaluations, conducted in 2006 and 2009, are combined in the tables below. The ranges and averages are reported for demographic characteristics, recidivism rates, graduation rates, and other variables of interest for the four sites. These sites include Anne Arundel County, Baltimore County, Harford County, and St. Mary's County.

The outcomes analyses were based on a cohort of juvenile drug treatment court participants from each site and a matched comparison group of youth from the corresponding county who were eligible for the programs through their juvenile justice history but who did not attend these programs. These individuals were tracked through administrative data for at least 18 months post program entry (and a similar time period for the comparison group) within the juvenile justice system. The studies sought to compare recidivism for the two groups over 18 months. In addition, the evaluations examined the graduation rates and effects on substance use for program participants at each of the sites, where data were available.

These studies were conducted by NPC Research using the methods described in detail in Appendix B.

MARYLAND JUVENILE DRUG TREATMENT COURT PARTICIPANT CHARACTERISTICS

Program participant characteristics across the four sites show that most Maryland Juvenile Drug Treatment Court participants are male (82%), Caucasian (75%), and 16 years old. The primary drug of choice for Maryland Juvenile Drug Treatment Court participants is most often marijuana.

Table 12. Juvenile Drug Treatment Court Participants' Characteristics in the Study Samples (4 sites)

	Range	Average
Male	76% - 88%	82%
Non-Caucasian	18% - 32%	25%
Caucasian	68% - 82%	75%
Average age at program start	15 - 17	16
DOC: ²³ Cocaine	0% - 10%	3%
DOC: Heroin	0% - 13%	6%
DOC: Marijuana	62% - 89%	72%
DOC: Alcohol	0% - 7%	3%

MARYLAND JUVENILE DRUG TREATMENT COURT PROGRAMS' EFFECTS ON RECIDIVISM RATES

Table 13 shows the recidivism rates for 18 months post program start date for the Maryland Juvenile Drug Treatment Court participants from the four studies. Re-arrest rates ranged from 51% to 56% within the programs.²⁴ The average re-arrest rate in 18 months for Maryland Juvenile Drug Treatment Court participants was 53%. The number of re-arrests in 18 months for the juvenile programs at each site ranged from .96 to 2.1 with an average of 1.5.²⁵

²³ DOC is drug of choice.

²⁴ When compared to the comparison group, the effect sizes for re-arrest rates ranged from .16 to .27 with an average of .23.

²⁵ The effect sizes for the number of re-arrests ranged from .05 to .56 with an average of .22.

Table 13. Juvenile Drug Treatment Court Participant Recidivism 18 Months (4 sites)

	Range	Average	Effect Size range	Effect Size average
Arrest Rates (program groups)	51% to 56%	53%	.16 to .27	.23
Arrest Rates (comparison groups)	61% to 76%	70%		
Number of Arrests (program groups)	.96 to 2.1	1.5	.05 to .56	.22
Number of Arrests (comparison groups)	1.0 to 3.0	2.0		

Further, data from the individual reports also shows that program participants generally had lower recidivism rates and lower numbers of new arrests in the period 18 months after program participation compared to 18 months before participation, and their rates after program entry were lower than the comparison group.

MARYLAND JUVENILE DRUG TREATMENT COURTS PROGRAM COMPLETION AND EFFECTS ON SUBSTANCE USE

The average graduation rate for the programs is 53% which is above the national average graduation rate for adult programs. The range of graduation rates for the four programs is 40% to 65%.

Drug test dates and results were collected from all four juvenile drug court programs. The number of program participants with a positive drug test in each month during the period of time examined for each site decreased by a range of 61% to 80% within the four sites, with an average decrease of 69% across all of the sites.

Table 14. Maryland Juvenile Court Program Graduation and Effects on Substance Use (4 sites)

	Range	Average	Percent change range	Percent change average
Graduation Rates	40% to 65%	53%	N/A	N/A
Percent with a Positive Drug Test at Start	34% to 44%	39%	.61 to .80	.69
Percent with a Positive Drug Test at End	8% to 21%	14%		

MARYLAND JUVENILE COURT OUTCOME EVALUATIONS OVERALL SUMMARY

In sum, the results of this limited statewide evaluation of juvenile drug treatment court programs indicate that the programs are successful in reducing participant recidivism and decreasing substance use. Programs are mixed in their ability to graduate participants, but the average graduation rate across all sites is above the national average for adults (53% for Maryland Juvenile Drug Treatment Court participants compared to 50% nationally; Belenko, 2001).

V. COST EVALUATIONS SUMMARY

Adult Drug Treatment Court Programs

Individual drug courts are intensive interventions that involve coordination of multiple agencies and professional practitioners applying a variety of areas of expertise, intensive case management and supervision, and frequent judicial reviews. Drug courts are typically made possible through the application and coordination of resources drawn from multiple agencies located in more than one jurisdictional organization. Although the amount of staff time and other resources (buildings, materials and supplies, and operating equipment) made available by a number of public organizations represents substantial public costs, research in drug courts demonstrates that due to decreased future system impacts (less frequent re-offending, for example), this investment frequently results in substantial future savings.

The results from seven Maryland Adult Drug Treatment Court Programs' cost evaluations, conducted in 2008 and 2009, are compiled in the tables below. The ranges and averages are reported for program costs and outcome/recidivism costs for the seven sites. These sites include Baltimore City Circuit Court – Drug Treatment Court, Baltimore City Circuit Court – Felony Diversion Initiative, Harford County District Court, Howard County District Court, Montgomery County Circuit Court, Prince George's County Circuit Court, and Wicomico County Circuit Court.

The Transactional and Institutional Cost Analysis (TICA) approach (described in detail in Appendix B) was used to calculate the costs of each of the transactions that occurred while participants were engaged in the program. Program transactions calculated in these analyses included drug court sessions, case management, drug tests, drug treatment, and jail sanctions. The costs for this study were calculated to include taxpayer costs only. All cost results provided in this report are based on fiscal year 2009 dollars.

PROGRAM COSTS

Program Transactions

A Drug Court session, for the majority of drug courts, is one of the most staff and resource intensive program transactions. These sessions typically include representatives from some or all of the following:

- Court (Judge, Court Clerk, Bailiff, Case Manager, and Drug Court Coordinator);
- State's Attorney's Office (Assistant State's Attorney, Paralegals);
- Maryland Office of the Public Defender (Assistant Public Defender);
- Maryland Division of Parole and Probation (Probation Agents);
- Law Enforcement (Sheriff's Deputy, Police Officer);
- County Health Department and/or private treatment agencies (Case Managers, Counselors).

The cost of a *Drug Court Appearance* (the time during a session when a single program participant interacts with the judge) is calculated based on the average amount of court time (in minutes) each participant interacts with the judge during the drug court session. This calculation includes the direct costs of each drug court team member present, the time team members spend preparing for the session, the agency support costs, and jurisdictional overhead costs. The cost for a single drug court appearance ranged from \$105.13 to \$297.50 with an average cost of **\$218.88** per participant.

Case Management is based on the amount of staff time dedicated to case management activities during a regular work week and is then translated into a total cost for case management per participant per day (taking staff salaries and benefits, and support and overhead costs into account).²⁶ The main agencies typically involved in case management are the County Health Department, treatment agencies, the Division of Parole and Probation, the Court, and sometimes law enforcement. The daily cost of case management ranged from \$1.11 to \$15.10 with an average cost of **\$7.60**.

Drug Treatment is provided by county treatment agencies and multiple private treatment providers. Participants often pay co-pays to treatment providers on a sliding scale, depending on income. Individual treatment per participant ranged from \$55.00 per session to \$155.00 per session, with an average of **\$87.71** per session. Group treatment per participant ranged from \$39.00 to \$50.00, with an average of **\$44.33** per person per session. Residential treatment ranged from \$96.00 to \$205.00 and averaged **\$144.22** per day. Detoxification ranged from \$139.48 to \$250.00 and averaged **\$209.06** per day. Halfway house services ranged from \$10.71 to \$32.00 with an average of **\$24.90** per day. All rates were provided to NPC by drug court coordinators and representatives of the county treatment agencies or private treatment agencies.

Drug Testing is typically performed by Court and County Health Department case managers, the Division of Parole and Probation, and by private treatment providers. The cost per UA test ranged from \$4.98 to \$17.25 and averaged **\$8.98** per test. Drug testing costs were obtained from the drug court coordinators and representatives of the treatment agencies.

Jail Sanctions are provided by the local county's corrections or detention agency. Jail costs were acquired from representatives of those local agencies or from budgetary information found online. The cost of jail ranged from \$66.75 to \$142.00 with an average cost of **\$97.38**.

Program Cost Data

Table 15 provides the range of costs per participant and the average cost per participant for each drug court transaction, based on program cost results from the seven Maryland adult drug court sites NPC evaluated.

²⁶ Case management includes meeting with participants, evaluations, phone calls, referring out for other help, answering questions, reviewing referrals, consulting, making community service connections, assessments, documentation, file maintenance, and residential referrals.

Table 15. Drug Court Program Costs per Participant

Transaction	Range	Average
Drug Court Session	\$2,186 - \$8,339	\$5,406
Case Management	\$422 - \$8,911	\$4,081
Drug Treatment	\$4,592 - \$19,829	\$12,182
Drug Testing	\$0 - \$1,366	\$639
Jail Sanctions	\$96 - \$2,683	\$676
Total Investment	\$9,529 - \$34,647	\$23,114

Program Costs per Agency

Another useful way to examine program costs is by agency. Table 16 shows the range of costs per participant and the average cost per participant by agency, based on program cost results from the seven Maryland adult drug court sites NPC evaluated.

Table 16. Drug Court Program Costs per Participant by Agency

Agency	Range	Average
Circuit or District Court	\$687 - \$4,326	\$2,573
State’s Attorney	\$401 - \$1,537	\$772
Public Defender	\$111 - \$870	\$542
Division of Parole & Probation	\$0 - \$4,565	\$1,496
Law Enforcement/ County Corrections	\$94 - \$2,854	\$789
Dept. of Public Safety & Correctional Services	\$0 - \$731	\$181
Treatment	\$6,585 - \$30,362	\$16,763
Total Investment	\$9,529 - \$34,647	\$23,114

Program Costs Summary

In sum, the majority of adult drug treatment court costs are due to drug treatment (an average of \$12,182, or 53% of total costs). Drug court sessions (\$5,406 or 23% of total costs) and case management (an average of \$4,081 or 18%) are also significant program costs. When program costs are evaluated by agency, the largest portion of costs accrues to agencies involved in treatment (\$16,763 or 73% of total costs).

OUTCOME COSTS

The Transactional and Institutional Cost Analysis (TICA) approach (described in detail in Appendix B) was used to calculate the costs of each of the criminal justice system outcome transactions that occurred for drug court and comparison group participants. Transactions are those points within a system where resources are consumed and/or change hands. Outcome transactions for which costs were calculated in this analysis included re-arrests, subsequent court cases, probation time, jail time, and prison time. Only costs to the taxpayer were calculated in this study. All cost results represented in this report are based on fiscal year 2009 dollars or updated to fiscal year 2009 dollars using the Consumer Price Index.

The outcome cost analyses were based on a cohort of adult drug court participants from each site and a matched comparison group of offenders from the corresponding county who were eligible for adult drug court programs through their criminal history but who did not attend these programs. These individuals were tracked through administrative data for at least 24 months post program entry (and a similar time period for the comparison group). The studies sought to compare recidivism costs for the two groups over the 24 months. In addition, the evaluations examined the recidivism costs for participants at each of the sites by agency.

The 24-month follow-up period was selected to allow a large enough group of both drug court and comparison individuals to be representative of the program, as well as to allow more robust cost numbers through use of as long a follow-up period as possible (with as many individuals as possible having at least some time during the follow-up period that represented time after program involvement). All drug court participants in the cohorts included in these analyses had exited the program (graduated or were unsuccessful at completing the program).

The outcome costs discussed below do not represent the entire cost to the criminal justice system. Rather, the outcome costs include the transactions for which NPC's research team was able to obtain outcome data and cost information. However, the costs represented capture the majority of system costs. Outcome costs were calculated using information from the Circuit Courts, District Courts, State's Attorney's Offices, the Maryland Office of Public Defender, the Maryland Department of Public Safety & Correctional Services, the Maryland Division of Parole and Probation, local detention agencies, and law enforcement agencies. The methods of calculation were carefully considered to ensure that all direct costs, support costs, and overhead costs were included as specified in the TICA methodology followed by NPC.

Outcome Transactions

The cost of an *Arrest* is generally gathered from police representatives of the law enforcement agency (or agencies) involved. The cost per arrest incorporates the time of the law enforcement positions involved in making an arrest, police salaries and benefits, support costs and overhead costs. In Maryland, the cost of a single arrest ranged from \$177.13 to \$284.91 with an average cost of **\$229.12**.

Court Cases include all court cases, including those cases that are reviewed and rejected by the State’s Attorney’s Office, as well as those cases that result in arraignment and are adjudicated. Court case costs are shared among the District Court, the Circuit Court, the State’s Attorney’s Office, and the Maryland Office of the Public Defender. Using budget and caseload information found online, the cost of a Circuit Court case ranged from \$818.18 to \$5,216.83 with an average cost of **\$3,000.75**. The cost of a District Court case ranged from \$448.46 to \$2,231.66 with an average cost of **\$1,263.28**.

Probation is provided by the Maryland Division of Parole and Probation. A representative of the Division provided NPC with the average cost of probation supervision, which was given as **\$4.09** per person per day.

Jail is provided by the local county’s corrections or detention agency. Jail costs were acquired from representatives of those local agencies or from budgetary information found online. The cost of jail ranged from \$66.75 to \$142.00 with an average cost of **\$97.38**.

Prison is provided by the Maryland Department of Public Safety & Correctional Services. The cost of a prison day is **\$85.15**, which was given to NPC by a representative of the Department.

Outcome Cost Data

Table 17 provides the range of costs per participant and the average cost per participant (and per comparison group member) for each outcome transaction, based on outcome cost results from the seven Maryland adult drug court sites NPC evaluated.

Table 17. Outcome Costs per Participant Over 2 years

Transaction	Drug Court Program costs per participant		Traditional Court costs per individual		Difference/Savings* per individual	
	Range	Average	Range	Average	Range	Average
Arrests	\$42 - \$226	\$146	\$90 - \$320	\$207	(-\$15) - \$140	\$61
Circuit Court Cases	\$82 - \$1,314	\$626	\$155 - \$1,875	\$799	(-\$417) - \$1,216	\$172
District Court Cases	\$127 - \$1,406	\$795	\$247 - \$1,330	\$850	(-\$312) - \$483	\$55
Probation	\$204 - \$2,270	\$1,596	\$1,142 - \$2,956	\$1,913	(-\$603) - \$1,846	\$317
Jail	\$2,541 - \$14,183	\$7,965	\$2,112 - \$10,252	\$5,365	(-\$6,174) - \$757	(-\$2,599)
Prison	\$459 - \$11,966	\$4,621	\$723 - \$17,926	\$8,597	\$264 - \$5,960	\$3,976
Total	\$5,064 - \$21,434	\$15,749	\$5,568 - \$25,800	\$17,731	(-\$4,627) - \$6,772	\$1,982

*A negative difference means the drug court program cost more than traditional court processing.

Outcome Costs per Agency

Another useful way to examine outcome costs is by agency. Table 18 shows the range of costs and the average cost per participant (and per comparison group member) by agency, based on outcome cost results from the seven Maryland adult drug court sites NPC evaluated.

Table 18. Outcome Costs per Participant by Agency Over 2 years

Agency	Drug Court Program costs per participant		Traditional Court costs per individual		Difference/Savings* per individual	
	Range	Average	Range	Average	Range	Average
Circuit Court	\$10 - \$275	\$156	\$20 - \$769	\$223	(-\$92) - \$499	\$67
District Court	\$12 - \$546	\$275	\$24 - \$552	\$302	(-\$82) - \$210	\$27
State's Attorney	\$48 - \$1,293	\$563	\$97 - \$1,010	\$614	(-\$412) - \$432	\$51
Public Defender	\$139 - \$816	\$427	\$293 - \$764	\$509	(-\$144) - \$342	\$82
Law Enforcement	\$42 - \$226	\$146	\$90 - \$320	\$207	(-\$15) - \$140	\$61
Division of Parole & Probation	\$204 - \$2,270	\$1,596	\$1,142 - \$2,956	\$1,913	(-\$603) - \$1,846	\$317
Sheriff/Jail	\$2,541 - \$14,183	\$7,965	\$2,112 - \$10,252	\$5,365	(-\$6,174) - \$757	(-\$2,599)
Dept. of Public Safety & Correctional Services	\$459 - \$11,966	\$4,621	\$723 - \$17,926	\$8,597	\$264 - \$5,960	\$3,976
Total	\$5,064 - \$21,434	\$15,749	\$5,568 - \$25,800	\$17,731	(-\$4,627) - \$6,772	\$1,982

*A negative difference means the drug court program cost more than traditional court processing.

Outcome Costs Summary

In sum, the majority of adult drug treatment court outcome costs are due to jail (an average of \$7,965, or 51% of total costs). The majority of outcome costs for the comparison group were due to prison (an average of \$8,597 or 48%). The largest outcome cost savings for the drug treatment court group (when compared to the comparison group) was for prison, with an average savings per participant of \$3,976.

The largest outcome loss for the drug treatment court group (when compared to the comparison group) was for jail, with an average loss per participant of \$2,599. It should be mentioned that much of the outcome loss for jail was due to unsuccessful drug treatment court participants. Table 18 shows that every agency is shown to benefit as a result of drug treatment court, with the exception of the sheriff/jail agency.

The results from seven Maryland Adult Drug Treatment Court Programs' cost evaluations show an average 24-month outcome cost savings of \$1,982 per drug treatment court participant when compared to the comparison group. The outcome cost savings illustrated in Table 17 and Table 18 are those that have accrued in just the 24 months since drug treatment court entry. Many of these savings are due to positive outcomes while the participant is still in the program. Therefore, it is reasonable to state that savings to the state and local criminal justice systems are generated from the time of participant entry into drug treatment court.

If drug treatment court participants continue to have positive outcomes in subsequent years (as has been shown in drug courts, e.g., Carey, Finigan, Waller, Lucas, & Crumpton, 2005; Finigan, Carey, & Cox, 2007) then these cost savings can be expected to continue to accrue over time, repaying the program investment costs and providing further savings in opportunity resources to public agencies. These findings indicate that drug treatment court is both beneficial to participants and beneficial to Maryland taxpayers.

DUI Court Programs

Individual DUI courts are intensive interventions that involve coordination of multiple agencies and professional practitioners applying a variety of areas of expertise, intensive case management and supervision, and frequent judicial reviews. DUI courts are typically made possible through the application and coordination of resources drawn from multiple agencies located in more than one jurisdictional organization. Although the amount of staff time and other resources (buildings, materials and supplies, and operating equipment) made available by a number of public organizations represents substantial public costs, research in DUI courts demonstrates that due to decreased future system impacts (less frequent re-offending, for example), this investment frequently results in substantial future savings.

The results from two Maryland DUI Court Programs' cost evaluations, conducted in 2009, are compiled in the tables below. The ranges and averages are reported for program costs and outcome/recidivism costs for the two sites. These sites include Anne Arundel County District Court and Howard County District Court.

The Transactional and Institutional Cost Analysis (TICA) approach (described in detail in Appendix B) was used to calculate the costs of each of the transactions that occurred while participants were engaged in the program. Program transactions calculated in this analysis include DUI Court sessions, case management, drug and alcohol tests, drug and alcohol treatment, and jail sanctions. The costs for this study were calculated to include taxpayer costs only. All cost results provided in this report are based on fiscal year 2009 dollars.

PROGRAM COSTS

Program Transactions

A DUI Court session, for the majority of DUI courts, is one of the most staff and resource intensive program transactions. These sessions typically include representatives from:

- Court (Judge, Court Clerk, Bailiff, Case Managers, and DUI Court Coordinator);
- State's Attorney's Office (Assistant State's Attorney, Paralegals);
- Maryland Office of the Public Defender (Assistant Public Defender);
- County Health Department (Case Managers).

The cost of a *DUI Court Appearance* (the time during a session when a single program participant interacts with the judge) is calculated based on the average amount of court time (in minutes) each participant interacts with the judge during the DUI Court session. This includes the direct costs of each DUI team member present, the time team members spend preparing for the session, the agency support costs, and jurisdictional overhead costs. The cost for a single DUI Court appearance ranged from \$180.90 to \$215.59 with an average cost of **\$198.25** per participant.

Case Management is based on the amount of staff time dedicated to case management activities during a regular work week and is then translated into a total cost for case management per participant per day (taking staff salaries and benefits, and support and overhead costs into account).²⁷ The main agencies typically involved in case management are the County Health Department and the Court. The daily cost of case management ranged from \$1.08 to \$7.22 with an average cost of **\$4.15**.

Drug and alcohol treatment is provided by the County Health Departments and multiple private treatment providers. Participants pay co-pays to treatment providers on a sliding scale, depending on income. Individual treatment per participant ranged from \$27.30 per session to \$155.00 per session, with an average of **\$91.15** per session. Group treatment per participant ranged from \$16.90 to \$50.00, with an average of **\$33.45** per person per session. Residential treatment ranged from \$49.40 to \$180.00 and averaged **\$109.82** per day. Detoxification ranged from \$134.55 to \$139.48 and averaged **\$137.02** per day. Halfway house services ranged from \$10.71 to \$54.00 with an average of **\$32.36** per day. All rates were provided to NPC by representatives of the County Health Departments. Due to a lack of administrative data, drug and alcohol treatment costs for one DUI Court site were not available for this cost analysis.

Drug and alcohol testing is typically performed by Court and County Health Department case managers and by private treatment providers. The cost per UA test ranged from \$9.85 to \$17.25 and averaged **\$13.55** per test. Breathalyzer tests at both DUI sites were **\$0.22** per test and oral swabs were **\$3.00** per test. SCRAM alcohol monitoring ranged from \$5.30 to \$10.00 with an average of **\$7.65** per day. Drug and alcohol testing costs were obtained from the DUI Court Coordinators and representatives of the County Health Departments.

Jail sanctions are provided by the local county's corrections or detention agency. Jail costs were acquired from representatives of those local agencies or from budgetary information found online. The cost of jail ranged from \$94.63 to \$117.53 with an average cost of **\$106.08**.

Program Cost Data

Table 19 provides the range of costs per participant and the average cost per participant for each DUI court transaction, based on program cost results from the two Maryland DUI court sites NPC evaluated.

²⁷ Case management includes meeting with participants, evaluations, phone calls, referring out for other help, answering questions, reviewing referrals, consulting, making community service connections, assessments, documentation, file maintenance, and residential referrals.

Table 19. DUI Program Costs per Participant

Transaction	Range	Average
DUI Court Session	\$2,638 - \$3,943	\$3,291
Case Management	\$488 - \$2,976	\$1,732
Drug/Alcohol Treatment	\$0 - \$1,757	\$879
Drug/Alcohol Testing	\$807 - \$1,404	\$1,106
Jail Sanctions	\$82 - \$133	\$108
Total Investment	\$7,077 - \$7,150	\$7,114

Program Costs per Agency

Another useful way to examine program costs is by agency. Table 20 shows the range of costs per participant and the average cost per participant by agency, based on program cost results from the two Maryland DUI court sites NPC evaluated.

Table 20. DUI Program Costs per Participant by Agency

Agency	Range	Average
Circuit or District Court	\$2,491 - \$3,524	\$3,008
State’s Attorney	\$505 - \$669	\$587
Public Defender	\$150 - \$402	\$276
Law Enforcement/ County Corrections	\$82 - \$133	\$108
Treatment	\$2,564 - \$3,708	\$3,136
Total Investment	\$7,077 - \$7,150	\$7,114

Program Costs Summary

In sum, the majority of DUI court costs are due to DUI court sessions (an average of \$3,291, or 46% of total costs). Case management (an average of \$1,732 or 24% of total costs) and drug and alcohol testing (an average of \$1,106 or 16%) are also significant program costs. When program costs are evaluated by agency, the largest portion of costs accrues to agencies involved in treatment (an average of \$3,136 or 44% of total costs), followed by the Court (an average of \$3,008 or 42% of total costs).

OUTCOME COSTS

The Transactional and Institutional Cost Analysis (TICA) approach (described in detail in Appendix B) was used to calculate the costs of each of the criminal justice system outcome transactions that occurred for DUI court and comparison group participants. Transactions are those points within a system where resources are consumed and/or change hands. Outcome transactions for which costs were calculated in this analysis included re-arrests, subsequent court cases, probation time, jail time, and prison time. Only costs to the taxpayer were calculated in this study. All cost results represented in this report are based on fiscal year 2009 dollars or updated to fiscal year 2009 dollars using the Consumer Price Index.

The outcome cost analyses were based on a cohort of DUI court participants from each site and a matched comparison group of offenders from the corresponding county who were eligible for DUI court programs through their criminal history but who did not attend these programs. These individuals were tracked through administrative data for at least 24 months post program entry (and a similar time period for the comparison group). The studies sought to compare recidivism costs for the two groups over the 24 months. In addition, the evaluations examined the recidivism costs for participants at each of the sites by agency.

The 24-month follow-up period was selected to allow a large enough group of both DUI court and comparison individuals to be representative of the program, as well as to allow more robust cost numbers through use of as long a follow-up period as possible (with as many individuals as possible having at least some time during the follow-up period that represented time after program involvement). All DUI court participants in the cohorts included in these analyses had exited the program (graduated or were unsuccessful at completing the program).

The outcome costs discussed below do not represent the entire cost to the criminal justice system. Rather, the outcome costs include the transactions for which NPC's research team was able to obtain outcome data and cost information. However, the costs represented capture the majority of system costs. Outcome costs were calculated using information from the Circuit Courts, District Courts, the State's Attorney's Offices, the Maryland Office of Public Defender, the Maryland Department of Public Safety & Correctional Services, Maryland Division of Parole and Probation, county corrections or detention agencies, and local and statewide law enforcement agencies. The methods of calculation were carefully considered to ensure that all direct costs, support costs and overhead costs were included as specified in the TICA methodology followed by NPC.

Outcome Transactions

The cost of an *arrest* is generally gathered from police representatives of the law enforcement agency (or agencies) involved. The cost per arrest incorporates the time of the law enforcement positions involved in making an arrest, police salaries and benefits, support costs and overhead costs. In Maryland, the cost of a single arrest ranged from \$193.96 to \$244.39 with an average cost of **\$219.18**.

Court cases include all court cases, including those cases that are reviewed and rejected by the State's Attorney's Office, as well as those cases that result in arraignment and are adjudicated. Court case costs are shared among the District Court, the Circuit Court, the State's Attorney's Office, and the Maryland Office of the Public Defender. Using budget and caseload information found online, the cost of a Circuit Court case ranged from \$3,310.21 to \$5,216.83 with an average cost of **\$4,263.52**. The cost of a District Court case ranged from \$1,561.63 to \$2,231.66 with an average cost of **\$1,896.65**.

Probation is provided by the Maryland Division of Parole and Probation. A representative of the Division provided NPC with the average cost of probation supervision, which was given as **\$4.09** per person per day.

Jail is provided by the local county’s corrections or detention agency. Jail costs were acquired from representatives of those local agencies or from budgetary information found online. The cost of jail ranged from \$94.63 to \$117.53 with an average cost of **\$106.08**.

Prison is provided by the Maryland Department of Public Safety & Correctional Services. The cost of a prison day is **\$85.15**, which was given to NPC by a representative of the Department.

Outcome Cost Data

Table 21 provides the range of costs per participant and the average cost per participant (and per comparison group member) for each outcome transaction, based on outcome cost results from the two Maryland DUI court sites NPC evaluated.

Table 21. DUI Court Outcome Costs per Participant Over 2 years

Transaction	DUI Program costs per participant		Traditional Court costs per individual		Difference/Savings* per individual	
	Range	Average	Range	Average	Range	Average
Arrests	\$39 - \$58	\$49	\$90 - \$128	\$109	\$51 - \$70	\$61
Circuit Court Cases	\$0 - \$166	\$83	\$417 - \$828	\$623	\$417 - \$662	\$540
District Court Cases	\$0 - \$906	\$453	\$843 - \$1,160	\$1,002	(-\$63) - \$1,160	\$549
Probation	\$121 - \$384	\$253	\$458 - \$595	\$527	\$74 - \$474	\$274
Jail	\$3,848 - \$5,597	\$4,723	\$1,632 - \$6,561	\$4,097	(-\$2,216) - \$964	(-\$626)
Prison	\$48 - \$279	\$164	\$198 - \$1,544	\$871	(-\$81) - \$1,496	\$708
Total	\$4,055 - \$7,390	\$5,723	\$5,440 - \$9,015	\$7,228	\$1,385 - \$1,625	\$1,505

*A negative difference means the DUI program cost more than traditional court processing.

Outcome Costs per Agency

Another useful way to examine outcome costs is by agency. Table 22 shows the range of costs and the average cost per participant (and per comparison group member) by agency, based on outcome cost results from the two Maryland DUI court sites NPC evaluated.

Table 22. DUI Court Outcome Costs per Participant by Agency Over 2 years

Agency	DUI Program costs per participant		Traditional Court costs per individual		Difference/Savings* per individual	
	Range	Average	Range	Average	Range	Average
Circuit Court	\$0 - \$45	\$23	\$92 - \$224	\$158	\$92 - \$179	\$136
District Court	\$0 - \$338	\$169	\$303 - \$315	\$309	(-\$23) - \$303	\$140
State's Attorney	\$0 - \$405	\$203	\$641 - \$889	\$765	\$236 - \$889	\$563
Public Defender	\$0 - \$283	\$142	\$293 - \$491	\$392	\$208 - \$293	\$251
Law Enforcement	\$39 - \$58	\$49	\$90 - \$128	\$109	\$51 - \$70	\$61
Division of Parole & Probation	\$121 - \$384	\$253	\$458 - \$595	\$527	\$74 - \$474	\$274
Sheriff/Jail	\$3,848 - \$5,597	\$4,723	\$1,632 - \$6,561	\$4,097	(-\$2,216) - \$964	(-\$626)
Dept. of Public Safety & Correctional Services	\$48 - \$279	\$164	\$198 - \$1,544	\$871	(-\$81) - \$1,496	\$708
Total	\$4,055 - \$7,390	\$5,723	\$5,440 - \$9,015	\$7,228	\$1,385 - \$1,625	\$1,505

*A negative difference means the DUI program cost more than traditional court processing.

Outcome Costs Summary

In sum, the vast majority of DUI court outcome costs are due to jail (an average of \$4,723, or 83% of total costs). The majority of outcome costs for the comparison group are also due to jail (an average of \$4,097 or 57%). The largest outcome cost savings for the DUI court group (when compared to the comparison group) was for prison, with an average savings per participant of \$708.

The largest outcome loss for the DUI court group (when compared to the comparison group) was for jail, with an average loss per participant of \$626. It should be mentioned that much of the outcome loss for jail was due to unsuccessful DUI court participants. Table 22 shows that every agency is shown to benefit as a result of DUI court, with the exception of the sheriff/jail agency.

The results from two Maryland DUI Court Programs' cost evaluations show an average 24-month outcome cost savings of \$1,505 per DUI court participant when compared to the comparison group. The outcome cost savings illustrated in Table 21 and Table 22 are those that have accrued in just the 24 months since DUI court entry. Many of these savings are due to positive

outcomes while the participant is still in the program. Therefore, it is reasonable to state that savings to the state and local criminal justice systems are generated from the time of participant entry into DUI court.

If DUI court participants continue to have positive outcomes in subsequent years (as has been shown in drug courts, e.g., Carey et al., 2005; Finigan, Carey, & Cox, 2007) then these cost savings can be expected to continue to accrue over time, repaying the program investment costs and providing further savings in opportunity resources to public agencies. These findings indicate that DUI court is both beneficial to participants and beneficial to Maryland taxpayers.

Juvenile Drug Treatment Court Programs

Individual juvenile drug treatment courts are intensive interventions that involve coordination of multiple agencies and professional practitioners applying a variety of areas of expertise, intensive case management and supervision, and frequent judicial reviews. Juvenile drug treatment courts are typically made possible through the application and coordination of resources drawn from multiple agencies located in more than one jurisdictional organization. Although the amount of staff time and other resources (buildings, materials and supplies, and operating equipment) made available by a number of public organizations represents substantial public costs, research in drug courts demonstrates that due to decreased future system impacts (less frequent re-offending, for example), this investment frequently results in substantial future savings.

The results from four Maryland Juvenile Drug Treatment Court Programs' cost evaluations, conducted in 2006 and 2009, are combined in the tables below. The ranges and averages are reported for program costs and outcome/recidivism costs for the four sites. These sites include Anne Arundel County, Baltimore County, Harford County, and St. Mary's County.

The Transactional and Institutional Cost Analysis (TICA) approach (described in detail in Appendix B) was used to calculate the costs of each of the transactions that occurred while participants were engaged in the program. Program transactions calculated in this analysis include drug court sessions, case management, drug tests, drug treatment, Department of Juvenile Services (DJS) placements, and juvenile probation. The costs for this study were calculated to include taxpayer costs only. All cost results provided in this report are based on fiscal year 2009 dollars.

PROGRAM COSTS

Program Transactions

A drug court session, for the majority of drug courts, is one of the most staff and resource intensive program transactions. These sessions typically include some or all of the following representatives:

- Circuit Court (Judge, Court Clerk, Counselors, and Drug Court Coordinator);
- State's Attorney's Office (Assistant State's Attorney);
- Maryland Office of the Public Defender (Assistant Public Defender);
- DJS (Case Managers);
- Public Schools (School Representative);
- Law Enforcement (police officer or sheriff's deputy);
- County or private treatment agency (Treatment Counselors).

The cost of a *Drug Court Appearance* (the time during a session when a single program participant interacts with the judge) is calculated based on the average amount of court time (in mi-

minutes) each participant interacts with the judge during the drug court session. This includes the direct costs of each drug court team member present, the time team members spend preparing for the session, the agency support costs, and jurisdictional overhead costs. The cost for a single drug court appearance ranged from \$187.35 to \$421.24 with an average cost of **\$331.58** per participant.

Case Management is based on the amount of staff time dedicated to case management activities during a regular work week and is then translated into a total cost for case management per participant per day (taking staff salaries and benefits, and support and overhead costs into account).²⁸ The main agencies typically involved in case management are the Circuit Court, DJS, and treatment agencies. The daily cost of case management ranged from \$12.15 to \$23.01 with an average cost of **\$17.41**.

Drug and alcohol treatment is typically provided by the county treatment agency or private treatment providers. Individual treatment per participant ranged from \$0 per session to \$121.59 per session, with an average of **\$48.59** per session. Group treatment per participant ranged from \$0 to \$39.00, with an average of **\$21.91** per person per session. Family treatment per participant ranged from \$0 to \$355.75 and averaged **\$125.02** per day. All rates were provided to NPC by representatives of the county treatment agency or private treatment providers.

Drug and alcohol testing is typically performed by the Circuit Court, county treatment agencies, DJS, and private treatment providers. The cost per UA test ranged from \$0 to \$12.50 and averaged **\$6.72** per test. SCRAM alcohol monitoring was **\$5.25** per day. Drug and alcohol testing costs were obtained from the juvenile drug court coordinators and representatives of the county treatment agencies.

DJS Placements include juvenile detention, residential care, and shelter care services. Each type of placement service is provided at one of the multiple DJS owned and operated state facilities. Juvenile detention ranged from \$440.00 to \$549.00, with an average of **\$489.00** per day. Residential care ranged from \$206.63 to \$491.00 and averaged **\$333.91** per day. Shelter care ranged from \$206.80 to \$440.00, with an average of **\$300.54** per day. All rates were provided to NPC by a representative of DJS.

Juvenile Probation is provided by DJS. An average statewide cost of **\$25.06** per day for juvenile probation supervision was obtained from a representative of DJS.

Program Cost Data

Table 23 provides the range of costs per participant and the average cost per participant for each drug court transaction, based on program cost results from the four Maryland juvenile drug treatment court sites NPC evaluated.

²⁸ Case management includes meeting with participants, evaluations, phone calls, referring out for other help, answering questions, reviewing referrals, consulting, making community service connections, assessments, documentation, file maintenance, and residential referrals.

Table 23. Juvenile Drug Court Program Costs per Participant

Transaction	Range	Average
Drug Court Session	\$3,316 - \$15,643	\$7,345
Case Management	\$3,560 - \$7,842	\$5,435
Drug Treatment	\$0 - \$3,638	\$1,964
Drug Testing	\$0 - \$3,742	\$1,554
DJS Placements	\$6,195 - \$35,584	\$19,495
Juvenile Probation	\$0 - \$9,943	\$3,314
Total Investment	\$12,721 - \$56,633	\$32,589

Note: DJS Placements and Juvenile Probation costs were not available for one juvenile site.

Program Costs per Agency

Another useful way to examine program costs is by agency. Table 24 shows the range of costs per participant and the average cost per participant by agency, based on program cost results from the four Maryland juvenile drug treatment court sites NPC evaluated.

Table 24. Juvenile Drug Court Program Costs per Participant by Agency

Agency	Range	Average
Circuit Court	\$496 - \$13,686	\$4,551
State's Attorney	\$124 - \$785	\$409
Public Defender	\$155 - \$1,520	\$850
Treatment	\$0 - \$10,760	\$5,035
Law Enforcement	\$0 - \$4,249	\$1,109
Schools	\$0 - \$1,000	\$281
DJS	\$1,062 - \$48,827	\$20,355
Total Investment	\$12,721 - \$56,633	\$32,589

Program Costs Summary

In sum, the majority of juvenile drug treatment court costs are due to DJS placements (an average of \$19,495, or 60% of total costs). Drug court sessions (\$7,345 or 23% of total costs) and case management (an average of \$5,435 or 17%) are also significant program costs. When program costs are evaluated by agency, the largest portion of costs accrues to DJS (\$20,355 or 62% of total costs).

OUTCOME COSTS

The Transactional and Institutional Cost Analysis (TICA) approach (described in detail in Appendix B) was used to calculate the costs of each of the juvenile justice system outcome transactions that occurred for drug court and comparison group participants. Transactions are those points within a system where resources are consumed and/or change hands. Outcome transactions for which costs were calculated in this analysis included re-arrests, subsequent court cases, DJS placements, and juvenile probation. Only costs to the taxpayer were calculated in this study. All cost results represented in this report are based on fiscal year 2009 dollars or updated to fiscal year 2009 dollars using the Consumer Price Index.

The outcome cost analyses were based on a cohort of juvenile drug court participants from each site and a matched comparison group of offenders from the corresponding county who were eligible for juvenile drug court programs through their juvenile justice history but who did not attend these programs. These individuals were tracked through administrative data for at least 18 months post program entry (and a similar time period for the comparison group). The studies sought to compare recidivism costs for the two groups over the 18 months. In addition, the evaluations examined the recidivism costs for participants at each of the sites by agency.

The 18-month follow-up period was selected to allow a large enough group of both drug court and comparison individuals to be representative of the program, as well as to allow more robust cost numbers through use of as long a follow-up period as possible (with as many individuals as possible having at least some time during the follow-up period that represented time after program involvement). All drug court participants in the cohorts included in these analyses had exited the program (graduated or were unsuccessful at completing the program).

The outcome costs discussed below do not represent the entire cost to the juvenile justice system. Rather, the outcome costs include the transactions for which NPC's research team was able to obtain outcome data and cost information. However, the costs represented capture the majority of system costs. Outcome costs were calculated using information from Circuit Courts, the State's Attorney's Offices, the Maryland Office of Public Defender, the Maryland Department of Juvenile Services, and local and statewide law enforcement agencies. The methods of calculation were carefully considered to ensure that all direct costs, support costs and overhead costs were included as specified in the TICA methodology followed by NPC.

Outcome Transactions

The cost of an *arrest* is generally gathered from police representatives of the law enforcement agency (or agencies) involved. The cost per arrest incorporates the time of the law enforcement positions involved in making an arrest, police salaries and benefits, support costs and overhead costs. In Maryland, the cost of a single arrest ranged from \$184.69 to \$218.63 with an average cost of **\$197.00**.

Court Case costs are shared among the Circuit Courts, the State's Attorney's Offices, and the Maryland Office of the Public Defender. Using budget and caseload information found online,

the cost of a Circuit Court case ranged from \$2,624.00 to \$5,072.72 with an average cost of **\$3,668.98**.

DJS Placements include juvenile detention, residential care, and shelter care services. Each type of placement service is provided at one of the multiple DJS owned and operated state facilities. Juvenile detention ranged from \$440.00 to \$549.00, with an average of **\$489.00** per day. Residential care ranged from \$206.63 to \$491.00 and averaged **\$333.91** per day. Shelter care ranged from \$206.80 to \$440.00, with an average of **\$300.54** per day. All rates were provided to NPC by a representative of DJS.

Juvenile Probation is provided by DJS. An average statewide cost of **\$25.06** per day for juvenile probation supervision was obtained from a representative of DJS.

Outcome Cost Data

Table 25 provides the range of costs per participant and the average cost per participant (and per comparison group member) for each outcome transaction, based on outcome cost results from the four Maryland juvenile drug court sites NPC evaluated.

Table 25. Juvenile Drug Court Outcome Costs per Participant Over 18 Months

Transaction	Drug Court Program Costs per Participant		Traditional Court Costs per Individual		Difference/Savings* per Individual	
	Range	Average	Range	Average	Range	Average
Arrests	\$190 - \$479	\$279	\$212 - \$474	\$352	(-\$5) - \$234	\$73
Court Cases	\$1,217 - \$1,601	\$1,473	\$1,355 - \$2,493	\$1,841	(-\$131) - \$892	\$368
DJS Placements	\$6,932 - \$17,732	\$13,051	\$7,664 - \$21,954	\$13,402	(-\$5,393) - \$4,932	\$351
Juvenile Probation	\$0 - \$4,348	\$2,138	\$1,964 - \$5,442	\$3,897	\$114 - \$4,060	\$1,759
Total	\$10,746 - \$21,912	\$16,941	\$11,457 - \$28,953	\$19,492	(-\$3,588) - \$10,120	\$2,551

*A negative difference means the Drug Court program costs more than traditional court processing.

Outcome Costs per Agency

Another useful way to examine outcome costs is by agency. Table 26 shows the range of costs and the average cost per participant (and per comparison group member) by agency, based on outcome cost results from the four Maryland juvenile drug court sites NPC evaluated.

Table 26. Juvenile Drug Court Outcome Costs per Participant by Agency Over 18 Months

Agency	Drug Court Program Costs per Participant		Traditional Court Costs per Individual		Difference/Savings* per Individual	
	Range	Average	Range	Average	Range	Average
Circuit Court	\$330 - \$430	\$382	\$352 - \$593	\$475	(-\$33) - \$212	\$93
State's Attorney	\$557 - \$624	\$606	\$569 - \$981	\$760	(-\$55) - \$362	\$154
Public Defender	\$268 - \$663	\$486	\$424 - \$1,033	\$607	(-\$42) - \$370	\$121
Law Enforcement	\$190 - \$479	\$279	\$212 - \$474	\$352	(-\$5) - \$234	\$73
DJS	\$8,782 - \$20,087	\$15,189	\$9,628 - \$26,015	\$17,299	(-\$3,627) - \$8,993	\$2,110
Total	\$10,746 - \$21,912	\$16,941	\$11,457 - \$28,953	\$19,492	(-\$3,588) - \$10,120	\$2,551

*A negative difference means the Drug Court program costs more than traditional court processing.

Outcome Costs Summary

In sum, the vast majority of juvenile drug treatment court outcome costs are due to DJS placements (an average of \$13,051, or 77% of total costs). The majority of outcome costs for the comparison group were also due to DJS placements (an average of \$13,402 or 69%). The largest outcome cost savings for the drug court group (when compared to the comparison group) was for juvenile probation, with an average savings per participant of \$1,759. Table 26 shows that every agency is shown to benefit as a result of juvenile drug court.

The results from four Maryland Juvenile Drug Treatment Court Programs' cost evaluations show an average 18-month outcome cost savings of \$2,551 per drug treatment court participant when compared to the comparison group. The outcome cost savings illustrated in Table 25 and Table 26 are those that have accrued in just the 18 months since drug court entry. Many of these savings are due to positive outcomes while the participant is still in the program. Therefore, it is reasonable to state that savings to the state and local criminal justice systems are generated from the time of participant entry into juvenile drug treatment court.

If juvenile drug treatment court participants continue to have positive outcomes in subsequent years (as has been shown in drug courts, e.g., Carey et al., 2005; Finigan, Carey, & Cox, 2007) then these cost savings can be expected to continue to accrue over time, repaying the program investment costs and providing further savings in opportunity resources to public agencies.

These findings indicate that juvenile drug treatment court is both beneficial to participants and beneficial to Maryland taxpayers.

VI. PRACTICES PERFORMED IN MARYLAND'S PROBLEM-SOLVING COURTS AND THEIR RELATIONSHIP TO KEY OUTCOMES

Program Effects

In order to compare the drug court programs with the comparison groups across the seven adult programs, NPC staff standardized their relative effectiveness.²⁹ Positive percentages mean the drug court had a greater positive effect than their comparison group. A negative effect percentage means the comparison group had a greater positive effect than the drug court.

Of the seven Adult Drug Court programs that have process, outcome and cost data, effect sizes ranged widely for three different criminal justice outcomes: recidivism rate, outcome cost, and number of re-arrests.

The **recidivism rate** is the percent of individuals who had a new criminal offense in the 2 year period starting at the program entry date (or equivalent). Effect sizes ranged from -5% (comparison group did 5% better than the program) to 42% (program did 42% better than the comparison group). Two of the seven programs had worse or the same recidivism rate as the comparison group and the rest (five of seven) did better than the comparison group.

The **number of re-arrests** is related to the recidivism rate, but looks at the average number of arrests per person for 2 years from the program entry date or equivalent. Effect sizes ranged from -13% to 53%. One program had substantially more re-arrests than the comparison group, and the rest had fewer.

The number of arrests and related criminal justice system involvement contributes to the **cost that individuals have on publicly funded systems** during the 2 year outcome period that starts at program entry. Effect sizes for programs ranged from -45% (the program individuals costs 45% more than comparison group individuals) to 34%, with all but one program having a savings over traditional court processing.

Ranking Drug Courts Based on Effective Outcomes

In order to better understand the relationship between key drug court variables (recidivism rate, outcome costs, and graduation rate) and drug court practices, the seven drug courts were ranked in three groups: most effective (as compared to comparison group), neutral, and least effective (as compared to comparison group) for each of the key variables.

To determine the overall ranking, a simple count was made of how many times a drug court was named most effective and how many times named least effective.

PROGRAM COST (INVESTMENT)

Program costs per participant ranged from \$9,530 to \$34,646.

The programs were ranked by investment (program cost), and then compared to the effectiveness rating described above that included a compilation of their results in the three key variables. Interestingly, program cost was NOT related to effectiveness. The most effective three programs

²⁹ Effect sizes were calculated by taking the comparison group figure minus the drug court figure (effect difference) and dividing by the comparison group figure, which resulted in an effect size percentage.

were ranked 1, 4, and 7 in terms of their level of investment. It follows as well that investing a lot of money per person was also not related to effectiveness (the relatively lesser effective programs had programs with relatively both high and low costs).

Relationship Between Effectiveness Rating and Drug Court Practices

In order to help determine which practices are most likely to result in the most effective courts, NPC compared overall drug court effectiveness ranking (1, 2, or 3) and 133 different practices.³⁰ Because of the small sample size, the summary information reported here includes those variables with data from at least six of the seven drug court programs.

Practices engaged in by all three most effective courts (but not at least 2 of the 3 least effective courts):

- Probation always or usually attends drug court team meetings (staffings)
- Probation always or usually attends drug court sessions

Practices engaged in by the three least effective courts (but not at least 2 of the 3 most effective courts):

- Drug court does not have a single treatment agency³¹
- Prosecutor was formally trained on drug court model³²

DRUG COURT PRACTICES RELATED TO GRADUATION RATE

In order to better understand the relationship between graduation rate and drug court practices, NPC divided the drug courts into two groups depending on graduation rate: group 1 had a graduation rate of 0-50% (4 drug courts), and group 2 had a graduation rate of 51-100% (3 drug courts). The national average graduation rate is about 50% (Belenko, 2001). Graduation rates ranged from 38% to 72%.

Of the 133 drug court practices that were examined, there was no clear difference between the drug courts with a graduation rate of 50% or less and drug courts with a graduation rate over 50%, with the exception of two practices:

Probation always or usually attended drug court team meetings (staffings) in all 3 courts with graduation rates over 50%. In fact, probation always or usually attended staffing in the top 5 courts, ranked by graduation rate. The two sites with the lowest graduation rates were the courts where probation did not attend team meetings.

Similarly, probation always or usually attended drug court sessions in all 3 courts with graduation rates over 50%. In fact, probation attended drug court sessions in the top 5 courts ranked by graduation rate. The sites with the lowest graduation rates either reported that probation did not attend drug court sessions (1 program), or attended them when needed (1 program).

³⁰ Information about drug court practices was gathered during process evaluations, from policy and procedures manuals and other program documents and information provided by drug court staff.

³¹ This result has been found in other studies of drug courts nationally, that programs with a single provider have better outcomes.

³² This result is in contrast to prior studies that indicate that having all members of the team trained to understand their role is important and contributes to positive outcomes. This result may indicate that training of the prosecution is less essential than other practices in contributing to positive program outcomes.

VII. PREVALENT PRACTICES ORGANIZED BY THE 10 KEY COMPONENTS AND THEIR RELATIONSHIP TO POSITIVE OUTCOMES

The results below are structured within the 10 Key Components of Drug Courts. Each of the Key Components is defined and then those practices that were significantly related to key outcomes of interest (2-year recidivism rate, 2-year average number of new arrests, and 2-year outcome costs) are presented. Although there were many practices explored in this research (summary of seven sites in Maryland) that were not significantly related to these outcomes, other research has shown that many of these practices are related to two important outcomes: lower recidivism and cost savings (Carey, Finigan, & Pukstas, 2008; Carey et al., 2005). “Cost savings” is defined as lower costs to the taxpayer due to lower recidivism for drug court participants compared to similar offenders who did not participate in drug court. Recidivism related costs include re-arrests, time on probation, new court cases and time served in jail and prison. It may be useful for practitioners and policymakers to know which drug court practices have been linked to recidivism and cost savings.

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

Key Component #1: Description

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

- What is the role of the treatment provider on the drug court team? Is a treatment representative included as part of the team? Do treatment representatives regularly attend drug court meetings where participant progress is discussed? Does a treatment provider attend drug court sessions?
- Is there a single treatment provider or multiple providers? While this is partly a reflection on the size, geographic location and economics of the service area, the number of providers also determines the lines of communication that must be established. Generally, it is easier to develop a closer connection with one agency as compared to several.
- Is there a central intake being used to manage assessments and referrals?
- What are the methods and consistency by which treatment providers are communicating with the court system? Is there regular reporting or only in response to a particular incident? Is communication formally written or verbal?
- What other agencies attend team meetings and drug court sessions? Also, what agencies are involved in referring participants to drug court? The act of referring participants may be an indicator of agency involvement in the program.

Key Component #1: What Are the Drug Courts in Maryland Doing?

Of the seven adult drug courts that participated in this study, at least six:

- The case manager is always or usually expected to attend all drug court sessions.

The vast majority (over 70%, or at least 5) of these seven drug courts:

- The drug court team includes a member from the probation department.
- Law enforcement does not attend team meetings (staffings).
- Law enforcement does not attend drug court sessions.
- Treatment communicates with court via written reports.
- The coordinator always or usually attends drug court team meetings (staffings).
- The public defender is always or usually expected to attend drug court sessions.

Key Component #1: How do These Practices Impact Outcomes?

There were two practices that differentiated Maryland’s most and least effective programs (these practices were consistent across the three most effective programs and not present in at least two of the three least effective programs).

- Probation always or usually attends drug court team meetings (staffings).
- Probation always or usually attends drug court sessions.

In addition, one practice was consistently used by ineffective programs and not by effective programs:

- Drug court does not have a single treatment provider.

The practice of using a single treatment agency to provide oversight is both an indication for consistency of treatment across participants and an indication of consistency in communication across team members. A single treatment agency, or a treatment agency that monitors treatment for all participants, allows for a closer relationship of treatment with the court and the rest of the team. According to drug court staff, a single treatment agency (that performs central intake and may refer to other providers) tends to lead to better communication between the court and treatment and more understanding and commitment to the drug court model by the treatment provider.

Key Component #1: Lessons from Studies Outside of Maryland

Other research has shown that many of these practices are related to lower recidivism and cost savings to the taxpayer (Carey, Finigan, & Pukstas, 2008; Carey et al., 2005).

These practices include:

1. Using a single treatment agency rather than multiple treatment agencies.

Although some drug courts believe that having multiple treatment providers available to participants allows the participants to have access to treatment that is more specific to their needs, drug courts that used a single treatment agency have greater cost savings (due to decreased recidivism) than drug courts that used multiple treatment agencies. As described earlier, a single treatment agency (that performs central intake and may refer to other providers) tends to lead to more consistent communication between the court and treatment and a better understanding of and support for the drug court model by the treatment provider. In addition, NPC has observed that in drug courts with a single treatment agency, the judge and the rest of the drug court team tend to learn more from the treatment provider about addiction and treatment. Multiple treatment agencies can be more difficult to coordinate and are also less likely to adjust their services to best fit the special needs of drug court participants who have legal issues as well as substance abuse issues. Further, courts with a single treatment provider may be able to negotiate a contract that al-

lows for lower rates for their drug court participants. However, depending on the size of the drug court jurisdiction, the geographic location of treatment providers and participants, and the availability of treatment services in the program jurisdiction, it may not be possible to have a single treatment agency. In these cases it is important to work toward a high level of communication and commitment between the court and the treatment providers.

2. Including a treatment provider in drug court sessions.

Drug courts that include a treatment provider at drug court sessions have greater recidivism cost savings. Having a treatment provider at drug court sessions assists communication with the judge and the rest of the drug court team; the provider is immediately available to answer questions brought up between the participant and the team. Although much of this communication can occur at team meetings, this does not allow for a dialogue between judge, participant and treatment provider.

Key Component #1: Summary of Practices Related to Improved Outcomes

1. Drug courts that had multiple treatment agencies were ranked as less effective than programs using a single provider. A single treatment agency (that performs central intake and may refer to other providers) tends to lead to better communication between the court and treatment and more understanding and commitment to the drug court model by the treatment provider.

Other research showed:

2. Drug courts that used a single treatment agency had 12 times greater cost savings to the taxpayer (due to lower recidivism related costs) than drug courts that used multiple treatment agencies. NPC has observed that in drug courts with a single treatment agency, the judge and the rest of the drug court team tend to learn more from the treatment provider about addiction and treatment

3. Drug courts that included a treatment provider at drug court sessions had nearly 10 times greater recidivism cost savings. Having a treatment provider at drug court sessions assists communication with the judge and the rest of the drug court team; the provider is immediately available to answer questions brought up between the participant and the team.

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

This component is concerned with the balance of three important areas. The first is the nature of the relationship between the prosecution and defense counsel in drug court. Unlike traditional case processing, drug court case processing favors a non-adversarial approach. The second focus area is that drug court programs remain responsible for promoting public safety. The third focus area is the protection of the participants' due process rights.

Drug court practices related to this key component include the roles of both the prosecution and defense attorneys. Do both members regularly attend drug court sessions, team meetings, steering or advisory meetings? Is there a specific attorney from each office dedicated to the drug court or do the positions rotate?

Regarding public safety, what types of cases are referred to drug court? Does the drug court permit non-drug cases? Do they allow misdemeanor or felony charges or both?

Lastly, this component is concerned with due process rights. What are the incentives to an offender to join a drug court program? Is the participant being offered alternatives? Does the participant have to enter a plea before or after entry to drug court? Must the participant be amenable to treatment?

Key Component #2: What Are the Drug Courts in Maryland Doing?

Of the seven adult drug courts that participated in this study, at least six:

- The prosecution is always or usually expected to attend drug court sessions.
- The drug court is post-plea only.

Key Component #2: Lessons from Studies Outside Maryland

Many of the practices related to Key Component #2 have been shown to be related to positive outcomes, including lower recidivism and higher cost savings in other research (Carey, Finigan, & Pukstas, 2008; Carey et al., 2005). These practices include:

1. Having prosecution attend team meetings.

The attendance of the drug court prosecutor at team meetings where participant progress is discussed was related to higher graduation rate. Courts that required prosecutor attendance at these meetings had an average graduation rate of 58% versus 43% in courts where attendance occurred only occasionally or not at all. Recidivism cost savings were also substantially improved. Drug courts that included the prosecutor at team meetings had over twice the savings (due to lower recidivism) as drug courts that did not include the prosecutor.

2. Having the prosecutor attend drug court sessions.

In drug courts where the prosecutor attended drug court sessions, graduation rates were higher (55% vs. 46%) and there was 3 times greater cost savings (due to lower recidivism) compared to courts where the prosecutor did not attend.

3. Having the defense attorney attend team meetings.

Similar to the findings for the drug court prosecutor, attendance of the defense attorney at team meetings where participant progress is discussed was related to a higher graduation rate (59% compared to 37%). Also similar to findings for the prosecution, drug courts where attendance of the defense attorney at team meetings showed significantly greater improvement in recidivism costs savings. Drug courts that had the Defense Attorney attend drug court team meetings had 9 times greater savings than courts that did not.

Participation of the drug court attorneys, both prosecution and defense, in team meetings and at drug court sessions had a positive effect on graduation rate and on outcome costs. Interviews with drug court staff have pointed to the convenience of communication when all players are in the room and have also remarked that the speed of decision-making is increased. It seems reasonable, therefore, that this should lead to better participant outcomes.

Key Component #2: Summary of Practices Related to Improved Outcomes

Other research showed:

- 1. Drug courts that included the prosecutor at team meetings had over twice the savings (due to lower criminal justice recidivism) compared to drug courts that did not include the prosecutor.**
- 2. In drug courts where the prosecutor attended drug court sessions, graduation rates were higher (55% vs. 46%) and there was 3 times greater cost savings (due to lower recidivism) compared to courts where the prosecutor did not attend.**
- 3. Drug courts that had the Defense Attorney attend drug court team meetings had higher graduation rate (59% compared to 37%) and 9 times greater recidivism cost savings than courts that did not.**

These findings point to the importance of convenient and expedient communication between the collaborating partners.

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

The focus of this component is on the development and effectiveness of the eligibility criteria and referral process. Different drug courts allow different types of criminal histories. Has the drug court defined their eligibility criteria clearly? Are these criteria written and provided to the individuals who do the referring? It is also of interest how the drug court determines if a client meets these criteria. While drug courts are always targeting clients with a substance use problem, the drug court may or may not use a substance abuse screening instrument to determine eligibility. The same may apply to mental health screens. A screening process that includes more than just an examination of legal eligibility may take more time but may also result in more accurate identification of individuals who are appropriate for the services provided by the drug court.

Related to the eligibility process is how long it takes a drug court participant to move through the system. The goal is to implement an expedient process. How much time passes between arrest and drug court entry? Who is involved in the referral process? Is there a central intake for treatment for expedient placement in the program? Also, what is the program's capacity? Capacity may reflect the needs of the community and the resources available to the drug court. In some service areas, there are more eligible participants than there are available drug court slots.

Key Component #3: What Are the Drug Courts in Maryland Doing?

Of the seven adult drug courts that participated in this study, at least six:

- The drug court does not exclude offenders with prior sales convictions.
- The drug court excludes offenders with prior violent convictions.
- The drug court does not exclude offenders who are dual diagnosis without serious mental health issues.

The vast majority (over 70%, or at least five) of these seven drug courts:

- Drug court excludes offenders with current violence charges.
- Drug court uses a mental health screen/assessment to determine eligibility.
- Drug court excludes offenders with serious mental health issues.

The seven courts varied in some practices under Key Component #3 with more than 30% of the courts performing some practices differently than other courts. These included whether or not the program:

- Drug court allows non-drug court charges

Key Component #3: Lessons from Studies Outside Maryland

Many of the practices associated with Key Component #3 have been shown to be related to positive outcomes, including lower recidivism and higher cost savings in other research (Carey, Finigan, & Pukstas, 2008; Carey et al., 2005). These practices include:

1. Time lapse between arrest and entry.

This item addresses the estimates of drug court staff about the average time between offender arrest and entry into the program. This includes only participants who enter directly after an arrest, not those who enter from probation after violating. Courts that expected the time elapsed

from arrest to no more than 20 days had twice the cost savings compared to courts that expected a longer time period. The positive outcomes (lower costs due to lower recidivism) associated with faster program entry provide further evidence for the argument that it is important to “strike while the iron is hot.” Participants may be more ready to change when faced with the negative consequences of engaging in drug abuse and other criminal behavior such as being arrested and spending time in jail.

2. Drug Court maintains a caseload of fewer than 150 clients.

Program capacity is related to the identification and prompt placement of eligible offenders in that if the capacity is too small, eligible offenders may be turned away or placed on a waitlist. Drug courts with a capacity of fewer than 150 had 12 times greater savings (related to reduced recidivism) than drug courts with higher numbers of participants. The participants in courts with a smaller capacity may receive more personal attention. However, there is pressure for drug courts to “go to scale” and increase their ability to process a larger participant population. The challenge is to adjust drug court operations (such as increasing numbers of staff) so that participants can continue to receive the same quality of service as when there were smaller numbers. Further, recent studies from Marlowe & colleagues (Marlowe, Festinger, Lee, Dugosh, & Benasutti, 2006) showed that lower risk individuals had better outcomes with a less intensive program while higher risk individuals had better outcomes with a more intensive program. It is possible that adjusting the intensity of the program based on participant risk level would help programs save resources but maintain quality by concentrating them on the participants who need them the most.

Key Component #3: Summary of Practices Related to Improved Outcomes

Other research showed:

- 1. Courts that expected the time elapsed from arrest to no more than 20 days had twice the recidivism cost savings compared to courts that expected a longer time period.**
The positive outcomes (lower costs due to lower recidivism) associated with faster program entry provide further evidence for the argument that it is important to “strike while the iron is hot.”
- 2. Drug courts with a capacity of fewer than 150 had twelve times greater savings (related to reduced recidivism) than drug courts with higher numbers of participants.**
Because there is pressure for drug courts to “go to scale” and increase their ability to process a larger participant population there is a need to adjust drug court operations (such as increasing numbers of staff) so that participants can continue to receive the same quality of service as when there were smaller numbers.

KEY COMPONENT #4: DRUG COURTS PROVIDE ACCESS TO A CONTINUUM OF ALCOHOL, DRUG AND OTHER TREATMENT AND REHABILITATION SERVICE***Key Component #4: Description***

The focus of this key component is on the drug court's ability to provide participants with a range of treatment services. Success under this component is highly dependent on success under the first component (i.e., ability to integrate treatment services within the program). Compliance with Key Component #4 requires having a range of treatment modalities or types of service available. However, drug courts still have decisions about how wide a range of services to provide.

- What types of services are offered? Does this include individual, group, and self-help meetings? What is the extent of the services offered as part of drug court? The drug court may also prescribe the intensity or frequency of these services. In addition, the expected length of stay in treatment differs between programs.

Besides relying on traditional drug treatment services, the program may seek to include wrap-around services. Examples of common wrap-around services include vocational training, parenting classes and health services, as well as other life skills services. This can be provided through drug court staff or through relationships with community partners. Some also extend the continuum of care to include aftercare.

Key Component #4: What Are the Drug Courts in Maryland Doing?

Of the seven adult drug courts that participated in this study, at least six:

- Residential services are offered.
- Mental health services are offered.
- Employment assistance is offered.
- Treatment fees vary according to the participant's ability to pay.

The vast majority (over 70%, or at least five) of these seven drug courts:

- Housing/homelessness assistance is offered.
- Participants are required to attend self-help groups like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).
- Drug court program has 4 phases.
- Participants are required to pay treatment fees.
- Drug court has a phase when participants learn relapse prevention and otherwise are prepared for leaving the program.

The seven courts differed in some practices under Key Component #4 with more than 30% of the courts performing some practices differently than other courts or not performing some practices at all. The practices that differed between courts included:

- Acupuncture or other alternative health care services offered.
- Parenting services offered.
- Aftercare offered to graduating clients (services available after graduation).
- Drug court program is expected to take one year or more to complete.

- Required frequency of group treatment in Phase 1.
- Required frequency of group treatment in last phase.
- Drug court has guidelines on the frequency of individual treatment sessions that a participant must receive.
- Required frequency of individual treatment per week in Phase 1.
- Required frequency of individual treatment in last phase.
- Participants are required to pay court fees.
- Participants are required to pay probation fees.

Key Component #4: Lessons from Studies Outside Maryland

In other research (Carey, Finigan, & Pukstas, 2008; Carey et al., 2005), drug courts that had requirements on the frequency of group and individual treatment sessions (rather than providing only individualized treatment plans) had lower recidivism costs.

Having minimum requirements, of any frequency, for group and individual treatment sessions was associated with 9 times greater cost savings (due to lower recidivism) than drug courts that had no specific requirements and only individualized treatment plans. This may reflect the overall level of organization of the program. Clear requirements of this type may make compliance with program goals easier for program participants and also make it easier for program staff to determine if participants have been compliant. This also ensures that participants are receiving a “full dose” of treatment.

Key Component #4: Summary of Practices Related to Improved Outcomes

Other research showed:

Having minimum requirements, of any frequency, for group and individual treatment sessions was associated with 9 times greater cost savings (due to lower recidivism) than drug courts that had no specific requirements and only individualized treatment plans. This may reflect the overall level of organization of the program. Clear requirements of this type may make compliance with program goals easier for program participants and also make it easier for program staff to determine if participants have been compliant.

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

Key Component #5: Description

The focus of this key component is on the use of alcohol and other drug testing as a part of the drug court program. This component encourages frequent testing but does not define the term “frequent” so drug courts develop their own guidelines on the number of tests required. Related to this component, the drug court must assign responsibility for these tests and the method for collection.

- Are tests administered on a random basis or for cause (such as the client appearing at a treatment session to be under the influence)? How frequently should drug courts be testing?

It is also important to understand the types of tests that drug courts are administering. Some may be more effective for encouraging abstinence than others. In addition, the tests vary in the amount of time required to generate results. Depending on the test administered, there may be a long time lapse from substance use until the drug court is informed of the results (and therefore a delay before the drug court can administer a sanction).

- Are some tests more effective than others? How quickly should testing results be available to staff to be effective?

Key Component #5: What Are the Drug Courts in Maryland Doing?

The seven courts differed in some practices under Key Component #5 with more than 30% of the courts performing some practices differently than other courts or some courts engaged in practices that others did not. The practices that differed between courts included:

- In the first phase of drug court, tests are collected 3 times per week or more.
- Frequency of drug tests at start of program.
- Number of days clean before graduation.

Key Component #5: Lessons from Studies Outside Maryland

In other research (Carey, Finigan, & Pukstas, 2008; Carey et al., 2005), the frequency of drug tests has been shown to be related to substantially lower recidivism costs and higher cost savings.

- Drug courts that tested 2 or more times per week in the first phase had substantially lower recidivism costs (greater savings) while drug courts that tested less often had higher recidivism and higher costs.

Drug testing is clearly an important component for successful programs. Drug court participants report drug testing as one of the most effective techniques used for deterring use (Mackin et al., 2008; Carey & Waller, 2007; Carey, Weller, & Heiser, 2003). More frequent and random drug testing makes it more difficult for participants to find times to use between tests.

One of the benefits of drug courts is that they allow participants to live in the community while they practice the skills they learned to function in the world without substance abuse. The longer participants remain clean under the support of the drug court program, the more experience they will have in practicing a healthy, functional lifestyle, which should continue to serve them after graduation or termination.

Key Component #5: Summary of Practices Related to Improved Outcomes

Other research showed:

Drug courts that tested 2 or more times per week in the first phase had substantially lower recidivism costs (more than 20 times greater savings) compared to drug courts that tested less often. Drug court participants report drug testing as one of the most effective techniques used for deterring use. More frequent and random drug testing makes it more difficult for participants to find times to use between tests.

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

Key Component #6: Description

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

The drug court must also decide what constitutes an effective reward or sanction. Who can administer the rewards? Who can administer sanctions? Related to these decisions is how quickly a client will receive a reward or sanction after a behavior has occurred. Will these rewards and sanctions take place outside of the courtroom? If so, the rewards and sanctions can be administered more frequently than the court session schedule may allow.

Finally, the drug court must decide what amount of compliance results in the "ultimate incentive," graduation from the program. What are the requirements for graduation? How long should participants be "clean" before they can graduate? Should they be required to have a job or be in school? Must participants live in a sober living environment? Do participants need continued support after graduation?

Key Component #6: What Are the Drug Courts in Maryland Doing?

Of the seven adult drug courts that participated in this study, at least six:

- The drug court expects a client to have greater than 90 days clean (negative drug tests) before graduation.
- Incentive to complete program is a jail or prison sentence for drug court case not served.
- Participants are given intangible rewards (applause, praise from judge or team).

The vast majority (over 70%, or at least five) of these seven drug courts:

- Early termination of probation or probation not served is an incentive to complete program.

- Sanctions are not imposed immediately after non-compliant behavior/drug court will not impose sanctions in advance of a client's regularly scheduled court hearing.
- In order to graduate, participants do not have to have a job or be in school.
- In order to graduate, participants do not have to have a sober housing environment.
- There are written rules regarding participant behaviors and team response for sanctions.
- Team members are given a copy of rules for sanctions.
- There are written rules regarding participant behaviors and team response for rewards.
- Team members are given a copy of rules for rewards.
- Rewards are not standardized, but are given on a case by case basis.
- Participants are given tangible rewards (movie tickets, candy, key chains).

The seven courts differed in some practices under Key Component #6 with more than 30% of the courts performing some practices differently than other courts or some courts engaged in practices that others did not. The practices that differed between courts included:

- Only the judge can give sanctions to clients.
- Sanctions can be imposed outside of court by team members other than the judge.

Key Component #6: Lessons from Studies Outside Maryland

In other research (Carey, Pukstas, Waller, & Finigan, 2008) the judicial use of jail (generally infrequent use and for shorter periods) has been associated with significantly lower recidivism rates.

- A drug court that used jail as a sanction had significantly lower recidivism rates than the same drug court that did not use jail as a sanction at all.
- The use of jail as a sanction, or at least the possibility of jail as a sanction, may be a more effective deterrent to non-compliance than a program with no jail (no "hammer") at all.

Other practices with regards to rewards and sanctions also showed positive outcomes in other research (Carey, Finigan, & Pukstas, 2008).

- Drug courts that designated the judge as the sole provider of rewards had twice the cost savings (due to lower recidivism) compared to courts where the judge was not the sole provider.

This suggests that it is important for participants to have an authority figure show approval of their behaviors, and perhaps is a demonstration of the power of examples to other participants in court. It is possible that receiving a reward from a respected authority figure as well as having the example for other participants of the judge providing rewards to others may be a powerful incentive to do well.

Key Component #6: Summary of Practices Related to Improved Outcomes

Other research showed:

1. **A drug court that used jail as a sanction had significantly lower recidivism rates than the same drug court when it did not use jail as a sanction at all.** The use of jail as a sanction, or at least the possibility of jail as a sanction, may be a more effective deterrent to non-compliance than a program with no jail (no “hammer”) at all. However, the use of large amounts of jail has actually been associated with higher termination rates.
2. **Drug courts that designated the judge as the sole provider of rewards had twice the cost savings (due to lower recidivism) compared to courts where the judge was not the sole provider.** This suggests that it is important for participants to have an authority figure show approval of their behaviors and also that providing rewards in court in front of other participants may be a motivator for other participants to strive for those rewards as well.

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

Key Component #7: Description

The focus of this component is on the judge’s role in drug court. The judge has an extremely important function for drug court in monitoring client progress and using the court’s authority to promote positive outcomes. While this component encourages ongoing interaction, drug courts must still decide how to structure the judge’s role. How often does the client interact with the judge in court? How involved is the judge with the client’s case? Outside of the court sessions, the judge may or may not be involved in team discussions, progress reports and policymaking.

Key Component #7: What Are the Drug Courts in Maryland Doing?

Of the seven adult drug courts that participated in this study, at least six:

- The judge is always or usually expected to attend all drug court sessions.
- All (or most) judges in the jurisdiction do not rotate through drug court.

Over 30% of the programs differed on these practices:

- Court appearance frequency in first phase
- Court appearance frequency in last phase

Key Component #7: Lessons from Studies Outside Maryland

In other research (Carey, Finigan, & Pukstas, 2008) some of the practices associated with Key Component #7 were shown to be related to positive outcomes (lower recidivism and higher savings).

1. Drug courts with a longer term judge had 3 times the cost savings compared to drug courts with judges that stayed 2 years or less.

Drug courts with judges assigned for greater than 2 years or indefinitely had slightly higher graduation rates (52% for programs with judges that stayed longer vs. 45% for programs with judges who stayed less than 2 years) and substantially lower recidivism costs than drug courts with judges that rotated through more often than every 2 years.

In programs where judges rotate more frequently, staff and participants report that they have little continuity with the judge during the length of the program. The length of stay in most drug court programs is greater than one year; therefore, in programs where the judge rotates yearly, participants will experience at least two different judges during their time in court. It is difficult for them to form a relationship with the judge, or if they do form a relationship it can be detrimental to client progress when the judge leaves.

2. Drug courts that required participants to attend drug court sessions less often (once every 2 weeks to once per month) in the first phase had 2 times greater cost savings than drug courts that required court sessions more frequently

Court sessions as frequent as once per week may be more of a burden to participants than they are a benefit. The structure of a drug court program should support participants' ability to make the behavior changes to a healthier and more responsible life style. Too much structure, or too many requirements, can undermine a participant's ability to keep a job, care for his/her children, or succeed in other ways. This analysis did not take into account other factors such as participant risk level. Marlowe et al. (2006) found that lower-risk participants did better with less frequent court sessions while those at higher risk levels did better with more frequent drug court sessions

The interaction of the drug court judge with participants is central to the drug court model. Attention should be given to the appropriate frequency of court sessions for optimum participant benefit as well as to judge assignment and training.

Key Component #7: Summary of Practices Related to Improved Outcomes

Other research showed:

1. **Drug courts with a longer term judge had three times the cost savings (due to lower recidivism) compared to drug courts with judges that stayed two years or less.** In programs where judges rotate more frequently, staff and participants report that they have little continuity with the judge during the length of the program. It is difficult for them to form a relationship with the judge, or if they do form a relationship it can be detrimental to client progress when the judge leaves.
2. **Drug courts that required participants to attend drug court sessions less often (once every 2 weeks to once per month) in the first phase had twice the cost savings compared to drug courts that required court sessions more frequently.** Court sessions as frequent as once per week may be more of a burden to participants than they are a benefit. The structure of a drug court program should support participants' ability to make the behavior changes to a healthier and more responsible life style.

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

Key Component #8: Description

This component encourages drug court programs to monitor their progress towards their goals and evaluate the effectiveness of their practices. The purpose is to establish program accountability to funding agencies and policymakers as well as to themselves and their participants. Further, regular monitoring and evaluation provides programs with the feedback needed to make adjustments in program practices that will increase effectiveness. Monitoring and evaluation are assisted when the drug court maintains thorough and accurate records. Drug courts may record important information electronically, in paper files or both. Ideally, drug courts will partner with an independent evaluator to help assess their progress. Has the drug court program participated in an evaluation? Do they collect their own statistics? Lastly, it is important to determine how receptive programs are to modifying their procedures in response to feedback.

Key Component #8: What Are the Drug Courts in Maryland Doing?

There was not enough consistent data in this area to provide information in this area. Sites did vary in terms of their prior experience with evaluation and the extent to which (and methods with which) they maintained and/or used their program data for monitoring and program improvement activities. By the end of this study, all drug court programs in Maryland were using the SMART data system, so the state has great potential in the future for evaluation based on common data elements.

Key Component #8: Lessons from Studies Outside Maryland

In other research (Carey, Finigan, & Pukstas, 2008), some of the Key Component #8 practices were shown to be related to lower recidivism and higher cost savings.

1. Drug courts that used evaluation feedback to make modifications to their drug court program had 4 times greater cost savings than programs that did not make these adjustments or did not use an evaluator at all.
2. Drug courts that kept data electronically versus in paper files had 1.5 times greater cost savings.

These findings illustrate the importance of gaining feedback to enhance program practices over time. Programs that have not had evaluation, or have chosen not to use the evaluation feedback to enhance program practices, should reconsider the usefulness of including evaluation. Further, evaluators should focus their efforts on how programs can improve their services rather than focusing on the problems or issues of the program under study. This will assist program staff in remaining open to evaluation and change for program improvements.

Key Component #8: Summary of Practices Related to Improved Outcomes

Other research showed:

1. **Drug courts that used evaluation feedback to make modifications to their drug court program had 4 times greater cost savings than programs that did not make these adjustments or did not use an evaluator at all.** The use of evaluation and internal program statistics to modify program process shows a willingness to learn and adjust to new information to best serve program participants.
2. **Drug courts that kept data electronically versus in paper files had 1.5 times greater cost savings.** Maintaining data in electronic files implies some dedication of modern resources to the drug court program as well as a certain level of organization of the program.

These findings illustrate the importance of gaining feedback to enhance program practices over time. Evaluators should focus their efforts on how programs can improve their services rather than focusing on the problems or issues of the program under study. This will assist program staff in remaining open to evaluation and change.

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

Key Component #9: Description

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

Key Component #9: What Are the Drug Courts in Maryland Doing?

Most programs in this study had some team members who had received formal training, some who had on-the-job training, and others who had not received training, especially if the staff in particular roles had changed frequently. Because the state provides on sites and annual training and technical assistance opportunity, many program staff are accessing these resources, but there may be some key players in each community who have not consistently obtained training.

Key Component #9: How do These Practices Impact Outcomes?

Prosecutors being formally trained on the drug court model was a practice found more consistently in the least effective sites rather than the more effective sites, which seems somewhat inconsistent with findings elsewhere and with the Key Component's guideline that all team members have formal training in the drug court model and in their role specific to the program. However, it is possible that there is a tendency for prosecutors to be trained by a predecessor rather than formally, and for the formal training to be recommended or encouraged when there is indication that additional information and guidance is necessary.

Key Component #9: Lessons from Studies Outside Maryland

Other research has shown that staff training does relate to lower recidivism and lower costs (Carey, Finigan, & Pukstas, 2008).

1. Drug courts that engaged in staff training prior to implementing the program had 14 times greater cost savings (due to lower recidivism) than drug court that did not train staff prior to implementation.

The opportunity to train staff prior to program implementation is a relatively new phenomenon. Some of the older drug courts were implemented before any type of training on the drug court model or specific drug court practices existed. A good understanding of each team member's role and the goals of drug court allow the program to begin operations much more smoothly.

2. Drug courts that trained new staff prior to, or soon after, they started work had twice the cost savings (due to lower recidivism) of drug courts that did not train new staff.

Allowing time for new staff to learn about their role and tasks before beginning work will allow them to "hit the ground running" rather than attempting to do the job while learning about the job.

3. Drug courts that provided formal training for *all* team members had 5 times greater cost savings (due to lower recidivism) than drug courts that trained only some or none of their team members.

Each member of a drug court team has their own unique role and tasks in the program. It is important for all members of the team to understand their own role and how to perform it in an optimum way.

These results highlight the importance of training and experience for drug court staff, at least in the programs that have been studied in other states. Training staff, particularly when all team members are included, results in more positive outcomes. Drug court programs are based on practices that are somewhat unique, particularly within the criminal justice system. These practices include behavior modification techniques and non-adversarial approaches to solving problems. Most criminal justice related agency staff has never received education in these areas. An understanding of how these practices work is key to drug court staff ability to implement an effective drug court program.

Key Component #9: Summary of Practices Related to Improved Outcomes

Programs that were ranked as less effective than others also had more consistent training of prosecutors. This result may have emerged by chance, or may reflect a greater need for training in those communities, given the less positive outcomes of these programs.

Other research showed:

1. **Drug courts that engaged in staff training prior to implementing the program had 14 times greater cost savings (due to lower recidivism) than drug court that did not train staff prior to implementation.** A good understanding of each team member's role and the goals of drug court allow the program to begin operations much more smoothly.
2. **Drug courts that trained new staff prior to, or soon after, they started work had twice the cost savings (due to lower recidivism) of drug courts that did not train new staff.** Allowing time for new staff to learn about their role and tasks before beginning work will allow them to "hit the ground running" rather than attempting to do the job while learning about the job.
3. **Drug courts that provided formal training for *all* team members had 5 times greater cost savings (due to lower recidivism) than drug courts that trained only some or none of their team members.** It is important for all members of the team to understand their own role and how to perform it in an optimum way.

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

Key Component #10: Description

This component encourages drug courts to develop partnerships with other criminal justice and service agencies. For these collaborations to be true "partnerships," regular meetings and collaborations with these partners should occur. If successful, the drug court will benefit from the expertise that resides in all of the partner agencies. Participants will enjoy greater access to a variety of services. Drug courts must still decide with whom to partner and how formal to make these partnerships. Who will be considered as part of the main drug court team? Who will provide input primarily through policymaking? What types of services will be available to clients through these partnerships?

Key Component #10: What Are the Drug Courts in Maryland Doing?

Of the seven adult drug courts that participated in this study, at least six:

- The drug court has formal partnerships with community members to provide services.
- The drug court has partnerships with businesses for community service opportunities.
- The drug court has a partnership with an agency that provides educational services.

The implementation of just one practice varied across drug court sites. This practice was:

- The drug court has a steering or advisory committee that includes community members.

Key Component #10: Lessons from Studies Outside Maryland

Other research has shown that at least for some possible collaborating partners, including certain roles on the drug court team can relate to lower recidivism and lower costs (Carey, Finigan, & Pukstas, 2008). Specifically, as described in Key Component #1:

Drug courts that included law enforcement on the drug court team (as a team member that attends team meetings and court sessions) had 4 times higher cost savings than drug courts that did not include law enforcement on the team.

Working in the community (on the street), law enforcement can contribute a unique perspective to the drug court team. Law enforcement can improve referrals to the program and can extend the connection of the drug court team into the community for further information gathering and monitoring of participants (e.g., in the form of home visits). This all contributes to positive outcome costs.

Key Component #10: Summary of Practices Related to Improved Outcomes

Other research showed:

Drug courts that included law enforcement on the drug court team (as a team member that attends team meetings and court sessions) had 4 times higher cost savings than drug courts that did not include law enforcement on the team.

Working in the community (on the street), law enforcement can contribute a unique perspective to the drug court team.

Other Practice Information

The following information describes the programs that were included in this summary, and illustrates the diversity of programs in Maryland:

- Program caseload
 - Number of individuals participating at any one time
 - Less than 50 = 4 courts
 - 50-100 = 2 courts
 - More than 100 = 1 court
 - Although all 3 most effective courts have less than 100 clients, so do 2 of the 3 least effective courts
- Drug court capacity
 - The 3 most effective courts have from 50 to 150 capacity
 - The 3 least effective courts' capacities range from 25 to 450
- Minimum length of time in drug court program (in months)
 - There does not appear to be a relationship between minimum time in the program and drug court effectiveness
- Average length of time in drug court program (in months)
 - There does not appear to be a relationship between average time in the program and drug court effectiveness
- Drug of choice
 - There does not appear to be a relationship between drug of choice and drug court effectiveness

VIII. SUMMARY, RECOMMENDATIONS, AND CONCLUSION

Summary

PROCESS EVALUATION RESULTS

Staff coded each site with a process evaluation or pre-evaluation from this phase of work (15 programs total, 4 juvenile sites and 11 adult sites) as to whether the program met (or mostly met) minimum guidelines for each Component or Strategy.

Overall, sites ranged from meeting 2 to 9 of the 10 Key Components, with an average score of 4.9. The juvenile sites had an average score of 5.75 and the adult sites had an average score of 4.6. Of the 10 Key Components, none of the sites met the minimum criteria for Key Component #3 (early identification of eligible participants and rapid entry into the program³³) while 12 programs met the minimum criteria for Key Component #7 (ongoing judicial interaction³⁴).

Juvenile sites were also coded on the degree to which they met the 16 Juvenile Strategies. The four juvenile sites ranged from meeting 9 to 15 of the juvenile strategies. Of the 16 Juvenile Strategies, 2 to 4 of the sites adequately met each one (that is, at least half of the sites met each of the strategies).

OUTCOME EVALUATION RESULTS

Adult drug court programs on average had a 51% graduation rate (the percentage of individuals who completed the program successfully of those who have left the program), a 73% reduction in the rate of individuals with positive urinalysis tests during program participation, a 19% reduction in the recidivism rate (percent of individuals who had a new criminal offense) over 2 years from program entry (compared to the comparison groups), and a 29% reduction in the number of new arrests (over 2 years from program entry). DUI programs were more effective at reducing criminal recidivism overall than in reducing DUI charges per se, though the frequencies of new charges was low to begin with. Juvenile drug court programs produced a 23% reduction in arrest rates and a 22% reduction in the number of new arrests over 18 months (from program entry). The average graduation rate for the juvenile programs was 53%. Their reduction in positive urinalysis tests was 69%.

COST EVALUATION RESULTS

Program costs (investment in program services) per participant ranged from \$9,530 to \$34,646.

The results from seven Maryland Adult Drug Treatment Court Programs' cost evaluations show an average **24-month outcome cost savings of \$1,982 per adult drug treatment court participant** when compared to the comparison group. The results from two Maryland DUI Court Programs' cost evaluations show an average 24-month outcome cost savings of **\$1,505 per DUI court participant** when compared to the comparison group. The results from four Maryland Ju-

³³ Minimum guidelines for Key Component #3 include "must have arrest to entry window of less than 3 weeks" and all eligible participants are being identified."

³⁴ Minimum guidelines for Key Component #7 include "participants attends court review hearing once every 2 weeks (can be more for higher risk participants)" and "judge is voluntary and does not have a fixed term."

juvenile Drug Treatment Court Programs' cost evaluations show an average **18-month outcome cost savings of \$2,551 per juvenile drug treatment court participant** when compared to the comparison group.

The largest single resource used by these programs (adult, DUI, and juvenile) is jail/detention, while the largest expenditure for the comparison group is prison.

INTEGRATED RESULTS

This component of the report analyzed data from seven adult drug court programs that had process, outcome, and cost information.

The **recidivism rate** is the percent of individuals who had a new criminal offense in the 2 year period starting at the program entry date (or equivalent). Effect sizes ranged from -5% (comparison group did 5% better than the program) to 42% (program did 42% better than the comparison group). Two of the seven programs had worse or the same recidivism rate as the comparison group and the rest (five of seven) did better than the comparison group.

The **number of re-arrests** is related to the recidivism rate, but looks at the average number of arrests per person for 2 years from the program entry date or equivalent. Effect sizes ranged from -13% to 53%. One program had substantially more re-arrests than the comparison group, and the rest had fewer.

The number of arrests and related criminal justice system involvement contributes to the **cost that individuals have on publicly funded systems** during the 2 year outcome period that starts at program entry. Effect sizes for programs ranged from -45% (the program individuals costs 45% more than comparison group individuals) to 34%, with all but one program having a savings over traditional court processing.

For this set of programs, **graduation rates ranged from 38% to 72%**.

In order to help determine which program practices were most likely to result in the most effective courts, NPC rated the programs in relative effectiveness and then compared this ranking to 133 different practices.³⁵

Practices engaged in by all 3 most effective courts (but not the least effective courts):

- Probation always or usually attends drug court team meetings (staffings)
- Probation always or usually attends drug court sessions

Practices engaged in by the 3 least effective courts (but not the most effective courts):

- Drug court does not have a single treatment agency³⁶
- Prosecutor was formally trained on drug court model³⁷

³⁵ Information about drug court practices was gathered during process evaluations, from policy and procedures manuals and other program documents and information provided by drug court staff.

³⁶ This result has been found in other studies of drug courts nationally, that programs with a single provider have better outcomes.

³⁷ This result is in contrast to prior studies that indicate that having all members of the team trained to understand their role is important and contributes to positive outcomes. This result may indicate that training of the prosecution is less essential than other practices in contributing to positive program outcomes.

In addition, probation always or usually attended staffing meetings and drug court sessions in the top five courts, ranked by graduation rate. The two sites with the lowest graduation rates were the courts where probation did not attend team meetings and either did not attend or did not attend regularly the drug court sessions.

Recommendations

There are several areas that emerged as themes in multiples sites or statewide that impact the operations of the problem-solving courts. They are described briefly below along with suggestions for implementing program enhancements.

INVOLVE LOCAL LAW ENFORCEMENT

Law enforcement can be a useful member of drug court teams because of the potential information they can offer from their unique perspective on the community (due to their work on the street), their connection to crime investigation and enforcing warrants, and their ability to support community supervision and monitoring. Sanford (2005) reported that law enforcement policy may affect drug courts through targeted drug enforcement efforts within those communities. He further argued that when law enforcement authorities understand that their efforts are validated by the attention of a dedicated drug court system, their drug enforcement efforts may be “institutionally reinforced and perpetuated.” Previous drug court research has indicated that drug courts that included law enforcement on the drug court team (as a team member that attends team meetings and court sessions) had 4 times higher cost savings than drug courts that did not include law enforcement on the team (Carey, Finigan, & Pukstas, 2008).

Suggestion:

- Sites without law enforcement representation on their teams and/or advisory board should consider inviting their participation. Some programs allocate resources for law enforcement to support home visits (including checks on appropriate living situations and in-home drug testing).

JUVENILE DRUG COURTS: DEVELOP COLLABORATION BETWEEN COURTS AND THE DEPARTMENT OF JUVENILE SERVICES

Some of the juvenile drug court programs experienced challenges because of a need for additional communication and collaboration between key agencies on their teams. Specifically, there was sometimes a lack of trust or lack of role clarity between staff with case management or supervision responsibilities. For example, probation staff from the Department of Juvenile Services feels comfortable with their existing roles providing case management and supervision. In juvenile drug court programs, however, there is sometimes another staff role (treatment or court-based) providing case management services. While this structure can be beneficial, especially if DJS staff has high caseloads and/or limited availability to provide intensive case management due to other work responsibilities, the added case management staff also means increased need for role clarity, communication, and effort to ensure that all team members feel included and valued for their contributions and experience. It can be difficult to relinquish a part of one’s job, especially if the person (for example a DJS staff person) feels competent at it and enjoys that part of the work. Without strong leadership and an effort to build and maintain interagency and individual relationships, the result can be feelings of competition, turf battles, and distrust. It is important that as additional resources become available to a community through programs such as juvenile

drug courts, that all affected agencies and staff are included in discussions and solution-making so that energy can be used toward improving and enhancing services for youth and families.

Suggestions:

- Continue state-level and county-level conversations between leadership at the courts and Department of Juvenile Services.
- Include probation agents and supervisors/managers in planning for new juvenile drug courts.
- Establish communication systems between team members.
- Discuss roles and responsibilities as a team and make sure everyone understands everyone else's role. Take the time to address conflicts, misperceptions, and concerns related to turf and role sensitivity. Address political issues (e.g., fears related to funding or prestige) if they are barriers to interagency collaborations.

MINIMIZE TIME TO SERVICE

Key Component #3 encourages programs to establish efficient systems of identifying eligible participants as early as possible and facilitating their prompt placement in the drug court program. Many programs faced challenges, often outside of their control, in identifying participants early or placing them quickly into the program. Some of these reasons included the delays inherent in post-adjudication or post-plea structures, when the defendant has to proceed through the regular court process first before entering drug court, or programs that serve offenders who have not succeeded at standard probation and enter drug court due to probation violations. Striking a balance between due process/traditional court systems and a service-oriented/substance abuse approach is one of the key challenges inherent in drug court programs—collaborating between different systems with multiple objectives. It is important for programs, and their partner agencies, to keep in mind the importance of helping offenders who need it access treatment resources and that an immediate treatment response to a crisis, such as an arrest, is more likely to be effective because the individual often has a heightened awareness of the problem or a heightened readiness for change. Once that window of opportunity has passed, it can sometimes be more difficult to re-engage the person. The sooner individuals needing treatment are connected with resources, the better their outcomes are likely to be. In addition, long delays, as we see in some programs (up to 9 months as a program average), provide opportunity for a person with a substance abuse problem to relapse, develop more serious use, create additional harm to herself/himself, and continue to offend. The closer program entry is to 20 days, the better in terms of their outcome costs (Carey, Finigan, & Pukstas, 2008).

Suggestions:

- Strategize how to decrease the time from arrest to referral to entry into the program. To identify bottlenecks or structural barriers, and points in the process where more efficient procedures may be implemented and time to drug court entry shortened, programs should regularly conduct a review and analysis of the case flow from referral to eligibility determination to drug court entry, both to look at the actual time it takes, and where the delays occur. Analyze where additional efficiencies may be possible. The program should identify areas where there are constraints they cannot control based on timelines from other agencies. This should help the program become aware of what they cannot change, and try to build relationships with agencies to see if they can make other changes later.

Strategies can then be tested that help reduce barriers to a quicker flow from arrest to program participation.

- Use a team meeting to brainstorm—and test—possible solutions to the barriers identified. The program should set a goal for how many days it should take to admit participants into the program, and work toward achieving that goal.
- Work on possible arrangements to get participants into treatment even before they plea. Meet with defense attorneys to discuss the benefits of treatment and to see if they will encourage their clients to participate in an assessment or begin treatment as a way of showing the judge their commitment and effort to change their behavior (and look good at the sentencing).

ESTABLISH A SYSTEM FOR EFFECTIVE PARTICIPANT RECRUITMENT

Related to the issue of the time between arrest and program entry is the topic of barriers to program entry. Many programs struggle to identify or access eligible participants, or to engage them in the program, either because of real or perceived burdens on participants who agree to join the program. It was widely shared that communities are struggling with large numbers of drug-related arrests and drug addicted offenders who could benefit from the drug court program. Yet many programs are not serving the majority of offenders who might be eligible.

Suggestions:

- Conduct an assessment of the referral sources and decision points between arrest and program entry to identify any barriers. Work to prioritize and address them.
- Talk to offenders who chose not to participate, to find out why they chose not to. Work on prioritizing and addresses these reasons.
- Work closely with public defenders to address their concerns and to reassure them that the support offered by these programs is intended to benefit the clients, the community, and the overall justice system.

ENSURE STAFF HAS REASONABLE CASELOADS

In order for supervision and case management to be effective, staff needs to maintain caseloads appropriate to the level of intensity that is required for the population being served. The American Parole and Probation Association recommends caseload standards of 20 intensely supervised individuals for each agent (Burrell, 2006). The drug court programs should try to stay as close to these guidelines as possible in order to achieve and maintain the structured nature and benefits of the model. Staff can have larger caseloads if supervision and case management responsibilities are shared or if some participants require less contact and support (based on appropriate and standardized needs assessment). It is also important to take into account other staff responsibilities when determining appropriate caseload size (that is, if a staff person has a large amount of administrative responsibility or carries a non-drug court caseload in addition to the drug court caseload, the total number of drug court clients the person can be expected to work effectively with will need to be adjusted. In addition, one important aspect of effective case management and supervision is staff availability and follow-through, so it is essential that staff with these roles have adequate time and flexibility available to be consistently in touch with clients assigned to them.

In addition, results from this overall study indicate that the practices that stood out as being strongly related to graduation rate were the involvement of probation in team meetings and court

sessions. Probation is an important team member (Key Component #1) and if they are not fully involved, it is worth the effort to engage them in the program.

Suggestions:

- Establish caseload guidelines as a state and provide support to programs to ensure adequate staffing based on program size. Programs should serve adequate numbers to be cost effective and have a staff to client ratio that allows staff to provide the level of supervision and case management appropriate to the risk level of the program's clientele.
- Programs may need to work at higher levels of administration to ensure that probation and parole staff at the county level are permitted to participate in the drug court program (that is, that they are able to attend team meetings and drug court sessions) and are given enough time to serve the clients on their caseload.

IMPLEMENT STRENGTH-BASED APPROACHES

While strength-based practices are specifically included in the juvenile drug court model (Juvenile Strategy #11), this approach can benefit participants in any type of problem-solving court. Strength-based practices (SBP) help build trust between participants and staff, and help engage participants and their families in the change process. SBPs increase accountability because individuals are part of their service (case) planning and feel ownership of their goals. Strengths approaches fit well in adult models through the incentives and rewards of Key Component #6. While most programs focus first on their sanctions schedule and on imposing sanctions for program rule infractions, it is important to keep incentives and rewards in mind as a crucial component of the behavioral change process. Incentives/rewards should noticeably outnumber sanctions. While most programs use incentives and rewards, this is an area that can be expanded in most programs. Sanctions will assist drug court participants in what *not* to do, while rewards will help participants learn what they should do. Rewards teach that it can be a pleasant experience to follow through on program requirements and in turn, to follow through on positive life activities. It is important to incorporate both rewards and sanctions, as sanctions will only demonstrate to participants what behaviors are inappropriate but will not help them learn the behaviors that are appropriate.

Suggestions:

- Ensure that all team members understand the importance and role of strength-based practices in developing trust between participants and staff and building participant engagement. Ensure that this training is available and release time is provided.

DIFFERENTIATE TREATMENT RESPONSES FROM SANCTIONS

Substance abusers will relapse, and this is an expected part of the recovery process. Addicts and offenders also will often use immature and/or unhealthy decision-making and problem-solving strategies. Knowledge and attitudes need to change in addition to behavior, new coping mechanisms developed and practiced, often new living situations and peer groups need to be identified. These changes take work and take time. Through their participation in the drug court program, participants are learning new appropriate and healthy attitudes and behaviors as well as trying to unlearn earlier habits. It is important to reserve sanctions (such as a night in jail or extra community service hours) for criminal/anti-social behavior and utilize treatment responses (such as increased treatment sessions, increased frequency of required self-help meetings, or asking the per-

son to find a new self-help group) for treatment infractions, such as not attending a group meeting or a positive drug test.

Suggestions:

- Review program policies and procedures to ensure that materials clearly acknowledge the change process and the recovery process, as well as differentiate criminal and addictive behaviors and the responses to those behaviors.
- Ensure that all team members are trained to understand both the addiction/recovery processes and criminogenic (contributing to offending) risks and needs.

INCREASE INCENTIVES FOR PARTICIPANTS

Key Component #6 and Juvenile Strategy #15 focus on developing goal-oriented incentives and sanctions through a coordinated strategy that governs drug court responses to participants' compliance. The idea is to reinforce or modify the behavior of participants. Many programs develop relationships (within their local or state ethics restrictions/guidelines) with community agencies, organizations, or individuals who are supportive of the program's goals and provide products (or funds to purchase them) or in-kind services that are used as incentives (such as movie tickets, health club memberships, gift cards, etc.). While some teams had found creative ways to access resources for incentives and had developed extensive community buy-in and support of their program, other teams struggled with the real or perceived limitations on them as public employees to accept donated items or services. It is important that staff maintain high standards of ethics and integrity without creating a barrier to effective comprehensive services for program participants that include effective strategies for engaging participants and enhancing behavior change.

Suggestions:

- Sites should ensure that all team members fully understand the intent and benefits of Key Component #6/Juvenile Strategy #15, that research demonstrates the positive impacts on program effectiveness of using incentives and sanctions in drug court settings.
- Talk to colleagues in other programs about creative incentives and rewards they have used. (See Appendix F for a list of some incentives and rewards). Ask participants what would motivate them so that the incentives and rewards are most impactful.
- Work with your advisory or steering committee to engage community partners in the program for ideas about accessing resources that could be used for incentives and rewards.
- Sites should identify the guidelines and laws that govern their ability to accept donations and what the specifics of those regulations are. If regulations allow programs to accept donations for their participants, ensure that this information is shared clearly with all team and advisory board members, or other stakeholders.
- If regulations are vague or non-specific, convene a team meeting or advisory board meeting to discuss the local interpretation of the guidelines and agree on terms (policies and procedures that all members feel comfortable with).

- If the team or advisory board feels the current regulations are too restrictive or being interpreted too narrowly, this can be a topic worthy of discussing and pursuing through the appropriate channels.

ENSURE ADEQUATE PROGRAM OR COMMUNITY SUPPORTS ARE IN PLACE FOR PARTICIPANTS AFTER PROGRAM PARTICIPATION: AFTERCARE

One of the areas that many programs lacked in terms of their treatment continuum was a structured or formal aftercare (or re-entry) protocol. Because programs often do not have jurisdiction over participants after the end of the program, they feel constrained and sometimes unable to offer this service. However, it is important to remember the treatment phases and program phases do not have to overlap and it is appropriate to build treatment aftercare in before the end of the program (and minimally to ensure that all participants prepare a relapse prevention and community support plan before leaving the program). In addition, effective re-entry planning should be part of every service plan, so that each participant has adequate community supports in place before leaving the structure and support of the program.

Suggestions:

- Program staff should talk to colleagues in other programs to get ideas about how they have structured their aftercare components. For example, some programs have used alumni support groups effectively. This model is also a low-cost solution to meeting this need.
- Look at creative options for providing or allowing continuing contact with participants after treatment completion and program completion.
- Whenever possible, build in monthly phone check-ins with departing participants for a few months to see how they are doing, remind them of their progress, and provide support or referrals as needed to prevent relapse or intervene if they are having difficulty.

ENSURE PROGRAMS HAVE EFFECTIVE DRUG TESTING PROTOCOLS

One area that emerged as a program improvement area in multiple sites was drug testing. Testing protocols should minimize the potential for participants to use without detection. Testing should be random or occur frequently enough so that randomization is not needed (3 times per week). It is also recommended that drug testing remain frequent during the program, especially as other supervision and supports are reduced, so that relapse can be prevented or identified. A particular area of importance is ensuring that results are obtained rapidly so that a treatment response to relapse can be swift, both as an effective behavioral change strategy and to prevent a crisis from worsening. While lab testing has its place as a verification process, reliance solely on lab analysis can mean a delay between the test and the results as well increased cost.

Suggestions:

- Utilize a combination of instant and lab testing procedures to benefit from immediate response to behavior as well as confidence in the results.
- Ensure that testing follows best practices, such as testing for varied substances, using random or frequent testing, and observing sample collection.

CONTINUE PROGRAM MONITORING AND EVALUATION

Key component #8 encourages drug court programs to monitor their progress towards their goals and evaluate the effectiveness of their practices. The current cost and outcomes studies were limited in their ability to identify significant differences due to small sample sizes and the lack of consistently available administrative data. Despite this limitation, these evaluations have established a baseline for future studies. This work, combined with the implementation of the new SMART system statewide, provides the foundation for future program monitoring, evaluation, and research on the effectiveness of Maryland Problem Solving Courts that could be beneficial nationally. With SMART providing electronic data storage for the multiple agencies within each site, future cost and outcomes studies will likely require fewer data collection and preparation resources and may be able to find more significant results with larger sample sizes and more consistent and complete program data.

Suggestions:

- Prepare for future studies by reviewing the system to ensure all necessary information to conduct future evaluations is present and complete. For example, storing identification numbers necessary for statewide data requests, such as the participant's state ID number used by the Department of Public Safety and Correctional Services and the scores from substance use and criminogenic assessments completed by case managers or treatment providers in SMART will streamline the data collection process for future evaluators.
- Ensure that quality historical program data are available for future studies. Program information from prior to the implementation of SMART has been and will continue to be more challenging to locate and compile. Encourage programs (by providing the resources or developing a system for uploading data from other sources into SMART) to store information from participants who entered and completed the program before the implementation of SMART to maintain all records within this system, including referrals to the program who may or may not have participated. Establish a connection between the HATS data system and SMART or work to have those data uploaded. Ensure that a minimum set of data elements (for a comprehensive list, see NPC Research's Data Elements Worksheet) are entered for all participants, historical as well as current. Require programs to maintain all paper file information from their program since inception on participants and program components.
- Future studies would also be enhanced by a more rigorous methodology than was available for these evaluations. Consider a random assignment design that would include identifying individuals for the program and then allowing some to participate and others to be monitored over time who did not receive the program, perhaps in a large area like Baltimore City. Ensure that the randomly assigned control group has not previously attended the program being studied, or any other similar programs available in that area. These studies require long-term planning to allow for participants to finish the program and then have time post-program to observe for recidivism. Ideally, programs should be at capacity for several years before embarking on any new evaluations and have enough participants so that the study does not need to include the first cohort of participants who were served while the program was still in its early implementation phase. In addition, administrative data from local law enforcement, local jail records and motor vehicle records should be utilize for any future evaluations of DUI Court programs.

- In addition, programs need to be able to self-monitor through accessing their own data from the SMART system. Ensure that these functions are available to programs and provide technical assistance for program coordinators so that they may be able to assess their programs' effectiveness, for example; calculating graduation rates over time, assessing the average length of stay, or examining characteristics of those who are completing the program unsuccessfully.

ENSURE STAFF ARE THOROUGHLY TRAINED

Key Component #9 guides programs to ensure that all team members are trained, both in the drug court model and in their role in the program. Training of all members, before they begin their program duties, has been linked to positive client outcomes, including higher graduation rates and lower recidivism. In other studies, drug courts that trained new staff prior to, or soon after, they started work had twice the cost savings of drug courts that did not train new staff. Allowing time for new staff to learn about their role and tasks before beginning work will allow them to “hit the ground running” rather than attempting to do the job while learning about the job. While the value of experiential learning cannot be overlooked and the support of colleagues is beneficial, some programs rely on other staff to provide on-the-job training to new team members rather than committing the resources (staff time, travel funds when needed) to ensure that team member receive formal (professional), comprehensive training by drug court experts.

Suggestions:

- Maryland's Office of Problem-Solving Courts has comprehensive, low cost training resources available. Staff should utilize these resources whenever they are starting a new program or bringing on new team members.
- Work at the agency level to educate administrators/managers about the value of training and to ensure that staff is permitted release time to be trained. In addition to initial orientation and training, refresher trainings and new information is needed on an ongoing basis.
- Continue to utilize colleagues within and outside of the community to problem solve, gain support, and learn about new promising practices or creative ideas to address challenges your program faces.
- Set up opportunities for cross-training (e.g., ensuring that treatment professionals learn about criminal justice and criminal justice professionals learn about addiction treatment) and discussions about role clarification.

Conclusion

The integration of the process, outcome, and cost results from the many problem-solving courts in Maryland that have participated in evaluation over the past 3 years provides the opportunity to look at areas of strength and challenge across the state. The results of these studies offer many areas that programs can continue to work on to enhance program practices and increase their effectiveness in the years to come.

Though there is variability in recidivism, cost and graduation outcomes, most programs are demonstrating positive impacts on participants, the community, and the criminal justice system. With prison as the largest expenditure to the community for those who were eligible but not participating in problem solving courts in Maryland, adult, juvenile and DUI courts are providing an important service to the state.

IX. REFERENCES

- Belenko, S. (1998). Research on drug courts: A critical review. *National Drug Court Institute Review*, 1(1), 1-42.
- Belenko, S. (2001). Research on drug courts: A critical review 2001 update. *National Drug Court Institute Review*, 4, 1-60.
- Burrell, B., Temple University (2006). *Caseload Standards for Probation and Parole*. Retrieved January 2008, from http://www.appa-net.org/ccheadlines/docs/Caseload_Standards_PP_0906.pdf
- Carey, S. M., & Finigan, M. W. (2004). A detailed cost analysis in a mature drug court setting: a cost-benefit evaluation of the Multnomah County Drug Court. *Journal of Contemporary Criminal Justice*. 20(3) 292-338.
- Carey, S. M., Finigan, M. W., Crumpton, D., & Waller, M. S. (2006). "California Drug Courts: outcomes, costs and promising practices: an overview of Phase II in a statewide study." *Journal of Psychoactive Drugs*. SARC supplement 3.
- Carey, S. M., Finigan, M. W., & Pukstas, K. (2008). Adult drug courts: variations in practice, outcomes and costs in eighteen programs in four states submitted to the U.S. Department of Justice, National Institute of Justice.
- Carey, S. M., Finigan, M. W., Waller, M. S., Lucas, L. M., & Crumpton, D. (2005). *California drug courts: A methodology for determining costs and avoided costs, Phase II: Testing the methodology, final report*. Submitted to the California Administrative Office of the Courts, November 2004. Submitted to the USDOJ Bureau of Justice Assistance in May 2005.
- Carey, S. M., Pukstas, K., Waller, M. S., & Finigan, M. W. (2008). Drug courts and state mandated drug treatment programs: outcomes, costs and consequences. Submitted to the U.S. Department of Justice, National Institute of Justice.
- Carey, S. M., Marchand, G., & Waller, M. S. (2006). Clackamas County Juvenile Drug Court Enhancement Cost Evaluation Final Report. Submitted to OJDDP. Full text of report can be found at www.npcresearch.com.
- Carey, S. M., Weller, J. M., & Heiser, C. (2003). "Clackamas County Adult Drug Court Process Evaluation Final Report." Submitted to the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice.
- Carey, S. M., & Waller, M. S. (2007). Guam Adult Drug Court Evaluation: Final Report. NPC Research: Portland, OR. Available at <http://www.npcresearch.com>
- Finigan, M. W., Carey, S. M., & Cox, A. (2007). The Impact of Mature Drug Court Over 10 Years of Operation: Recidivism and Costs." Submitted to the U.S. Department of Justice, National Institute of Justice.
http://www.npcresearch.com/Files/10yr_STOP_Court_Analysis_Final_Report.pdf
- Government Accounting Office (GAO) (2005). "Adult Drug Courts: Evidence indicates recidivism reductions and mixed results for other outcomes." February 2005 Report. Available at www.gao.gov/new.items/d05219.pdf

- Mackin, J. R., Carey, S. M., Finigan, M. W., Lucas, L. M., Strong, S. E., & Waller, M. S. (2008). *Harford County District Court Adult Drug Court, Outcome and Cost Evaluation*. A report to the Maryland Judiciary, Office of Problem-Solving Courts. NPC Research: Portland, OR.
- Marlowe, D. B., Festinger, D. S., Lee, P. A., Dugosh, K. L., & Benasutti, K. M. (2006). Matching judicial supervision to client risk status in drug court. *Crime and Delinquency*, 52(1), 52-76.
- National Association of Drug Court Professionals Drug Court Standards Committee (1997). *Defining drug courts: The key components*. U.S. Department of Justice, Office of Justice Programs, Drug Court Programs Office.
- National Association for Drug Court Professionals, 2009, Drug court history. On-line at: <http://www.nadcp.org/learn/what-are-drug-courts/history>. Retrieved October 2009.
- National Drug Court Institute and National Council of Juvenile and Family Court Judges (2003). *Juvenile drug courts: Strategies in practice*. U. S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.

**APPENDIX A. MARYLAND COURTS/COUNTIES
INCLUDED IN THIS INTEGRATED REPORT**

List of Maryland Courts/Counties Included in this Project

Maryland Drug Courts Receiving Evaluations

Adult Drug Court Sites Receiving Process Evaluations

Previous phases of work:

1. Anne Arundel District Drug Court
2. Baltimore City Circuit Drug Court
3. Baltimore City District Drug Court
4. Harford County District Drug Court

This phase of work:

1. Anne Arundel County Adult Circuit Drug Court
2. Cecil County Adult Circuit Drug Court
3. Dorchester County Adult District Drug Court
4. Frederick County Adult Circuit Drug Court
5. Harford County Adult Circuit Drug Court
6. Howard County Adult DTC (Drug Treatment Court)
7. Howard County Adult DUI Court
8. Montgomery County Adult Circuit Drug Court
9. Prince George's County Adult Circuit Drug Court
10. Wicomico County Adult Circuit Drug Court
11. Worcester County Adult Circuit Drug Court
12. Worcester County Adult District Drug Court

TOTAL 16 SITES

Juvenile Drug Court Sites Receiving Process Evaluations

Previous phase of work:

1. Baltimore City Juvenile Drug Court
2. Caroline County Juvenile Drug Court
3. Dorchester County Juvenile Drug Court
4. Harford County Juvenile Drug Court
5. Montgomery County Juvenile Drug Court
6. Prince George's County Juvenile Drug Court
7. Talbot County Juvenile Drug Court

This phase of work:

1. Calvert County Juvenile Drug Court
2. Charles County Juvenile Drug Court
3. Somerset County Juvenile Drug Court
4. Worcester County Juvenile Drug Court

TOTAL 11 SITES

Adult Drug/DUI Court Sites Receiving Outcome & Cost Evaluations

Previous phases of work:

1. Anne Arundel District Drug Court
2. Baltimore City Circuit Drug Court
3. Baltimore City District Drug Court

This phase of work:

1. Baltimore City Family Recovery Court
2. Harford District Drug Court
3. Prince George's Circuit Drug Court
4. Montgomery Circuit Drug Court
5. Wicomico Circuit Drug Court
6. Baltimore City Adult District
7. Baltimore City Circuit Drug Treatment Court
8. Baltimore City Circuit FDI (Felony Diversion Initiative) Court
9. Anne Arundel DUI Court
10. Howard Drug Treatment Court
11. Howard DUI Court

TOTAL 14 SITES

Juvenile Drug Court Sites Receiving Outcome Cost Evaluations

Previous phase of work:

1. Harford County Juvenile Drug Court
2. St. Mary's County Juvenile Drug Court
3. Baltimore County Juvenile Drug Court
4. Anne Arundel County Juvenile Drug Court

TOTAL 4 SITES

County/City	Maryland Problem-Solving Court	Pre-Process Report Completed	Process Evaluation Report Completed	Outcome/Cost Evaluation Report Completed
Anne Arundel	Anne Arundel Co. District Adult DC		March 2007	
Anne Arundel	Anne Arundel Co. Circuit Juvenile DC		Completed by Glacier Consulting, Inc.	Report submitted to AOC
Anne Arundel	Anne Arundel Co. District DUI DC			Report sent to site 12/17/09. Will provide feedback by 12/22.
Anne Arundel	Anne Arundel Co. Circuit Adult DC		February 2009	
Anne Arundel	Anne Arundel Co. Circuit Family Dependency DC			
Baltimore City	Baltimore City District Adult DC		September 2007	June 2009
Baltimore City	Baltimore City Circuit Adult DC		July 2007	Report submitted to AOC
Baltimore City	Baltimore City Circuit/District Adult DC employment enhancement (collaboration with Goodwill Industries of the Chesapeake)		December 2007	June 2008
Baltimore City	Baltimore City Circuit Adult DC & Felony Diversion Initiative			Report submitted to AOC
Baltimore City	Baltimore City Circuit Juvenile DC		October 2006; TA plan proposed	
Baltimore City	Baltimore City Circuit Juvenile DC employment enhancement (collaboration with Goodwill Industries of the Chesapeake)		February 2008	

County/City	Maryland Problem-Solving Court	Pre-Process Report Completed	Process Evaluation Report Completed	Outcome/Cost Evaluation Report Completed
Baltimore City	Baltimore City Circuit Family Dependency DC		August 2008	Final report completed August 2008
Baltimore County	Baltimore Co. Circuit Juvenile DC		Completed by U of Baltimore	Report submitted to AOC
Calvert	Calvert Co. Circuit Juvenile DC	January 2008	October 2008	
Calvert	Calvert Co. Circuit Family Dependency DC			
Caroline	Caroline Co. Circuit Juvenile DC		July 2007	
Caroline	Caroline Co. Circuit Adult DC			
Carroll	Carroll Co. Circuit Adult DC	January 2008		
Cecil	Cecil Co. Circuit Adult DC		August 2008	
Charles	Charles Co. Circuit Juvenile DC		January 2009	
Dorchester	Dorchester Co. Circuit Juvenile DC		August 2007	
Dorchester	Dorchester Co. District Adult DC		April 2009	
Frederick	Frederick Co. Circuit Adult DC		November 2007	
Harford	Harford Co. District Adult DC		July 2007	April 2008
Harford	Harford Co. Circuit Juvenile DC		October 2006	October 2006
Harford	Harford Co. Circuit Family Dependency DC		May 2008	
Harford	Harford Co. Circuit Adult DC	January 2008	April 2009	
Harford	Harford Co. District DUI DC			
Howard	Howard Co. District Adult DC		August 2008 (combined report with DUI Court)	Report submitted to AOC

County/City	Maryland Problem-Solving Court	Pre-Process Report Completed	Process Evaluation Report Completed	Outcome/Cost Evaluation Report Completed
Howard	Howard Co. District DUI DC		August 2008 (combined report with Drug Court)	Report sent to site 12/16/09. Will provide feedback by 12/22.
Montgomery	Montgomery Co. Circuit Adult DC		August 2008	Report submitted to AOC
Montgomery	Montgomery Co. Circuit Juvenile DC		October 2007	
Prince George's	Prince George's Co. Circuit Adult DC		July 2007	October 2008
Prince George's	Prince George's Co. Circuit Juvenile DC	Draft of final materials sent to site June 07	March 2008 (dated Sept 07)	
Prince George's	Prince George's Co. District Adult Drug Court	January 2008		
Prince George's	Prince George's Co. Circuit Family Dependency DC			
Queen Anne's	Queen Anne's Co. Circuit Juvenile DC			
Somerset	Somerset Co. Circuit Juvenile DC	January 2008	September 2008	
St. Mary's	St. Mary's Co. Circuit Juvenile DC		Completed by U of Maryland	December 2009
Talbot	Talbot Co. Circuit Juvenile DC		September 2007	
Talbot	Talbot Co. District VOP DC			
Talbot	Talbot Co. Circuit Family Dependency DC			
Washington	Washington Co. Circuit Juvenile DC			
Wicomico	Wicomico Co. Circuit Adult DC		April 2008	Report sent to site 12/17/09 for re-review.
Wicomico	Wicomico Co. District Adult DC			

County/City	Maryland Problem-Solving Court	Pre-Process Report Completed	Process Evaluation Report Completed	Outcome/Cost Evaluation Report Completed
Worcester	Worcester Co. Circuit Juvenile DC		April 2009	
Worcester	Worcester Co. District Adult DC		August 2008 (combined report with Circuit Court)	
Worcester	Worcester Co. Circuit Adult DC		August 2008 (combined report with District Court)	
Worcester	Worcester Co. Circuit Family Dependency DC			
Worcester	Worcester Co. District DUI DC			

APPENDIX B. STUDY METHODS

PROCESS EVALUATION METHODS

Information for the process evaluations of Maryland problem-solving courts was acquired from several sources at each site, including observations of court hearings and team meetings during site visits, key stakeholder interviews, current and former participant interviews and focus groups, and program documents. The methods used to gather information from each source are described below.

Site Visits

NPC staff traveled to each site at least once. The visit(s) included attendance at a drug court team meeting and an observation of a drug court hearing. The visits usually involved meeting the coordinator, judge, and other key staff and program partners. Focus groups were conducted with participants (see description below) and program documents, including program data when available, were obtained. Observations and focus groups provided information about the structure, procedures, and routines used in the drug court.

Key Stakeholder Interviews

Key stakeholder interviews, generally conducted by telephone, were a critical component of the process studies. NPC Research staff interviewed key individuals involved in the administration of the drug court, including the judge, the program coordinator, the assistant state's attorney, the assistant public defender,³⁸ treatment provider(s) or treatment representative(s), parole/probation agent(s), law enforcement officer(s), and any other team member specific to a particular program.

NPC designed a *Drug Court Typology Interview Guide*,³⁹ which provided a consistent method for collecting structure and process information from drug courts. In the interest of making each evaluation reflect local circumstances, this guide was modified to fit the purposes of the local evaluation and each particular problem-solving court. Prior to each interview, evaluation staff identified the questions needed from the general typology, and added additional questions based on information gathered during the pre-evaluation process, in prior interviews or during site visits and in program documents. The additional questions were included to resolve inconsistencies received through various information sources or to elaborate on information already obtained, in order to clarify the evaluation team's understanding of the local process and implementation. The information gathered through the use of this guide assisted the evaluation team in focusing on the day-to-day operations as well as the most important and unique characteristics of the program.

For the process interviews, key individuals involved with program administration were asked questions from the *Typology Interview Guide* during telephone calls at several points in time. This approach allowed us to keep track of the changes in the program process from the beginning to the end of each site's study.

³⁸ There was a period of time when the Maryland Office of the Public Defender prevented local public defenders from participating in the process evaluations, so during this time these team members were not interviewed.

³⁹ 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 description of the guide can be found in Appendix A, and a copy can be found on the NPC Research Web site at [www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_\(copyrighted\).pdf](http://www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_(copyrighted).pdf). The guide was adapted for use in the juvenile programs, by including questions about school linkages, parent/guardian participation, and developmentally appropriate services.

Focus Groups and Participant Interviews

Participant feedback is highly valued and typically included in NPC process evaluation reports. When possible, focus groups are conducted with active participants, program graduates, and program non-graduates who were no longer active but had not completed the program successfully. Focus groups were conducted at the court, health department, treatment provider office, or other community setting that was accessible to participants. Food was provided.

The focus groups provided program participants with an opportunity to share their experiences and perceptions regarding the program process.

Participant interviews were conducted in person or by phone in a few situation when focus groups were not feasible (e.g., too few people arrived for the group) or when NPC staff could not access participants (such as non-graduates who were in jail or had moved out of the county). When interviews were conducted, the participant received a gift card for their participation.

JUVENILE SITES

The only difference in process evaluation methodology between the adult and juvenile problem-solving courts was that in the juvenile sites, NPC staff conducted focus groups and/or interviews with the parents/guardians of youth participants in the program.

Document Review

In order to better understand the operations and practices of each problem-solving court, the evaluation team reviewed the program policy and procedure manual, participant handbook, release forms, brochures, prior grant proposal, prior evaluation reports, and any other program documents that were available. Information contained in these documents was compared to data obtained from other sources, to ensure consistency and comprehension across the program.

Analysis

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

NPC evaluators manually extracted key themes that emerged from these data sources that related to the appropriate 10 Key Components of drug courts (NADCP, 1997) and 16 juvenile strategies (NDCI & NCJFCJ, 2003). The evaluators then compared the program's practices with these professional guidelines for drug court programs to provide recommendations for program improvement.

OUTCOME EVALUATION METHODS

Adult Drug Treatment Court Outcome Evaluation Methods

Results from seven Maryland adult drug treatment courts (Baltimore City Circuit, Baltimore City Circuit - FDI, Harford County District, Howard County District, Montgomery County Circuit, Prince George's County Circuit and Wicomico County Circuit) outcome evaluations are included in this report.

Overall, the outcomes analyses were based on a cohort of adult drug court participants from each site and a matched comparison group of offenders from the corresponding county who were eligible for the adult drug court programs through their criminal history but who did not attend the programs. These individuals were tracked through administrative data for at least 24 months post program entry (and a similar time period for the comparison group). The studies sought to compare recidivism for the two groups over the 24 months and examine the graduation rate and effects on substance use for program participants.

These studies were conducted by NPC Research using the methods described in detail below.

RESEARCH STRATEGY

The primary criminal justice system outcome of interest to drug court programs is recidivism of participants after beginning the programs. Re-arrests were defined in these studies as any new criminal arrest after program entry (not including traffic offenses).

The outcome evaluation studies examined outcomes over a 2-year period for all seven sites with more time considered where it was available (up to 48 months), for program participants and a matched comparison group.

NPC Research staff identified samples of adult drug court participants who entered the program at least six months prior to the data collection date for each study. This time frame included all participants since each program's inception, although it is generally advisable to leave out participants in the first 6 months to a year of program implementation (due to typical program adjustments when starting out). This was not feasible in most cases due to the small number of participants in each program.

Many of the outcome results present data for different groups of individuals who had 6, 12, 18 and 24 months of available follow-up time, with the 6-month group being the largest and the 24-month group being the smallest. The shorter follow-up period has the advantage of larger numbers but the disadvantage of representing time that most individuals were still in the program and with little time to demonstrate program impact. The longer follow-up periods allow for more time to see program impact but the group sizes become too small in some cases to be able to measure significant differences between the program and comparison groups.

Graduation rates were calculated for the programs by dividing the number of participants who graduated by the total number who exited the program during the study time period. The graduation rates do not include active participants.

Differences in demographics and criminal history between adult drug court graduates and non-graduates were examined to determine if there were indications that specific groups would need additional attention from the program to increase successful outcomes.

OUTCOME/IMPACT STUDY QUESTIONS

The outcome evaluations were designed to address the following study questions for each site:

1. Does the adult drug treatment court reduce substance abuse among program participants?
2. Does the adult drug treatment court program reduce recidivism?
3. To what extent are adult drug treatment court participants successful in completing the program?
4. What participant and program characteristics predict successful outcomes (i.e., program completion, decreased recidivism)?

DATA COLLECTION AND SOURCES

NPC staff members adapted procedures developed in previous drug court evaluation projects for data collection, management, and analysis of these data. The data collected for each site included days spent in prison and local jail, criminal justice histories in the form of arrest records, local court case information, substance abuse treatment services and program data from multiple sources.⁴⁰ Once data were obtained for the participant and comparison groups, the data were compiled, cleaned and moved into SPSS 15.0 for statistical analysis. The evaluation team employed univariate and multivariate statistical analyses using SPSS, which is described in more detail in the data analysis section. The majority of the data necessary for the outcome evaluation were gathered from the administrative databases described below and in presented in Table B1.

List of Participants from each Adult Drug Treatment Court

Data were provided by the program offices that included names, demographic information, program acceptance status, time spent in the program, and discharge status for adult drug treatment court participants only.

Maryland Department of Public Safety & Correctional Services

The Maryland Department of Public Safety & Correctional Services (DPSCS) provided data for program participants and the comparison group from their management information system that stores Maryland adult criminal justice information in the OBSCIS I & II and Criminal Justice Information System (CJIS) systems, including arrest information, charges, prison and local jail stays and probation and parole episode information.

Maryland Judicial Information System

The Maryland Administrative Office of the Courts provided data from their JIS system on court cases heard in each county for program participants and the comparison group.

Substance Abuse Management Information System (SAMIS)

Substance abuse treatment data for the program participants were obtained from administrative records at the Maryland Alcohol and Drug Abuse Administration (ADAA). These records included dates of treatment episodes, level of care for services provided (e.g., individual counseling session, intensive outpatient session, detoxification) and drug testing conducted by treatment facilities.

⁴⁰All data were gathered for these studies with appropriate Institutional Review Board approval, including HIPAA waivers. Memoranda of Understanding (MOUs) with individual data sources were also obtained as needed.

Statewide Maryland Automated Record Tracking (SMART) operated by the University of Maryland, Institute for Governmental Services and Research

For most of the studies, data were extracted from SMART, a client tracking system used by the programs that includes data from state agencies and private treatment providers. These data include the results of urinalysis tests, dates of court hearings, and contacts with probation officers for individuals in the adult drug treatment court programs.

Table B1. Data Sources

Database	Source	Example of Variables
Program Coordinator's List of Participants	Program Coordinator	Acceptance status, time spent in DTC, discharge status.
Offender Based State Correctional Information System (OBSCIS II) [electronic data]	Maryland Department of Public Safety & Correctional Services (DPSCS)	Demographics, prison data.
Criminal Justice Information System (CJIS) [electronic data]	Maryland Department of Public Safety & Correctional Services (DPSCS)	Adult arrest history, arrest charges.
Judicial Information Systems (JIS) [electronic data]	Maryland Judiciary, on behalf of the State court systems (including the Motor Vehicle Administration and DPSCS)	Court records (e.g., case dates)
Maryland Judiciary Case Search (online electronic data)	Maryland Judiciary	Program court hearing information
Substance Abuse Management Information System (SAMIS)	Maryland Department of Health and Mental Hygiene (DHMH); Alcohol and Drug Abuse Administration (ADAA)	Number of treatment episodes; time spent in treatment; level of care; drug of choice

SAMPLE SELECTION

Adult Drug Treatment Court Participant Groups for Each Site

The studies examined outcomes over at least a 2-year period for program participants and a matched comparison group. Program participants who entered the programs 6 months prior to the data collection date were selected for this study (individuals who were not found in the statewide criminal justice administrative data systems were excluded from the studies). Program participant information was obtained from lists or paper files kept by the Program Coordinators at each site. The sample sizes for program participants in these studies is presented in Table B2.

Table B2. Program Participant Sample Sizes by Site

County	
Baltimore City Circuit	685
Baltimore City Circuit - FDI	122
Harford District	166
Howard District	50
Montgomery Circuit	76
Prince George's Circuit	151
Wicomico Circuit	48
Total	1298

Comparison Groups for Each Site

Comparison groups were created for each study based on the eligibility criteria used by each program to select its participants. Potential participants generally needed to be adult residents of the county at the time of their violation and have had no history of violent offenses (Baltimore City Circuit programs accept individuals prior violent offenses).

In each county, potential comparison individuals were identified from administrative data that provided lists of people arrested or on probation in each county through the corresponding court for charges eligible for program referral. These individuals were examined for program-eligible criminal histories and selected based on a matching procedure to mirror the program participants at each site. The program participants and comparison group individuals at each site were then matched on age, gender, race/ethnicity, indication of a drug issue by their probation officer and criminal history. Any differences in the data used for matching between the program participants and comparison group individuals were controlled for in the subsequent outcome analyses.

DATA ANALYSES

Once the program and comparison groups were selected for each site and all data were gathered for study participants, the data were compiled, cleaned, and imported into SPSS 15.0 for statistical analysis. The analyses used to answer specific questions were (varies by site):

1. Does the program reduce substance abuse among program participants?

As a measure of subsequent drug use, the 2-year means for re-arrests with drug charges were calculated for program participant and comparison groups at each site. Univariate analysis of variance was performed to compare the mean number of re-arrests for all program participants with their corresponding comparison groups. The means comparing the program participants to the comparison groups were adjusted for differences between the groups on gender, age at eligible arrest, race/ethnicity, number of prior arrests, type of prior arrests present, type of eligible arrests present, and time at risk to re-offend. Time at risk was calculated by summing the total number

of days the individual was incarcerated during each follow-up period and then subtracting that number from the total possible time during the follow-up period, resulting in the total amount of time in each follow-up period that the individuals was potentially in the community to re-offend.

2. Does the adult drug treatment court program reduce recidivism?

Univariate analysis of variance was performed to compare the mean number of re-arrests for program participants and their corresponding comparison groups at each site. The means comparing the adult drug court participants and comparison groups were adjusted for any differences between the groups on gender, age at eligible arrest, race/ethnicity, number of prior arrests, type of prior arrests present, type of eligible arrests present, and time at risk to re-offend. Time at risk was calculated by summing the total amount of days the individual was incarcerated during each follow-up period and then subtracted that number from the total possible time during the follow-up period, resulting in the total amount of time in each follow-up period that the individual was potentially in the community to re-offend.

Crosstabs were run to examine differences in recidivism rates, i.e., the percentage of individuals re-arrested, between program participants and comparison groups at each site. Chi-square analyses were used to identify any significant differences in re-arrest rates between program participant and comparison groups.

3. To what extent are participants successful in completing the program and within the intended time period?

To measure each program's level of success at graduating participants, graduation rates and average lengths of stay were calculated for each site. Graduation rates were calculated by dividing the number of participants who were no longer active in the program by the number of graduates, i.e., participants who completed the program successfully. Average length of stay was calculated as the mean number of days between the program start date and program end date for each participant, to determine if, on average, participants graduated within the intended time period.

4. What participant and program characteristics predict successful outcomes, i.e., program completion and decreased recidivism?

Graduates and non-graduates from each of the programs were compared on demographic characteristics and number of arrests during the 2 years prior to program entry (or more where possible) to determine whether any characteristics predicted program graduation or recidivism. In order to best determine which demographic characteristics were related to graduation, Chi-square and independent samples t-tests were performed to identify which factors were significantly associated with program success.

Participant characteristics were also examined in relation to subsequent re-arrests following program entry. Chi-square and independent samples t-test were performed to identify which factors were significantly associated with recidivism. Logistic regression was also used, including all variables of interest in the model, to determine which characteristics were significantly related to being re-arrested, above and beyond other characteristics.

Ultimately, the program and comparison groups for each site were examined through data provided by DPSCS for a period of at least 2 years from the date of program entry or equivalent for the comparison groups. The evaluation team utilized the arrest history data to determine whether there was a difference in re-arrests and other outcomes of interest between the program and comparison groups.

LIMITATIONS

Findings from these studies should be interpreted with some caution due to the following limitations:

A quasi-experimental design was used rather than random assignment for comparison group selection: The individuals in the study sample for each site were not randomly assigned to the program and comparison groups. The comparison group samples were created from data provided by the Department of Public Safety and the Administrative Office of the Courts and are matched on demographic variables and criminal history. Information on addiction severity was not available in selecting the comparison group individuals.

Unavailable data: Statewide criminal histories data were unavailable for some of the study participants, further reducing sample sizes for some sites.

Short follow-up time period: Because of the small sample sizes in some sites, it was necessary to include all program participants meeting the minimum follow up time requirements, which resulted in a follow-up time period for some participants in some sites of only 6 months (due to lead time needed to access some data). Many study participants were still receiving program services at the time of the study. In addition, 6 months is a relatively brief period of time to observe outcomes of interest.

Start-up participants were included in the participant sample: At most sites, program participants who received services during the implementation of the program were included to increase sample sizes. Typically, participants in court programs during the first 6 to 12 months post program startup are excluded in order to avoid introducing biases based on implementation factors, including lower fidelity to the intended program model, lack of staff experience with the program, and staff turnover.

Future studies of the potential impacts of the seven adult drug treatment court programs studied for this report are suggested, given these limitations. Increased follow-up time periods, larger sample sizes that would increase statistical power and allow participants who were in the program during the first year of the program to be omitted, as well as obtaining data that were more complete would provide additional information about the impact of these programs at a future date.

DUI Court Outcome Evaluation Methods

Results from two Maryland DUI Courts (Anne Arundel County District and Howard County District) outcome evaluations are included in this report.

Overall, the outcomes analyses were based on a cohort of DUI Court participants from each of the two sites and a matched comparison group of offenders from the corresponding county who were eligible for the programs through their criminal history but who did not attend the programs. These individuals were tracked through administrative data for at least 24 months post program entry (and a similar time period for the comparison group). The studies sought to compare recidivism for the two groups over the 24 months and examine the graduation rate. Effects on substance use were also studied in Anne Arundel County.

These studies were conducted by NPC Research using the methods described in detail below.

RESEARCH STRATEGY

The primary criminal justice system outcome of interest to DUI Court programs is DUI recidivism of participants after beginning the programs. These programs also work to reduce and prevent other criminal offending. Arrests for DUI charges are separated out in each analysis to demonstrate the impact of the program on its intended goal of reducing the impact of DUI related cases on criminal justice resources. Criminal re-arrests are defined in this study as any new criminal arrest after program entry; this study does not include non-criminal events, such as traffic citations.

The outcome evaluation studies examined outcomes over a 2-year period for both sites for program participants and a matched comparison group.

NPC Research staff identified samples of DUI Court participants who entered each program before September 2008. This time frame included all DUI Court participants since the program's inception, although it is generally advisable to leave out participants in the first 6 months to a year of program implementation (due to typical program adjustments when starting out) that was not feasible for this study due to the small number of participants at each site.

Many of the outcome results present data for different groups of individuals who had 6, 12, 18 and 24 months of available follow-up time, with the 6-month group being the largest and the 24-month group being the smallest. The shorter follow-up period has the advantage of larger numbers but the disadvantage of representing time that most individuals were still in the program and with little time to demonstrate program impact. The longer follow-up periods allow for more time to see program impact but the group sizes become too small in some cases to be able to measure significant differences between the program and comparison groups.

Graduation rates were calculated for the programs by dividing the number of participants who graduated by the total number who exited the program during the study time period. The graduation rate does not include active participants.

Differences in demographics and criminal history between DUI Court graduates and non-graduates were examined to determine if there were indications that specific groups would need additional attention from each of the programs to increase successful outcomes.

OUTCOME/IMPACT STUDY QUESTIONS

The outcome evaluation was designed to address the following study questions at each site:

1. Does the DUI Court reduce subsequent DUI charges?
2. Does the DUI Court program reduce recidivism in the criminal justice system overall?
3. To what extent are participants successful in completing the DUI Court program?
4. What participant and program characteristics predict successful outcomes (i.e., program completion, decreased recidivism)?

For Anne Arundel County, one additional question was included:

5. Does the DUI Court reduce substance abuse among program participants?

DATA COLLECTION AND SOURCES

NPC staff members adapted procedures developed in previous drug court evaluation projects for data collection, management, and analysis of these data. The data collected for each site included

days spent in prison and local jail, criminal justice histories in the form of arrest records, local court case information, substance abuse treatment services and program data from multiple sources.⁴¹ Once data were obtained for the participant and comparison groups, the data were compiled, cleaned and moved into SPSS 15.0 for statistical analysis. The evaluation team employed univariate and multivariate statistical analyses using SPSS, which is described in more detail in the data analysis section. The majority of the data necessary for the outcome evaluation were gathered from the administrative databases described below and presented in Table B3.

List of Participants from each DUI Court

Data were provided by the program offices at each county that included names, demographic information, program acceptance status, time spent in the program, and discharge status for participants only.

Maryland Department of Public Safety & Correctional Services

The Maryland Department of Public Safety & Correctional Services (DPSCS) provided data for DUI Court program participants and the comparison group individuals from their management information system that stores Maryland adult criminal justice information in the OBSCIS I & II and Criminal Justice Information System (CJIS) systems, including arrest information, charges, prison and local jail stays and probation and parole episode information.

Maryland Judicial Information System (JIS)

The Maryland Administrative Office of the Courts provided data from their JIS system on court cases for DUI Court participants and the comparison group. Traffic data were also provided from January 2002 through September 2009.

Substance Abuse Management Information System (SAMIS)

Substance abuse treatment data for the DUI Court participants were obtained from administrative records at the Maryland Alcohol and Drug Abuse Administration (ADAA). These records included dates of treatment episodes, level of care for services provided (e.g., individual counseling session, intensive outpatient session, detoxification) and drug testing conducted by treatment facilities.

Statewide Maryland Automated Record Tracking (SMART) operated by the University of Maryland, Institute for Governmental Services and Research

Data were extracted from SMART, a client tracking system for state agencies and private treatment providers, for DUI Court participants. These data include the results of urinalysis tests, dates of court hearings, and contacts with probation officers for individuals in the program from in 2009 (when the programs began using this system).

⁴¹All data were gathered for these studies with appropriate Institutional Review Board approval, including HIPAA waivers. Memoranda of Understanding (MOUs) with individual data sources were also obtained as needed.

Table B3. Data Sources

Database	Source	Example of Variables
Program Coordinator's List of Participants	Program Coordinator	Acceptance status, time spent in DUI Court, discharge status.
Offender Based State Correctional Information System (OBSCIS II) [electronic data]	Maryland Department of Public Safety & Correctional Services (DPSCS)	Demographics, prison data.
Criminal Justice Information System (CJIS) [electronic data]	Maryland Department of Public Safety & Correctional Services (DPSCS)	Adult arrest history, arrest charges.
Judicial Information Systems (JIS) [electronic data]	Maryland Judiciary, on behalf of the State court systems (including the Motor Vehicle Administration and DPSCS)	District Court case management (e.g., case dates); traffic data.
Maryland Judiciary Case Search (online electronic data)	Maryland Judiciary	DUI Court hearing information.
Substance Abuse Management Information System (SAMIS)	Maryland Department of Health and Mental Hygiene (DHMH); Alcohol and Drug Abuse Administration (ADAA)	Number of treatment episodes; time spent in treatment; level of care; drug of choice.

SAMPLE SELECTION***DUI Court Participant Groups for Each Site***

These studies examined outcomes over a 2-year period for program participants and a matched comparison group. Program participants who entered the programs 6 months prior to the data collection date were selected for this study. DUI Court participant information was obtained from a lists or paper files kept by the Program Coordinator at each site. The sample sizes for DUI Court participants in these studies are presented in Table B4.

Table B4. Program Participant Sample Sizes by Site

County	
Anne Arundel	41
Howard	66
Total	107

Comparison Groups for Each Site

Comparison groups were created for each study based on the eligibility criteria used by each program to select its participants. Potential participants must be adult residents of the county at the time of their violation, charged with a DUI/DWI, and have had prior DUI convictions and no history of violent offenses. These criteria were used for selecting comparison groups in consultation with the program coordinators and state’s attorney’s offices at each site in accordance with the written program eligibility criteria.

In each county, potential comparison individuals were identified from administrative data listing people charged with or incarcerated through the District Court for a DUI charge, who had a history of DUI charges in the statewide traffic data and who also had a DUI Court-eligible criminal history in the statewide arrest records. The DUI Court program participants and comparison groups at each site were matched on age, gender, race/ethnicity, indication of an alcohol or drug issue by their probation officer and if they had a statewide criminal history on record. Any differences in the data used for matching between the DUI Court participants and comparison group individuals were controlled for in the subsequent outcome analyses.

DATA ANALYSES

Once the comparison groups were selected and all data were gathered on all study participants, the data were compiled, cleaned, and imported into SPSS 15.0 for statistical analysis. The analyses used to answer specific questions were:

1. Does the DUI Court reduce subsequent DUI charges?

Univariate analysis of variance was performed to compare the mean number of re-arrests for DUI charges for the DUI Court participant and comparison groups. The means comparing the DUI Court and comparison groups were adjusted for any differences between the groups on gender, age at eligible arrest, race/ethnicity, number of prior arrests, type of prior arrests present, type of eligible arrests present, and time at risk to re-offend. Time at risk was calculated by summing the total amount of days the individual was incarcerated during each follow-up period and then subtracted that number from the total possible time during the follow-up period, resulting in the total amount of time in each follow-up period that the individual was potentially in the community to re-offend.

Crosstabs were run to examine differences in recidivism rates, i.e., the percentage of individuals re-arrested, between DUI Court participant and comparison groups. Chi-square analyses were used to identify any significant differences in re-arrest rates between DUI Court and comparison groups at each site.

2. Does the DUI Court program reduce recidivism in the criminal justice system overall?

Univariate analysis of variance was performed to compare the mean number of re-arrests for DUI Court and comparison groups. The means comparing the DUI Court and comparison groups were adjusted for any differences between the groups on gender, age at eligible arrest, race/ethnicity, number of prior arrests, type of prior arrests present, type of eligible arrests present, and time at risk to re-offend. Time at risk was calculated by summing the total amount of days the individual was incarcerated during each follow-up period and then subtracted that number from the total possible time during the follow-up period, resulting in the total amount of time in each follow-up period that the individual was potentially in the community to re-offend.

Crosstabs were run to examine differences in recidivism rates, i.e., the percentage of individuals re-arrested, between DUI Court and comparison groups. Chi-square analyses were used to identify any significant differences in re-arrest rates between DUI Court and comparison groups.

3. To what extent are participants successful in completing the DUI Court program and within the intended time period?

To measure the programs' level of success at graduating participants, graduation rates and average lengths of stay were calculated for each site. Graduation rates were calculated by dividing the number of participants who were no longer active in the DUI Court program by the number of graduates, i.e., participants who completed the program successfully, of those individuals who had enough program time to have a completion status. Average length of stay was calculated as the mean number of days between the program start date and program end date for each participant, to determine if, on average, participants graduated within the intended time period.

4. What participant and program characteristics predict successful outcomes, i.e., program completion and decreased recidivism?

Graduates and non-graduates from each of the DUI Court were compared on demographic characteristics and number of arrests during the 2 years prior to program entry to determine whether any characteristics predicted program graduation or recidivism. In order to best determine which demographic characteristics were related to graduation, Chi-square and independent samples t-tests were performed to identify which factors were significantly associated with program success.

Participant characteristics were also examined in relation to subsequent re-arrests following program entry. Chi-square and independent samples t-test were performed to identify which factors were significantly associated with recidivism. Logistic regression was also used, including all variables of interest in the model, to determine which characteristics were significantly related to being re-arrested, above and beyond other characteristics.

5. (Anne Arundel County only) Does participation in the DUI Court reduce substance use among program participants?

The dates of positive drug tests (urinalyses or UAs) for DUI Court participants were obtained from the program through the program paper files. To determine whether there was a reduction in drug use, the number of individuals who were tested over 10 months while in the program was coded as being tested and testing positive (yes/no) during each 1-month time period from program start.

Ultimately, for each site, the DUI Court and comparison groups were examined through data provided by DPSCS for a period up to 2 years from the date of DUI Court program entry or equivalent. The evaluation team utilized the arrest history data to determine whether there was a difference in re-arrests, placements, and other outcomes of interest between the DUI Court and comparison groups.

LIMITATIONS

Findings from these studies should be interpreted with some caution due to the following limitations:

Differences between the comparison group and DUI Court group: The individuals in the study sample were not randomly assigned to DUI Court and comparison groups as a quasi-experimental design was used and matched comparison groups created for both sites. Attempts made to create a comparison group sample from the data provided by the Department of Public Safety and the Administrative Office of the Courts proved somewhat challenging as DUI charges were not apparent in the criminal histories data and motor vehicle records were not available. Additionally, traffic data provided information from 2002-present for the county being studied only, allowed for matching of DUI cases between the two groups locally, for that amount of time only, rather than statewide lifetime counts of prior DUI charges. Criminal history data were available for more members of the comparison group than the DUI Court group, which may have introduced some bias.

Unavailable data: As mentioned above, DUI charges did not consistently appear in the statewide criminal histories data, motor vehicle records were unavailable and many of the study participants did not have a statewide criminal history record, perhaps due to having fewer local offenses. Data on treatment services also appeared to be missing from state records, especially for Anne Arundel County. Finally, data from the Administrative Office of the Courts on traffic offenses were only provided as far back as 2002.

Short follow-up time period: Because of the small sample sizes, it was necessary to include all DUI Court participants for both sites through September 2008, which resulted in a follow-up time period for some DUI Court participants of only 6 months (due to lead time needed to access some data). Many DUI Court study participants were still receiving program services at the time of the study. In addition, 6 months is a relatively brief period of time to observe outcomes of interest.

Start-up participants were included in the participant sample: DUI Court participants who received services during the implementation of the program were included at both sites to increase sample sizes. Typically, participants in court programs during the first 6 to 12 months post program startup are excluded in order to avoid introducing biases based on implementation factors, including lower fidelity to the intended program model, lack of staff experience with the program, and staff turnover.

Future studies of the potential impacts of Maryland DUI Court programs are suggested, given the limitations. An increased follow-up time period, larger sample sizes that would increase statistical power and allow participants who were in the program during the first year of the program to be omitted, as well as obtaining data that were more complete would provide additional information about the impact of this program.

Juvenile Drug Treatment Court Outcome Evaluation Methods

Results from four Maryland juvenile drug treatment courts (Anne Arundel County, Baltimore County, Harford County and St. Mary's County) outcome evaluations are included in this report.

Overall, the outcomes analyses were based on a cohort of juvenile drug court participants from each site and a matched comparison group of youth from the corresponding county who were eligible for the juvenile drug treatment court programs through their criminal history but who did

not attend the programs. These individuals were tracked through administrative data for at least 18 months post program entry (and a similar time period for the comparison group). The studies sought to compare recidivism in the juvenile justice system for the two groups over the 18 months and examine the graduation rate and effects on substance use for program participants.

These studies were conducted by NPC Research using the methods described in detail below.

RESEARCH STRATEGY

The primary criminal justice system outcome of interest to juvenile drug treatment court programs is the juvenile justice and criminal justice recidivism of participants after beginning, or completing, the program.

These studies examined outcomes over an 18 month period for program participants and a matched comparison group (up to 24 months for some sites).

NPC Research staff identified a sample of program participants who entered the program between at least six months prior to the data collection date for each study. This time frame included all program participants since the program's inception and allowed for the availability of at least 6 months of recidivism data post-program entry for all sample participants in each site. Although it is generally advisable to leave out participants in the first 6 months to a year of program implementation (due to typical program adjustments when starting out) and it is also advisable to examine outcomes for at least two years after program start, neither option was feasible for these studies due to the small number of program participants.

Graduation rates were calculated for the programs by dividing the number of participants who graduated by the total number who exited the program, for those participants who had enough opportunity to have completed the program. The graduation rate does not include active participants. However, it does include youth who were discharged into other services in the community (these youth appear as "non-graduates").

Differences in demographics and criminal history between program graduates and non-graduates were examined to determine if there were indications that specific groups were more likely to be unsuccessful and therefore might need additional attention from each of the programs to increase successful outcomes.

OUTCOME/IMPACT STUDY QUESTIONS

The outcome evaluations were designed to address the following study and policy questions for each county:

1. Does the program reduce substance abuse among program participants?
2. Does the program reduce recidivism in the juvenile justice system?
3. To what extent are participants successful in completing the program?
4. What participant and program characteristics predict successful outcomes (i.e., program completion, decreased recidivism)?

DATA COLLECTION AND SOURCES

NPC staff members adapted procedures developed in previous drug court evaluation projects for data collection, management, and analysis of these data. The data collected included juvenile supervision, juvenile court cases, juvenile detention placements, and juvenile arrests. In addition,

data that was available on the drug court participants only included days spent in adult prison and local adult jail, adult criminal justice recidivism in the form of arrest records, local adult court case information, substance abuse treatment services and program data from multiple sources.⁴² Once all available data were obtained for the participant and comparison groups, the data were compiled, cleaned and moved into SPSS 15.0 for statistical analysis. The evaluation team employed univariate and multivariate statistical analyses using SPSS, which are described in more detail in the data analysis section. The majority of the data necessary for the outcome evaluations were gathered from the administrative databases described below and presented in Table B5.

Juvenile Drug Treatment Court Program Materials

Data were provided by each program office that included names, demographic information, program acceptance status, time spent in the program, and discharge status for program participants only.

ASSIST, Department of Juvenile Services

Data on juvenile supervision, court cases, detention placements and juvenile arrests were provided for the program and comparison groups by the Department of Juvenile Services from their ASSIST database.

Maryland Department of Public Safety & Correctional Services

The Maryland Department of Public Safety & Correctional Services (DPSCS) provided data for program participants only from their management information system that stores Maryland adult criminal justice information in the OBSCIS I & II and Criminal Justice Information System (CJIS) systems, including arrest information, charges, prison and local jail stays and probation and parole episode information.

Maryland Judicial Information System

The Maryland Administrative Office of the Courts provided data from their JIS system on court cases for program participants.

Substance Abuse Management Information System (SAMIS)

Substance abuse treatment data for the program participants were obtained from administrative records at the Maryland Alcohol and Drug Abuse Administration (ADAA). These records included dates of treatment episodes, level of care for services provided (e.g., individual counseling session, intensive outpatient session, detoxification) and drug testing conducted by treatment facilities.

HIDTA (High Intensity Drug Trafficking Area) Automated Tracking System (HATS) operated by the University of Maryland, Institute for Governmental Services and Research

Exports from the HATS data system provided urinalysis test results and participant program information for program participants.

Statewide Maryland Automated Record Tracking (SMART) operated by the University of Maryland, Institute for Governmental Services and Research

⁴²All data were gathered for this study with appropriate Institutional Review Board approval, including HIPAA waivers. Memorandums of Understanding (MOUs) with individual data sources were also obtained as needed.

Data were extracted from SMART, a client tracking system for state agencies and private treatment providers, for program participants. These data include the results of urinalysis tests and dates of court hearings for youth in the program.

Table B5. Data Sources

Database	Source	Example of Variables
Program Coordinator's List of Participants	Program Coordinator	Acceptance status, time spent in the program, discharge status.
ASSIST	Maryland Department of Juvenile Services (DJS)	Time spent in juvenile placements (residential, detention, shelter care); time spent on juvenile probation, # alleged/formal offenses, juvenile court cases
Offender Based State Correctional Information System (OBSCIS II) [electronic data]	Maryland Department of Public Safety & Correctional Services (DPSCS)	Demographics, prison data.
Criminal Justice Information System (CJIS) [electronic data]	Maryland Department of Public Safety & Correctional Services (DPSCS)	Adult arrest history, arrest charges.
Judicial Information Systems (JIS) [electronic data]	Maryland Judiciary, on behalf of the State court systems (including the Motor Vehicle Administration and DPSCS)	District Court case management (e.g., case dates)
Maryland Judiciary Case Search (online electronic data)	Maryland Judiciary	Court hearing information
Substance Abuse Management Information System (SAMIS)	Maryland Department of Health and Mental Hygiene (DHMH); Alcohol and Drug Abuse Administration (ADAA)	Number of treatment episodes; time spent in treatment; level of care, drug of choice

SAMPLE SELECTION

Juvenile Drug Treatment Court Participant Groups for Each Site

These studies examined outcomes over at least an 18 month period from program entry for program participants and a matched comparison group. All program participants who entered the program 6 months prior to the data collection date were selected for this study. Program partici-

pant information was obtained from lists kept by the Program Coordinators at each site. The sample sizes for program participants are presented in Table B6.

Table B6. Program Participant Sample Sizes by Site

County	
Anne Arundel	168
Baltimore County	186
Harford	96
St. Mary's	90
Total	540

Comparison Groups for Each Site

Comparison groups were selected for each study from a group of similar youth who were eligible for the programs but who did not participate for various reasons, e.g., they had not been identified as a potential participant at the time of an arrest, they had not been referred to the program, or they had opted out of the program. The comparison groups for each of these studies were chosen using the same eligibility criteria used by the programs to select participants. Specifically, potential participants must have been under 18 years old at the time of their violation and have had no history of violent offenses or drug trafficking. They must be residents of the county and under a moderate, high or intensive level of juvenile supervision during the time period. These criteria were established in consultation with the coordinators at each site.

Based on the selection criteria, information on potential comparison group individuals was provided by the Department of Juvenile Services in the form of de-identified data on juvenile offenders on moderate, high or intensive-level supervision between January 2004 and September 2008 in each of the four counties. These individuals were identified as having an eligible charge in their juvenile arrest history that matched the juvenile arrest histories of the program youth.

Potential comparison group youth were included in the final comparison group for analysis if they had ever been arrested on at least one of the program eligible charges. This arrest was coded as their “eligible arrest” and was used to determine a point in time from which “prior” arrests were counted, as well as an equivalent point of program entry to determine when subsequent arrests would be counted. Potential comparison youth were then eliminated if they were found to have had an ineligible charge, i.e., a charge of a serious or violent nature, in their juvenile arrest histories.

The program participants and potential comparison youth were then matched on demographic variables (age, gender, and ethnicity), type of charge for the eligible arrest (drug, property, person or other), level of supervision and prior criminal history. During the matching process, those juveniles for whom data were missing, or were outliers on any of the matching characteristics, were excluded.

For the final comparison group, there was no significant difference between the program and comparison youth on any demographic or criminal history characteristics. The value ranges for these characteristics that are continuous variables, e.g., number of arrests, were also similar between program and comparison groups.

DATA ANALYSES

Once the comparison groups were selected for each site and all data were gathered on all study participants, the data were compiled, cleaned, and imported into SPSS 15.0 for statistical analysis. The evaluation team is trained in a variety of univariate and multivariate statistical analyses using SPSS. The analyses used to answer specific questions were:

1. Does the program reduce substance abuse among participants?

The dates of positive drug tests (urinalyses or UAs) for program participants were obtained from the program through the HATS and SMART systems. To determine whether there was a reduction in drug use, the numbers of individuals who were tested over a pre-determined amount of time for each site, while in the program were coded as being tested and testing positive (yes/no) during each 2 month time period from program start.

In addition, the 2-year means for re-arrests with drug charges were calculated for program and comparison groups. Univariate analysis of variance was performed to compare the mean number of re-arrests with drug charges for all program participants with the comparison group. The means comparing the program youth to the comparison groups were adjusted for differences between the groups on gender, age at eligible arrest, ethnicity, number of prior arrests, type of prior arrests, type of eligible arrest, and time at risk to re-offend. Time at risk was calculated by summing the total amount of days the juvenile was in detention, residential treatment, or shelter during each follow-up period and then subtracted that number from the total possible time during the follow-up period, resulting in the total amount of time in each follow-up period that the youth was potentially in the community to re-offend.

2. Does the program reduce recidivism in the juvenile justice system?

Univariate analysis of variance was performed to compare the mean number of re-arrests for program participants and the comparison groups. The means comparing the program youth and comparison groups were adjusted for any differences between the groups on gender, age at eligible arrest, race/ethnicity, number of prior arrests, type of prior arrests, type of eligible arrest, and time at risk to re-offend. As described above, time at risk was calculated by summing the total amount of days the juvenile was in detention, residential treatment, or shelter during each follow-up period and then subtracted that number from the total possible time during the follow-up period, resulting in the total amount of time in each follow-up period that the youth was potentially in the community to re-offend.

Crosstabs were run to examine differences in recidivism rates, i.e., the percentage of youth re-arrested, between program and comparison groups. Chi-square analyses were used to identify any significant differences in re-arrest rates between program and comparison groups.

3. To what extent are participants successful in completing the program and within the intended time period?

To measure the programs' level of success at graduating participants, graduation rates and average lengths of stay were calculated for each site. Graduation rates were calculated by dividing the number of participants who were no longer active in the program by the number of graduates, i.e., participants who completed the program successfully. Average length of stay was calculated as the mean number of days between the program start date and program end date for each participant to determine if, on average, participants graduate within the intended time period.

4. What participant and program characteristics predict successful outcomes, i.e., program completion and decreased recidivism?

Graduates and non-graduates from each of the programs were compared on demographic characteristics and criminal history (number of arrests during the 18 months prior to program entry) to determine whether any characteristics predicted program graduation or recidivism. In order to best determine which demographic characteristics were related to graduation, Chi-square and independent samples t-tests were performed to identify which factors were significantly associated with program success.

Participant characteristics were also examined in relation to subsequent re-arrests following program entry. Chi-square and independent samples t-test were performed to identify which factors were significantly associated with recidivism. Logistic regression was also used, including all variables of interest in the model, to determine if any characteristics were significantly related to being re-arrested above and beyond other characteristics.

Ultimately, the program and comparison groups for each site were examined through data provided by DJS from their ASSIST database for a period of at least 18 months from the date of program entry or equivalent. The evaluation team utilized the ASSIST data to determine whether there was a difference in juvenile re-arrests, placements, and other outcomes of interest between the program and comparison groups. All individuals who were studied for the outcomes report had at least 6 months of follow-up time.

LIMITATIONS OF THIS STUDY

Findings from these studies should be interpreted with some caution due to the following limitations:

Unavailable data: Despite agreements with DJS based on previous work, DJS was unwilling to release the names of the comparison group individuals. As a result, treatment data and adult criminal justice data, e.g., adult re-arrests during the outcome period, could not be matched with the comparison group for any of the sites. In addition, there was no data available on whether comparison group individuals had an assessed substance abuse problem (other than having prior drug charges).

Start-up participants were included in the participant sample: Program participants who received services during the implementation of the program were included to increase sample sizes. Typically, participants in drug court programs during the first 6 to 12 months post program startup are excluded in order to avoid introducing biases based on implementation factors, including lower fidelity to the intended program model, lack of staff experience with the program, and staff turnover.

Future studies of the potential impacts of Maryland juvenile drug treatment court programs are suggested, given the limitations. An increased follow-up time period, larger sample sizes that would increase statistical power and allow participants who were in the program during the first year to be omitted, as well as obtaining data that were more complete would provide additional information about the impact of this program.

COST EVALUATION METHODOLOGY

Cost Evaluation Design

TRANSACTIONAL AND INSTITUTIONAL COST ANALYSIS

The cost approach utilized by NPC is called Transactional and Institutional Cost Analysis (TICA). The TICA approach views an individual's interaction with publicly funded agencies as a set of *transactions* in which the individual utilizes resources contributed by multiple agencies and jurisdictions. Transactions are those points within a system where resources are consumed and/or change hands. In the case of drug courts or DUI courts, when a participant appears in court, resources such as judge time, state's attorney time, defense attorney time, and court facilities are used. When a program participant has a drug test, urine cups are used. Court appearances and drug tests are transactions. In addition, the TICA approach recognizes that these transactions take place within multiple organizations and institutions that work together to create the program of interest. These organizations and institutions contribute to the cost of each transaction that occurs for program participants. TICA is an intuitively appropriate approach to conducting cost assessment in an environment such as a drug court or DUI court, which involves complex interactions among multiple taxpayer-funded organizations.

COST TO THE TAXPAYER

In order to maximize the study's benefit to policymakers, a "cost-to-taxpayer" approach was used for these evaluations. This focus helps define which cost data should be collected (costs and avoided costs involving public funds) and which cost data should be omitted from the analyses (e.g., costs to the individual participating in the program). The core of the cost-to-taxpayer approach in calculating benefits (avoided costs) for drug court or DUI court specifically is the fact that untreated substance abuse will cost various tax-dollar funded systems public funds that could be avoided or diminished if substance abuse were treated. In this approach, costs that result from untreated substance abuse are used in calculating the benefits of substance abuse treatment.

OPPORTUNITY RESOURCES

NPC's cost approach looks at publicly funded costs as "opportunity resources." The concept of *opportunity cost* from economics relates to the cost of doing an activity instead of doing something else. The term *opportunity resource* as it is applied in TICA describes resources that are now available for a given use because they have not been consumed for an alternative activity. For example, if substance abuse treatment reduces the number of times that a client is subsequently incarcerated, the local Sheriff may see no change in his or her budget, but an opportunity resource will be available to the Sheriff in the form of a jail bed that can now be filled by another person.

Cost Evaluation Methods

Each cost evaluation builds on the outcome evaluation performed by NPC on the particular drug court or DUI court. The costs to the criminal or juvenile justice system (cost-to-taxpayer) incurred by participants in drug court (or DUI court) are compared with the costs incurred by those who were similar to but did not enter drug court (or DUI court). In addition, the specific program costs are calculated separately in order to determine the per-participant costs of the program.

TICA METHODOLOGY

The TICA methodology as applied in a drug court or DUI court analysis is based upon six distinct steps. Table B7 lists each of these steps and the tasks involved.

Steps 1 through 3 are performed through analysis of court and drug court/DUI court documents, including review of the program's process evaluation report and through interviews with key stakeholders. Step 4 is performed in the outcome evaluation. Step 5 is performed through interviews with drug court/DUI court and non-drug court/DUI court staff and with agency finance officers. Step 6 involves calculating the cost of each transaction and multiplying this cost by the number of transactions. All the transactional costs for each individual are added to determine the overall cost per individual. This information is generally reported as an average cost per individual. In addition, the TICA approach makes it possible to calculate the cost for drug court/DUI court processing for each agency.

The cost evaluations utilize a previously conducted process evaluation and interviews with program staff to identify the specific program transactions to include in the study. Cost data are collected through interviews with drug court/DUI court staff and jurisdiction and agency contacts with knowledge of jurisdiction and agency budgets and other financial documents, as well as from budgets either found online or provided by jurisdiction and agency staff.

The costs to the criminal justice system outside of drug court/DUI court program costs consist of those due to new criminal arrests, court cases, probation, jail and prison. Program costs include all program transactions. These typically include drug court/DUI court sessions, case management, group and individual treatment sessions, residential treatment, detoxification, alcohol monitoring, drug tests, DJS placements (for juveniles only), and jail sanctions.

COST DATA LIMITATIONS

Findings from these studies should be interpreted with caution due to the following limitations:

Short follow-up time period: Many study participants were still receiving program services for much of the 24-month (or 18-month for juvenile programs) outcome time period (from drug treatment court/DUI court entry). A longer outcome time period would be beneficial.

Unavailable data: The Maryland Office of the Public Defender chose not to provide cost information for the majority of the individual site evaluations; therefore, costs attributed to this agency are estimated based on salary, benefits, support rate, and overhead rate data from cost evaluations conducted solely on the Harford County District and Prince George's County Circuit drug treatment courts. NPC used such proxies based on similar data when required cost data from a particular site were unavailable.

Uncertainties in the cost data: NPC used each drug treatment court team member's best estimate of their time involvement in drug treatment court, as doing a detailed time study would be time and cost-prohibitive. Although NPC took every effort to confirm that the data provided were accurate, there is the possibility of inaccurate or incomplete cost data being provided.

Table B7. The Six Steps of TICA

	Description	Tasks
Step 1:	Determine flow/process (i.e., how clients move through the system)	<ul style="list-style-type: none"> • Site visit. • Interviews with key stakeholders (agency and program staff).
Step 2:	Identify the transactions that occur within this flow (i.e., where clients interact with the system)	<ul style="list-style-type: none"> • Analysis of process information gained in Step 1.
Step 3:	Identify the agencies involved in each transaction (e.g., court, treatment, police)	<ul style="list-style-type: none"> • Analysis of process information gained in Step 1.
Step 4:	Determine the resources used by each agency for each transaction (e.g., amount of judge time per transaction, amount of attorney time per transaction, number of transactions)	<ul style="list-style-type: none"> • Interviews with program key informants using cost guide. • Administrative data collection of number of transactions (e.g., number of court appearances, number of treatment sessions, number of drug tests).
Step 5:	Determine the cost of the resources used by each agency for each transaction	<ul style="list-style-type: none"> • Interviews with budget and finance officers. • Document review of agency budgets and other financial paperwork.
Step 6:	Calculate cost results (e.g., cost per transaction, total cost of the program per participant)	<ul style="list-style-type: none"> • Support and overhead costs (as a percentage of direct costs) are added to the direct costs of each transaction to determine the cost per transaction. • The transaction cost is multiplied by the average number of transactions for program participants to determine the total average cost per transaction type. • These total average costs per transaction type are added to determine the program and outcome costs.

**APPENDIX C. COMMON RECOMMENDATIONS
FROM PROCESS STUDIES**

NPC RECOMMENDATIONS FOR 10 KEY COMPONENTS OF MARYLAND ADULT DRUG COURTS

Key Component # 1:

Drug courts integrated alcohol and other drug treatment services with justice system case processing.

Research Question: Has an integrated drug court team emerged?

Issue	Recommendations
None	<ul style="list-style-type: none"> • None at this time. (Harford Adult District 7/07)
Team continuity & integration	<ul style="list-style-type: none"> • Because continuity in team roles strengthens relationships, the program should work to maximize tenures to the extent that this is feasible. All team members should be well integrated and have a stake in the program goals. Drug court training early on in the members' tenure will help to ensure understanding and acceptance of the non-traditional roles that distinguish drug courts from usual court processing. (Cecil Adult Circuit 8/08) • Because continuity in team roles strengthens relationships, the program should work to reduce turnover in the public defender's office and look into the reasons behind short tenures. All team members should be well integrated and have a stake in the program goals. (Frederick Adult Circuit 11/07) • Representatives from all agencies should attend pre-hearing meetings in order for the entire team to be integrated and have the most current information on participants and decisions arising from these meetings. If the team feels that it is valuable to have the judge present at these meetings, it is important to pursue resources that would minimize the judge's responsibilities outside of drug court. (Frederick Adult Circuit 11/07) • Although the drug court team appears to work well together, respondents reported that there is room for improvement in this area. The level of commitment to treating and rehabilitating participants as the first priority for all team members was questioned. The team should revisit the program's target population, goals, and measures of success, to ensure that all team members are in agreement and to engage in discussion to clarify these areas as needed. A team retreat might provide an opportunity for this type of dialogue and planning. (Prince George's Adult Circuit 6/07) • Most drug court programs find it useful to hold team meetings prior to the drug court sessions, to facilitate communication between team members and build relationships to form a more cohesive team. Additionally, this practice contributes to reduced recidivism and, consequently, reduced outcome costs. This program may want

Issue	Recommendations
	<p>to explore this option and what benefits they would gain (especially if the program’s census increases in the future), such as having dedicated time together for discussions about participant progress and challenges, helping treatment and legal partners gain a better idea of what role the others play, and coordinating services for participants (rather than doing so during the court session when time is more limited). (Harford Adult Circuit 4/09)</p>
Caseload	<ul style="list-style-type: none"> • The American Parole and Probation Association recommends caseload standards of 20 intensely supervised individuals for each agent (Burrell 2006). The drug court program should try to stay as close to these guidelines as possible in order to achieve and maintain the structured nature of this program. Staff can have larger caseloads if supervision and case management responsibilities are shared or if some participants are in later program phases and require less contact and support. The added benefit of smaller caseloads would be the increased availability of the parole/probation agent to participate in drug court sessions and team meetings more regularly. (Cecil Adult Circuit 8/08) • The American Parole and Probation Association recommends a maximum caseload of 20 intensely supervised individuals to each agent (Burrell, 2006). The drug court program should try to stay as close to this standard as possible in order to achieve and maintain (or support) the highly structured nature of this program. Staff can be assigned larger caseloads if supervision and case management responsibilities are shared or if some participants are in later program phases, requiring less contact and support. Additionally, it is important to communicate with the Parole and Probation Department regarding the program’s needs, especially if this agency is assigning non-drug court caseloads for agents working with drug court participants. (Wicomico Adult Circuit 4/08) • Because the current probation agent has a large non-drug court caseload, his/her supervision duties of drug court participants should be minimal and include only compliance-type procedures, such as home (verification) visits and drug testing. The American Parole and Probation Association recommends caseload standards of no more than 20 intense cases and no more than 50 moderate to high-risk individuals for each agent.⁶ Staff can have larger caseloads if supervision and case management responsibilities are shared or if some participants are in later program phases and require less contact and support. The program needs to remember that the parole/probation agent will not be able to do effective work with clients if his caseload is too large to develop meaningful relationships, maintain accurate records, and communicate with other staff. (Anne Arundel Adult Circuit 1/09)

Issue	Recommendations
	<ul style="list-style-type: none"> The program needs to consider whether the parole/probation agent will be able to effectively work with clients if her caseload is too large to develop meaningful relationships, maintain accurate records, and communicate regularly with other staff. The most desirable adjustment would be a decrease in her non-drug court client caseload. However, if this is not possible, her drug court participant supervision duties should be minimal and include only compliance-related procedures, such as home (verification) visits and drug testing. The American Parole and Probation Association recommends that no more than 20 intensely supervised individuals be assigned to an agent. It may be possible for the agent to handle a larger caseload if supervision and case management responsibilities are shared or if some participants in the agent’s caseload are in later phases of the program and require less contact and support. As the program approaches capacity, the team should look into funding to cover the cost of supporting one dedicated agent or an additional part-time agent. (Dorchester Adult District 4/09)
Law enforcement involvement	<ul style="list-style-type: none"> To the extent possible, the drug court team should make certain that local and state police understand their participation with drug court as a cost-effective way to deal with repeat offenders who have substance abuse problems. Additionally, the program should be seen as an avenue for addressing quality of life issues and preserving public safety. Research in this area has shown that greater law enforcement involvement increases graduation rates and reduces outcome costs (Carey, Finigan & Pukstas, 2008). (Cecil Adult Circuit 8/08) The drug court team could be further improved by the addition of a law enforcement representative. Law enforcement is represented on the steering committee, however not on the drug court team. Stakeholder interviews revealed a desire to have a representative of the Sheriff’s Department on the drug court team. The role of this representative could be to support the Probation Agent in conducting background checks for potential participants and home visits to check on program compliance of participants. The drug court may need to find additional funding to support the Sheriff’s Department representative’s time devoted to the drug court. (Montgomery Adult Circuit 8/08) Because continuity in team roles strengthens relationships, the program should work to reduce turnover in the Office of the Public Defender, and look into the reasons behind short tenures in that agency. The Office of the Public Defender should recognize the drug court program as an opportunity for its clients to experience greater success in the community and in their lives. All agency representatives should be well integrated into the team and should share the perception that they all have a stake in the program’s goals/purpose. This should also

Issue	Recommendations
	<p>be a serious consideration when filling positions, such as the dedicated State's Attorney, funded by short-term grants which can have the unintended effect of causing staff turnover. (Wicomico Adult Circuit 4/08)</p> <ul style="list-style-type: none"> • Invite law enforcement to be part of the team. Consider how they can be more involved and what is needed to engage their participation. (Harford Adult Circuit 4/09)
Treatment involvement	<ul style="list-style-type: none"> • The program would benefit from treatment representation on the team, attending pre-court meetings and court sessions. Since the program utilizes many providers, treatment representation could come from BSAS, a designated provider, or provider rotation. (Baltimore City Adult District 9/07) • Continue to monitor participant needs and adjust treatment resources accordingly. (Prince George's Adult Circuit 6/07)
Health Dept. involvement	<ul style="list-style-type: none"> • Regular and consistent participation in team meetings by a health department representative who is able to connect participants to treatment expeditiously is warranted for the drug court program. Team members felt that the presence of the health department's treatment manager led to quicker service delivery for participants. If this person is unable to attend meetings, the team may want to consider ways to achieve this result in an alternative way, such as through establishing a different communication system with the current health department representative or developing relationships directly with the inpatient facilities. (Anne Arundel Adult Circuit 1/09)
Role clarification	<ul style="list-style-type: none"> • Based on conversations with team members, there needs to be some clarification around the role of the circuit court administrator. If she is going to be a contributing member in discussions about participants, it is recommended that she attend meetings consistently and participate in drug court trainings. (Frederick Adult Circuit 11/07)
Interagency coordination	<ul style="list-style-type: none"> • The drug/DUI court team should review the type of participant information being provided to them by the Health Department and determine whether additional information would alert the team to possible relapse and other participant issues. If so, and if the program's consent forms authorize sharing of that information, the team should meet with the Health Department to request such information. If the current release forms do not cover such sharing of information, revise the forms so that they do. Coordination between all partner agencies is important for success of drug court programs. (Howard Adult District Drug/DUI 8/08) • Because the drug court works with multiple treatment providers on a contractual basis, it is incumbent on the drug court staff to ensure that the most recent information about the drug court and its rules,

Issue	Recommendations
	<p>regulations, and operations is passed on to providers. This information could be imparted to providers through additional in-service training. (Prince George’s Adult Circuit 6/07)</p> <ul style="list-style-type: none"> To the extent possible, the drug court team should make certain that local law enforcement agencies and staff understand that the drug court program is a cost-effective way to deal with repeat offenders who have substance abuse problems. Additionally, the program should be seen as an avenue for addressing quality of life issues and preserving public safety. Research in this area has shown that greater law enforcement involvement increases graduation rates and reduces outcome costs (Carey, Finigan, & Pukstas, 2008). It would benefit the program to develop closer relationships with at least one law enforcement agency and request that an officer join the drug court team. (Anne Arundel Adult Circuit 1/09)
Staff communication	<ul style="list-style-type: none"> With several program staff involved in dispensing rewards, treatment responses and sanctions, frequent communication between staff members is vital so they can work together to stabilize and support the participants as well as monitor the ratio of rewards to sanctions for each individual participant. We would suggest the WCADTC review their communication protocols and make any communication enhancements necessary to be sure that they are adequate to keep all staff members immediately informed when decisions are made. For example, when a decision is made to impose a reward, sanction, or treatment response, other team members, especially those who have the ability to impose a reward, sanction or treatment response, need to be immediately informed. (Worcester Adult Circuit & District 8/08) Continue to monitor communication between <i>the judge and other</i> team members to ensure that the structure provides adequate mechanisms for information sharing. (Anne Arundel Adult District 3/07) (Baltimore City Adult Circuit 7/07 without piece in Italics)
Include partners in discussions/decisions	<ul style="list-style-type: none"> BCDTC–Circuit has created relationships with a full complement of participating partner agencies; however, not all of these agencies are included in policy and programmatic discussions. Inclusion of treatment representatives, for example, in policy discussions may provide a useful perspective when making decisions about participant services. (Baltimore City Adult Circuit 7/07) BCDTC–Circuit does not currently fully utilize the expertise and information available from all partner agencies when making participant-level decisions. Consider holding a facilitated discussion to identify and address the barriers to full coordination, as well as strategies for testing a fully operationalized team model for the drug court program. This model would include pre-court case conferencing and oth-

Issue	Recommendations
	<p>er opportunities for partner agency sharing related to participant services, incentives, and sanctions. (Baltimore City Adult Circuit 7/07)</p> <ul style="list-style-type: none"> • Consider holding a quarterly policy committee meeting to address concerns/ issues relevant to program functioning and to review the program’s effectiveness with regard to meeting its goals. (Harford Adult Circuit 4/09)
Program manual, structure	<ul style="list-style-type: none"> • Review, revise (as needed), and fully implement the program’s procedures manual, which should accurately describe what the program is and does. This document can be invaluable in ensuring that all partners are operating under the same assumptions; and for clarifying roles, responsibilities, and expectations. The team will want to have a discussion about what model they want the drug court to follow so that all partner agencies will share in the decision-making, thus creating greater buy in to the step or phase model that is selected for the program. (Baltimore City Adult Circuit 7/07)
Review eligibility criteria	<ul style="list-style-type: none"> • The program should review its eligibility criteria. One respondent indicated that some of the drug court participants have life-threatening illnesses associated with their drug addictions and questioned whether these individuals are appropriate for the program. The team or advisory committee should discuss whether medical status (i.e., specific medical diagnoses) is an appropriate exclusion for the program, particularly if other more suitable services are available. (Baltimore City Adult Circuit 7/07)
Include additional agencies	<ul style="list-style-type: none"> • Consider including other outside agencies in the drug court process. (Harford Adult Circuit 4/09)

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 satisfied that the mission of each has not been compromised by drug court?

Issue	Recommendations
None	<ul style="list-style-type: none"> • The HCADDC program has implemented Key Component #2: It uses its team effectively to understand participant progress and make decisions collaboratively that are in the best interest of both the participant and the community. (Howard Adult District Drug/DUI 8/08) • There are no recommendations at this time, as the MCADC ASAs and APDs are succeeding in taking a non-adversarial team approach while participating in the team meetings and drug court proceedings. (Montgomery Adult Circuit 8/08) • The WCADTC appears to be implementing this key component successfully; there are no suggestions for this area at this time. (Worcester Adult Circuit & District, 8/08) (Baltimore City Adult District 9/07)(Prince George's Adult Circuit 6/07) • [This report didn't explain, just didn't give a recommendation for this KC.](Anne Arundel Adult District 3/07)
Role clarification	<ul style="list-style-type: none"> • It would benefit the team to clarify roles in an attempt to promote non-adversarial relationships between attorneys. (Cecil Adult Circuit 8/08) • It would benefit the team to clarify roles in an attempt to promote non-adversarial relationships between team members (e.g., attorney representatives). The creation of a separate eligibility meeting to reduce team member subjectivity is a step toward this goal. In addition, the team should adhere as closely as possible to written eligibility requirements. (Wicomico Adult Circuit 4/08)
Team building	<ul style="list-style-type: none"> • As described in Key Component 1, this drug court might benefit from bringing in a facilitator to work with the entire drug court team. This person could assist the team by helping members explore barriers to program success, such as helping to identify ways the team could transition toward a more non-adversarial approach, and to better use team meetings for information sharing, more effective decision making, and strengthening working relationships. Conducting a team-wide training for all parties could also be beneficial to the program and may help to facilitate team building. (Baltimore City Adult Circuit 7/07) • HCADC should continue to have team meetings to discuss policies, practices, and the local program model. Because drug courts have been successful when they have allowed prosecutors and defense attorneys to shed their traditional roles and work together, the Office of Public Defender may want to consider experimenting with trusting

Issue	Recommendations
	<p>the team process in reaching consensus on sanctions as well as rewards for drug court participants. Additionally, other team members may find a discussion about the OPD's position regarding jail time useful in determining procedures and policies around the use of this sanction. (Harford Adult District 7/07)</p> <ul style="list-style-type: none"> • Work to ensure that decisions about sanctions are arrived at as part of the team process as much as possible. Consider the value of setting specific time aside for pre-court team meetings, especially as the program increases its number of active participants. (Harford Adult Circuit 4/09) • Consider the implications of keeping the legal and treatment aspects of the process relatively separate. Look at ways to increase communication between all team members throughout the process. (Harford Adult Circuit 4/09) • The public defender should always attend drug court sessions. Programs where public defenders attend staffing meetings and drug court sessions had higher graduation rates and lower outcome costs (Carey, Finigan, & Pukstas, 2008). (Harford Adult Circuit 4/09)
Power imbalance	<ul style="list-style-type: none"> • Although it is not used often, the SAO's power to veto prospective participants may lend itself to a sense of power imbalance. The team may want to examine how often this structure impacts decision-making and the degree to which all team members have an equal voice. The program may want to revise policies such as this one that could be a barrier to the goal of having a non-adversarial, cooperative team. (Frederick Adult Circuit 11/07)
Training	<ul style="list-style-type: none"> • In addition [to clarifying non-adversarial relationships], the team should make sure new team members are trained as soon as possible and existing team members consistently take advantage of ongoing training opportunities. (Cecil Adult Circuit 8/08)
Adhere to drug court model	<ul style="list-style-type: none"> • All team members need to adhere to the drug court model and do what is in the client's best interest. Attorneys should approach the process not as one of conflict but with the perspective that all members are present with similar aims: to reduce the participant's criminal justice involvement by addressing his/her substance abuse issues. Although it may call for a shift in his/her traditional role, the defense counsel should continue to protect the participant's due process rights while participating fully in the team process. (Anne Arundel Adult Circuit 1/09) (Dorchester Adult District 4/09) • The team should work on creative ways to respond to participant behavior in a more supportive manner. Use incentives and rewards liberally to balance needed sanctions and to reinforce a positive, strength-based program climate. (Anne Arundel Adult Circuit 1/09)

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?

Issue	Recommendations
Time: getting treatment	<ul style="list-style-type: none"> • Because the intent of drug court is to connect individuals to services expeditiously and limit their time in the criminal justice system, the program should make every effort to get individuals into treatment as soon as possible. It might help to identify the files of prospective drug court participants and ask all agencies to expedite these cases. (Cecil Adult Circuit 8/08)
Time: arrest to drug court entry	<ul style="list-style-type: none"> • The program may want to conduct an in-depth review to determine if there are places where time could be saved between arrest and identification for drug court. An analysis of case flow to identify bottlenecks or structural barriers, and points in the process where potential adjustments to procedures could facilitate quicker placement into drug court would be helpful. In addition, a more systematic identification and referral process may be able to shorten the time between arrest and drug court entry. (Frederick Adult Circuit 11/07) • The team could review the systems of programs that have shorter lapses between arrest and drug court entry, to gain ideas. The program should set a goal for how many days it should take to get participants into the program, and work toward achieving that goal, keeping in mind that the sooner individuals needing treatment are connected with resources, the better their outcomes are likely to be. (Howard Adult District Drug/DUI 8/08) • Strategize how to decrease the time from arrest to entry into the program, or consider ways to refer offenders to treatment services even prior to drug court participation. (Howard Adult District Drug/DUI 8/08) • Since 3 weeks from arrest to entry is pushing the limits of what should be considered as “promptly placed,” the AACADC partner agencies should monitor the time from identification to drug court entry to ensure this time period does not widen; continue to analyze where additional efficiencies may be possible. Discussions among them regarding how the timeline can be shortened may be in order. (Anne Arundel Adult District 3/07) • BCDTC–Circuit should monitor the time between arrest and drug court entry to ensure this time period does not increase, and continue to analyze where additional efficiencies may be possible. For example, the review process (referral and screening) may be streamlined to eliminate some of the steps involved. This analysis should focus on decision points or bottlenecks along the way that result in extending the time

Issue	Recommendations
	<p>frame. Strategies can then be tested that help reduce barriers to a quicker flow from arrest to program participation. The program should identify areas where there are constraints they cannot control based on timelines from other agencies. This should help the program become aware of what they cannot change, and try to build relationships with agencies to see if they can make other changes later. (Baltimore City Adult Circuit 7/07)</p> <ul style="list-style-type: none"> • The team should revisit the reasons behind the exclusion of individuals with DUI/DWI offenses (as outlined in the <i>Policy and Procedure Manual</i>). Research on three Michigan DUI courts has shown that the problem-solving court model is effective in reducing recidivism with this population (Carey, Fuller, & Kissick, 2008). Team members reported that the program is considering referrals from circuit court-level violation probations; this approach is encouraged as long as these individuals have been identified as needing the services offered through the DCADC. Also, the program should conduct outreach activities to reach private defense attorneys in the community to make them more familiar with the program and its benefits. (Dorchester Adult District 4/09) • If there still remains a long arrest to entry timeframe after implementing (some or all of) the above-mentioned suggestions, conduct discussions with legal and judicial staff concerning where efficiencies can be built into the process (from violation to entry into drug court). Conducting an in-depth review and analysis of case flow can identify bottlenecks or structural barriers, and points in the process where potential adjustments to procedures could facilitate quicker placement into the drug court program. (Dorchester Adult District 4/09) • The team should discuss the rationale for having participants serve time in jail prior to starting drug court, as that practice, 1) lengthens time between arrest and drug court entry (potentially increasing the time it take for participants to get into treatment), and 2) is contrary to the idea of graduated sanctions philosophy, since it essentially involves utilizing the most severe sanction first (i.e., jail), prior to intervention/treatment support and any non-compliant behavior. (Harford Adult Circuit 4/09)
Time: Referral to drug court entry	<ul style="list-style-type: none"> • To identify bottlenecks or structural barriers, and points in the process where more efficient procedures may be implemented, HCADDC should conduct a review and analysis of the case flow from referral to eligibility determination to drug court entry. The Judge and coordinator should use the drug court team to brainstorm—and test—possible solutions to issues that are identified. (Howard Adult District Drug/DUI 8/08) • For some courts, the following sentence was added to the above paragraph: The program should set a goal for how many days it should take

Issue	Recommendations
	<p>to get participants into the program, and work toward achieving that goal. (Baltimore City Adult District 9/07) (Harford Adult District 7/07)</p> <ul style="list-style-type: none"> • To identify bottlenecks or structural barriers, and points in the process where more efficient procedures may be implemented and time to drug court entry shortened, WCADTC should conduct a review and analysis of the case flow from referral to eligibility determination to drug court entry in both Circuit and District Courts. The Judge and the Coordinator should use the drug court team to brainstorm—and test—possible solutions to issues that are identified. The program should set a goal for how many days it should take to get participants into the program, and work toward achieving that goal. The closer program entry is to 20 days, the better in terms of their outcome costs (Carey, Finigan, & Pukstas, 2008). Working on possible arrangements to get participants into treatment even before they plea would be beneficial. (Worcester Adult Circuit & District 8/08) • To identify bottlenecks or structural barriers, and points in the process where more efficient procedures may be implemented, PGDC should conduct a review and analysis of the case flow from referral to eligibility determination to drug court entry. The judge and coordinator should use the drug court team to brainstorm—and test—possible solutions to issues that are identified. The team could review the systems of programs that have shorter lapses between arrest and drug court entry, to gain ideas. The program should set a goal for how many days it should take to get participants into the program, and work toward achieving that goal. (Prince George’s Adult Circuit 6/07) • Drug court research has found that a referral to entry time of 20 days or less is optimal in terms of investment and outcome costs (Carey, Finigan, & Pukstas, 2008). The team may want to explore with legal and judicial staff where efficiencies can be built into the process (from violation to entry into drug court). Conducting an in-depth review and analysis of case flow can identify bottlenecks or structural barriers, and points in the process where potential adjustments to procedures could facilitate quicker placement into the drug court program. (Anne Arundel Adult Circuit 1/09) • Drug court research has found that a referral to entry time of 20 days or less is optimal in terms of minimizing investment and outcome costs (Carey, Finigan, & Pukstas, 2008). The team may want to explore how to create better buy-in with all participating agencies to encourage more referrals. In DCADC, it would be prudent to meet with parole/probation supervisors and talk with them about the value of their participation in drug court, the benefits of referring clients to drug court and inform them about the program’s eligibility requirements. The team should also discuss the program entry timeframe for individuals referred through the parole/probation department on probation

Issue	Recommendations
	<p>violations. The program is encouraged to identify more program referrals through the judge, since this seems to be the shortest arrest to program entry window. (Dorchester Adult District 4/09)</p> <ul style="list-style-type: none"> • The team should examine the drug court entry process (e.g., where referrals can come from, letter referral process) to identify any bottlenecks or delays in the system and speed up the time it takes from referral to entry into the program. (Harford Adult Circuit 4/09) • At the time that interviews were conducted, one stakeholder reported that no drug court referrals had come from the private bar (all were through the Public Defender’s Office). The team should consider appointing one of its members to prepare material showing the benefits of drug court and present this information in a meeting or other forum where private attorneys are present. (Harford Adult Circuit 4/09)
Overrepresentation	<ul style="list-style-type: none"> • The drug court team should examine the underlying causes of the overrepresentation of African Americans in the program. A review of the decision points from arrest to drug court entry is advised to see where the disproportionality is occurring. (For example, while rates are not representative of the racial/ethnic composition of the community, an examination may reveal that the drug court population mirrors the Frederick County criminal justice population.) (Frederick Adult Circuit 11/07) • African Americans are overrepresented in this program, while Whites are underrepresented. If the team has not already done so, it should look to see where in the criminal justice system this discrepancy is occurring. If this imbalance is present throughout the system, the drug court may simply be serving the criminal justice population of the city. However, if the overrepresentation occurs at the point of drug court entry, it is important to review recruitment and admission procedures to identify where biases may be present. (Baltimore City Adult District 9/07)
Program differences based on gender	<ul style="list-style-type: none"> • There is a perception (reported during team interviews) that male participants have better results than female participants. The program should conduct an analysis to support or dispel this perception. As part of this analysis, the PGDC should review demographic characteristics of male and female participants, to see if there are obvious differences in the two groups (e.g., in terms of seriousness of substance abuse, criminal justice history, etc.). In addition, the program should analyze components of the drug court program to see whether males and females are offered different types or intensity of services. It would also be useful to analyze if certain groups of participants respond better to different services or program components, to maximize their chances for success. (Prince George’s Adult Circuit 6/07)

Issue	Recommendations
Capacity	<ul style="list-style-type: none"> • The drug court side of the drug/DUI court is not operating at capacity. The team needs to determine what the barriers are that are preventing eligible participants from entering the program, and address those barriers so that the drug court may operate at capacity. (Howard Adult District Drug/DUI 8/08) • The DUI side of the HCADDC is operating above capacity. A team member expressed concern that funding is not adequate to increase DUI court capacity in order to meet the needs of the community. It is incumbent on the team to search all possible avenues for additional funding for the program. (Howard Adult District Drug/DUI 8/08) • It is evident that the program is trying to better meet the needs of the large community (population of 918,046) by recently expanding its capacity to 60 participants. A needs assessment might be able to assist the drug court staff in appealing to funders for additional funding for the staff necessary to support the increase in capacity and to allow for further growth. (Montgomery Adult Circuit 8/08) • The needs assessment should include discussions that result in answers to the following questions: <ul style="list-style-type: none"> ○ What is the level of need for the MCADC? ○ How big does the program capacity need to be to meet the need? ○ What are realistic caseloads for each staff member? ○ What additional ancillary services need to be in place to support the drug court's core services? • Once the community needs are assessed, additional funding could be sought to meet the need. The drug court steering committee should then examine and adjust as necessary its policies, staffing, eligibility requirements, and referral sources. (Montgomery Adult Circuit 8/08) • An in-depth examination into the referral process may help the drug court identify ways to attract more referrals and to expedite the process from arrest to entry into the program. (Montgomery Adult Circuit 8/08) • Although increased awareness of the program has recently led to greater numbers of referrals from a greater variety of sources, the drug court steering committee members could further promote the program by handing out information pamphlets and referral forms to the appropriate members of their agencies. (Montgomery Adult Circuit 8/08) • The WCADC's current number of active participants, 21, falls far short of its capacity of 40. A team member, perhaps the coordinator, should be charged with contacting all possible sources of drug court referrals, explaining the program and how its participants benefit from being in the program, thus encouraging referrals from previous and new

Issue	Recommendations
	<p>sources. For example, law enforcement, which has made one referral to date, should be a prime source of referrals due to being the initial contact with potential participants. The team should re-examine its eligibility criteria, particularly those that are informal, to determine whether there are any areas where less stringent criteria are possible and, therefore, may increase participation. Also, the team and/or the steering committee, should consider identifying more opportunities for participants to receive incentives, increasing the likelihood that individuals will enroll in (and remain in) the program. (Worcester Adult Circuit & District 8/08)</p> <ul style="list-style-type: none"> • In keeping with written eligibility criteria, prospective participants whose histories may include behavioral problems should not be automatically disqualified from program entry. The program serves its community most effectively when these individuals are able to successfully fulfill the goals of the program. (Wicomico Adult Circuit 4/08) • The program reports a capacity goal of 50 active participants. This number is based on the caseload assignment for resource managers. At the end of September 2007, there were 31 active participants. In order to meet the program’s capacity goals, the team should consider identifying more opportunities for participants to receive incentives, increasing the likelihood that participants will remain in the program; make certain that attorney’s roles are clearly defined and understood, allowing more individuals to enter the program; make certain that there are adequate resources for thorough case management at all levels of the program ensuring that participant needs are being met. (Wicomico Adult Circuit 4/08) • If the program has continued to operate over capacity, are there additional potential participants for whom lack of capacity means they cannot participate in drug court? Is there a waiting list? If so, the steering committee should consider expanding the capacity of the program, including what that would mean in terms of needed resources, and explore options for funding that expansion. (Baltimore City Adult District 9/07) • The program has the capability to serve a greater number of participants than it has yet served, but needs to find ways to do so. Stakeholders recommended a number of ways to increase enrollment, including: <ul style="list-style-type: none"> ○ Allowing into the program people with less serious violence charges (such as second degree assault) rather than excluding anyone with a violence charge. ○ Accepting people with possession with intent cases (where the individuals are not actually dealing, but have a sufficient quantity to meet the intent to distribute charge).

Issue	Recommendations
	<ul style="list-style-type: none"> ○ Allowing felony charges to be dismissed upon successful completion of the program, as this would be a strong incentive to participate in the program, with the additional benefit making it more possible for graduates to find a job, receive financial assistance, and secure housing. (Harford Adult Circuit 4/09)
Pre-plea/post-plea	<ul style="list-style-type: none"> • Carey, Finigan and Pukstas, 2008, found that accepting offenders post-plea leads to greater use of system resources and more time between arrest and drug court entry. In addition, courts that accepted pre-plea offenders and included misdemeanors as well as felonies had both lower investment and outcome costs. Therefore, the steering committee should consider the feasibility for this program of accepting offenders pre-plea and pre-conviction. (Montgomery Adult Circuit 8/08) • Because the intent of drug court is to connect individuals to services expeditiously and limit their time in the criminal justice system, the program should consider accepting the pre-plea cases for referral. Under these circumstances, the State’s Attorney’s Office or law enforcement would be primarily responsible for referring participants. (Wicomico Adult Circuit 4/08) • The team may want to have a conversation about the possibility of referring some individuals pre-plea. Under these circumstances, the State’s Attorney’s Office or law enforcement would be primarily responsible for referring participants. (Dorchester Adult District 4/09)
Inform potential participants	<ul style="list-style-type: none"> • Assess the process for informing prospective drug court participants about the details of program participation. Consider implementing a structured information process or creating a participant handbook or other materials to share with prospective participants that expand on the existing program brochure. (Baltimore City Adult Circuit 7/07)
Timely data/information sharing	<ul style="list-style-type: none"> • Ensure that program staff are entering participant data into the HATS database in a timely manner, and before the individuals are expected to arrive at the treatment agencies for their initial sessions. HATS is a communication tool that is only beneficial if it is used consistently. The program should have policies and procedures that delineate expectations for data sharing, including HATS program-related data. Supervisors are responsible for ensuring that staff members are trained to use the system effectively and are following through with data entry according to program guidelines. (Baltimore City Adult Circuit 7/07) • Guidelines related to communication should clearly identify the purposes of information that is shared and when it is needed, so that it can be optimally useful to the program. Examples of this include assessment and referral information reaching treatment providers before clients arrive at the agency, and providing progress reports on participants before they attend the next drug court session. Clear timelines and communication of key decision points, like those related to hear-

Issue	Recommendations
	ings and referrals, ensure that collaborative programs such as drug courts operate as efficiently and effectively as possible. (Baltimore City Adult Circuit 7/07)
Review population to be served, recruitment, screening	<ul style="list-style-type: none"> Concerns emerged during stakeholder interviews related to whether the AACADC has inappropriately begun serving low-level offenders and whether the focus should be on more criminally involved clients. The team should have conversations clarifying the desired characteristics of the population to be served and how well that goal is reflected in current participants' original offenses. The team should also look at the recruitment and screening procedures to determine if the current participant population is appropriate for this level of court involvement. (Anne Arundel Adult Circuit 1/09)
Enhance participation incentives	<ul style="list-style-type: none"> According to stakeholders, the perception is that drug court is more difficult and time-consuming than being on regular probation, which means that some attorneys and potential participants do not see drug court as their best option. All of the focus group participants reported that they selected drug court because they saw it as their only alternative to jail time, which seemed to be the primary (or only) incentive. Program staff should discuss ways in which they could enhance the perceived value of the drug court option (such as emphasizing assistance with education and employment), meet with local attorneys to explain the benefits of drug court, and consider new incentives that could encourage individuals to participate. (Harford Adult Circuit 4/09) One team member reported that transportation issues are a deterrent to program participation. No public transportation is available; and some participants do not have their driver's license. The program should look for ways to assist people with transportation (such as taxi vouchers or finding a funding source to cover transportation support) and, when appropriate, help those who have lost their licenses to get them back. If these options are adopted, the State's Attorney's Office modifies the eligibility criteria accordingly, and the program gets the word out to the community that it has incentives and benefits that make it an attractive option, the program should expand and therefore help more people turn their lives around. (Harford Adult Circuit 4/09)

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?

Issue	Recommendations
Aftercare	<ul style="list-style-type: none"> • Mandatory aftercare that offers support to the participant as s/he transitions back into the community should be implemented by the drug court team, including linkages to family and community supports. <i>Monthly phone calls for the first 3 months after treatment completion could be implemented as an aftercare tool. Some courts have used alumni support groups as a cost-effective tool in aftercare planning. (Cecil Adult Circuit 8/08) (Wicomico Adult Circuit 4/08 without sentence in Italics)</i> • Aftercare is a clinical best practice, supporting individuals in their transition to a drug-free lifestyle. Consider requiring a minimal aftercare component or establish a policy for drug court staff to follow up on and encourage participants to participate in aftercare. (Anne Arundel Adult District 3/07) • The program should consider encouraging or requiring a routine aftercare phase or component, to support participants in their transition to the community and off of supervision and enhance their ability to maintain the behavioral changes they have accomplished during participation in the PGDC. (Prince George's Adult Circuit 6/07)
Dosage/Termination rates	<ul style="list-style-type: none"> • While required attendance at treatment sessions in FCDTC is higher than the optimal dosage seen in national outcomes research, neither team members nor participants indicated that this requirement posed a problem. Team members should be aware that the extensive treatment requirements have the potential to be a hardship for participants in the future. In line with this, an analysis of the reasons behind participant's unsuccessful completion of the program may help to lower termination rates. (Frederick Adult Circuit 11/07)
Cultural awareness	<ul style="list-style-type: none"> • While the team has had some cultural awareness training, they should update their knowledge and resources to meet the needs of their participant population. In order to ensure that services are culturally specific or sensitive, staff members working with participants need to have experience with and understanding of the cultural characteristics of the populations being served (e.g., African Americans). (Frederick Adult Circuit 11/07) • Treatment providers are encouraged to keep a training log and regularly update their cultural responsiveness training, to ensure that adults from all types of groups (e.g., racial/ethnic, gender and age) are being appropriately served by the program. (Dorchester Adult District 4/09)

Issue	Recommendations
Interagency information sharing	<ul style="list-style-type: none"> • As discussed in Key Component #1, the team needs to determine which additional information from the Health Department would help the team meet the needs of the program’s participants, and request such information. A formal meeting between the team members and Health Department officials would provide the opportunity to discuss and resolve information sharing issues and confidentiality concerns. (Howard Adult District Drug/DUI 8/08) • In addition, greater monitoring is needed to be sure that treatment providers are recording and reporting ongoing treatment information for the drug/DUI court. It may be necessary to meet with Health Department staff to discuss an appropriate format for the information that is needed by the program and to establish a timeline for when providers need to share participant progress information with the court. Communication between treatment and the court is crucial for a successful drug court program. (Howard Adult District Drug/DUI 8/08) • One respondent commented that Parole and Probation has responsibility for identifying housing needs and working with participants to access safe/affordable housing. However, currently the APD and the ASA work together to find participants housing when they need it. The team, the advisory committee, or the working group, all of which include representatives from Parole & Probation, the State’s Attorney’s office, and the Office of the Public Defender, should discuss who has responsibility for finding housing options for participants, and whether that agency/person is able to meet that responsibility, or whether there are barriers to doing so that need to be addressed. (Baltimore City Adult District 9/07)
Increase treatment resources/capacity	<ul style="list-style-type: none"> • Respondents indicated that additional treatment resources are needed in this program. If the needed treatment resources are not available in the community, the team may want to investigate funding opportunities or structure existing funds to establish needed services. If the resources exist but are not yet connected to the drug/ DUI court program, the team may want to designate the responsibility for making these connections to certain team members so that these relationships can be established. (Howard Adult District Drug/DUI 8/08) • Based on information compiled from key stakeholder interviews, treatment should seek additional resources around addiction case management strategies and skills, and additional topics or curricula to cover in group sessions. Plans to contact other drug court treatment providers are in place and encouraged. Other programs have used a variety of therapeutic interventions including Seeking Safety, Cognitive Behavioral Therapy, public speaking assignments aimed at drug use prevention for youth, and alumni support groups. (Wicomico Adult Circuit 4/08)

Issue	Recommendations
	<ul style="list-style-type: none"> • Work with community partners to increase treatment capacity in Baltimore City. Key agency partners can use the advisory committee or other community connections to advocate for additional services. Emphasize the holistic and collaborative nature of drug court, and identify how these connections make the program successful for participants. Additional funding or collaborations could help to better meet client needs—widely identified by respondents and program participants—in the following areas: <ul style="list-style-type: none"> ○ Mental health issue screening and assessment. ○ Mental health treatment services. ○ Dual diagnosis services, in conjunction with or separate from drug court. ○ Additional transitional housing or residential services. ○ Additional substance abuse treatment resources, particularly inpatient beds. ○ Parenting education and training for participants: For some participants, this is the first time they have been clean and, often, they do not know how to relate to their children. This service could help strengthen and support families so that children receive the guidance and supervision they need in order to be healthy. ○ Gender-specific services for women. (Baltimore City Adult Circuit 7/08) • Baltimore City District included the same recommendation as immediately above, but with the following list of recommendations: <ol style="list-style-type: none"> 1. Mental health issue screening and assessment. 2. Mental health treatment services. 3. Dual diagnosis services, in conjunction with or separate from drug court. 4. Additional supportive housing or residential services. 5. Parenting education and training for participants: For some participants this is the first time they have been clean and, often, they do not know how to relate to their children. This service could help strengthen and support families so that children receive the guidance and supervision they need in order to be healthy. 6. Gender-specific services for women. 7. Culturally specific services, especially for African American participants. (Baltimore City Adult District 9/07) • Work within the policy body to discuss the creation of a court for dually diagnosed clients, or expand the program’s capacity to serve clients

Issue	Recommendations
	<p>with both mental illness and chemical dependency issues. (Baltimore City Adult District 9/07)</p> <ul style="list-style-type: none"> • Team members felt that the involvement of the Health Department’s treatment manager in team meetings has greatly facilitated treatment connections. If it is feasible for this team member to attend more regularly or to allow the assessment counselor to take on more responsibility in this area, it seems the participants would benefit from quicker access to treatment and the team would benefit from having a representative from the health department who has the connections to help program staff access limited treatment slots for the drug court clients. (Anne Arundel Adult Circuit 1/09) • It is also recommended that the health department encourage and track training by providers in gender specific and culturally responsive practitioner methods. (Anne Arundel Adult Circuit 1/09) • Work with the Office of Problem-Solving Courts and the Health Department to examine ways to add needed counseling support, so that the program’s capacity goals can be met and, if deemed more effective, groups for Circuit and District Court participants can be run separately. (Harford Adult Circuit 4/09) • Case management services are important to provide support for and ensure success of participants working on multiple issues. Discuss as a team how to provide this advocacy and coordination support to participants, such as whether this service could be provided through Parole and Probation or other resources. (Harford Adult Circuit 4/09) • Ensure that clients are getting the intensity of service that they need (that is indicated by their assessments). Also, expanding treatment options will allow the program to take a wider range of clients (individuals with wider range of treatment needs). Consider the possibility of future gender and culture-related treatment support for participants. (Harford Adult Circuit 4/09)
Separate higher and lower risk clients	<ul style="list-style-type: none"> • Once the program has reached capacity, the team and treatment staff should consider separating higher and lower risk clients (i.e., District and Circuit clients) into separate treatment groups, rather than combining them together in one group, which is the current reported practice. (Harford Adult Circuit 4/09)
Add life skills training	<ul style="list-style-type: none"> • Through team interviews, there was an indication that some participants may not have sufficient life skills to successfully follow through with a number of the tasks required by the program (e.g., scheduling and arriving to meetings on time). If that is determined to be the case, program staff should consider ways to develop a more formalized life skills training program for clients (e.g., through the Health Department). (Harford Adult Circuit 4/09)

Issue	Recommendations
Individualized treatment	<ul style="list-style-type: none"> The type and frequency of treatment services offered to MCADC participants are in line with those with positive results. It is important for this program to ensure that treatment services are individualized to the needs of each participant even though the program maintains standard treatment requirements. (Montgomery Adult Circuit 8/08)
Treatment phases vs. program phases	<ul style="list-style-type: none"> The program should keep in mind that timing in treatment phases (including advancement) should be kept separate from drug court program phases and progress. Specifically, advancing in a treatment phase does not necessarily call for advancement in a program phase, as participants' non-treatment goals are different from their treatment goals. (Dorchester Adult District 4/09) (Harford Adult Circuit 4/09 with minor wording changes)
Procedures Manual/Participant Handbook: revise, use	<ul style="list-style-type: none"> The evaluators would like to see group and individual treatment requirements in the phase information published in the Participant Handbook, in order to ensure that participants are well informed about the program's expectations. If specific numbers of group and individual treatment sessions cannot be determined in advance because they depend on individual needs, then an average number should be offered as an example. (Worcester Adult Circuit & District 8/08) As suggested in Key Component 1, the program should utilize the results of this evaluation to review, revise (as needed), and implement the guidelines in its procedures manual. (Baltimore City Adult Circuit 7/07) Recommendation from a participant (during the focus group): Make sure that all of the handouts and paperwork provided to participants are updated ("Sometimes we might have a paper that says things are one way, but they have changed.") (Harford Adult Circuit 4/09)
Support to facilitate participation	<ul style="list-style-type: none"> The program should continue to provide—and ensure participants are aware of—transportation assistance or support to drug court participants who do not have private vehicles, to maximize participant opportunities to be successful in the program. In addition to the current practices of providing bus tokens and cab vouchers, support could include coordinating required appointments so that they occur on the same day or in the same location. The program leadership could also consider discussing with community providers options such as ridesharing programs, volunteer drivers, or vehicle sharing programs. (Anne Arundel Adult District 3/07)
Strength-based case management	<ul style="list-style-type: none"> Implement client-centered and strength-based case planning and monitoring for drug court participants. Involving participants in the case management process empowers them, holds them accountable, and creates motivation for change. (Baltimore City Adult Circuit 7/07)

Issue	Recommendations
Revisit program model	<ul style="list-style-type: none"> Revisit the STEP program to determine whether its structure is appropriate and applicable to the BCDTC—District. If so, then that structure should be followed by the program in order to provide consistency, which would be of value to the team, to the participants, and to future evaluations of this program. If the STEP program is not a good fit for this program, then the team and advisory committee should consider other options that could provide structure in a way that fits with the program’s goals and its target population. (Baltimore City Adult District 9/07)
Identify possible funding sources	<ul style="list-style-type: none"> The drug court team should consider conducting a strategic planning session, or, as an alternative, place strategic planning issues on the agenda of one or more drug court team meetings. In either setting there should be a discussion concerning program needs and ideas for generating additional resources. The team should identify mechanisms and potential sources of funding, such as grants, community partnerships, and enhanced state or county funding to support the program. Consideration of funding for program requirements should, of course, begin with the annual grant from the Maryland Office of Problem-Solving Courts. The team should also discuss who will be responsible for which steps toward achieving these goals. Most importantly, the team should share a strategic vision for the future operation of the program. (Harford Adult District 7/07)
Monitor for program improvement	<ul style="list-style-type: none"> Data about the drug court and its participants could be analyzed and used to inform the team about the types of participants who are most and least successful in this program. This would also inform their practices with those participants. To ensure that the program design and operation is effectively addressing and meeting the needs of its target population, the program should continuously collect and make use of data concerning program participants. The new Statewide Maryland Automated Records Tracking (SMART) management information system should facilitate this objective. The team should strive to use information generated by the new system to continually improve the program. (Harford Adult District 7/07)

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?

Issue	Recommendations
None	<ul style="list-style-type: none"> • There are no recommendations at this time for this area, as the program appears to have implemented a successful drug use monitoring system. Future outcome study work will analyze the rates of positive UAs to determine if participant drug use decreases over time. (Cecil Adult Circuit 8/08) • There are no recommendations at this time for this area, as the program appears to have implemented a successful drug use monitoring system. (Frederick Adult Circuit 11/07) • The HCADDC appears to have effectively implemented Key Component #5, using frequent and observed testing, using varied testing methods, and testing for a variety of substances. (Howard Adult District Drug/DUI 8/08) • There are no recommendations at this time for this area, as the program appears to have implemented a successful drug use monitoring system. As a guide, research has shown that 75 percent of all drug court participants had one or more positive drug tests during their time in the drug court (Rempel et al., 2003) (Wicomico Adult Circuit 4/08)
Testing: frequency/randomization	<ul style="list-style-type: none"> • Since it is possible that the participants may only be tested a minimum of 2 times per week (Monday and Wednesday) the random component of testing is important. It is therefore recommended that the program test participants in the first phases 3 times per week, Phase II participants twice per week, and Phase III participants once per week using the randomization computer program that the drug court currently uses on the weekends. (Montgomery Adult Circuit 8/08) • 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. The AACADC tests slightly less frequently than the average adult drug court: twice a week during Phase I, and once a week (minimum) during Phase II. Drug tests are given randomly, but less frequently, in Phases III and IV. As a result, AACADC leadership and agency partners may want to consider adjusting the frequency of testing. (Anne Arundel Adult District 3/07) • Because the frequency of testing (2 times per week) is slightly less than the frequency demonstrating greatest effectiveness in the research cited above, the program should consider implementing a random testing process. There are many models for best practices in this area, and it is likely the BCDTC–Circuit program will be able to identify one that fits its particular needs. (Baltimore City Adult Circuit 7/07) (Baltimore City Adult District 9/07)

Issue	Recommendations
	<ul style="list-style-type: none"> • It would be of value to the program if they could conduct an analysis of the frequency of actual testing and how it differs by phase or participant characteristics, or compared to other courts. (Harford Adult District 7/07) • PGDC is already working on random testing procedures for the first and second phase, which would be a beneficial program modification. (Prince George’s Adult Circuit 6/07) • Drug testing in the first phase should be random or 3 times per week, to be most effective. This frequency can appropriately be reduced in later program phases, particularly for participants with long periods of negative tests, rather than maintaining the same schedule of frequency for the duration of the program. (Harford Adult Circuit 4/09)
Flexibility commendation	<ul style="list-style-type: none"> • The WCADTC should be commended for its flexibility in offering multiple test locations and the option of being tested at the jail after work hours or on the weekend, in order to accommodate participants’ work schedules and to make testing as accessible as possible. (Worcester Adult Circuit & District 8/08)
Testing: alcohol	<ul style="list-style-type: none"> • The WCADTC should continue searching for funding to cover the costs of alcohol use/abuse testing and consider accepting individuals with alcoholism as a primary diagnosis, if it determines that community needs are sufficient to warrant this program change. (See Key Component 10 for related recommendations.) (Worcester Adult Circuit & District 8/08)
Testing: Marijuana	<ul style="list-style-type: none"> • The program should examine the most recent research on marijuana testing and convene a meeting of the drug court team to examine the research and come to consensus on the drug court’s policy and procedures on this issue. (Prince George’s Adult Circuit 6/07)
Testing: use rapid tests	<ul style="list-style-type: none"> • The parole/probation department should consider using rapid drug tests for drug court participants and sending only positive results to the laboratory for confirmation, as this practice would allow for a quicker response to participant behavior. Although procurement costs for this change may be substantial, research should be done regarding the long-term financial advantages/disadvantages. <i>It may also be helpful to send results to the same lab that is used by the health department, in order to receive results in a more timely manner.</i> (Anne Arundel Adult Circuit 1/09) (Dorchester Adult District 4/09 with sentence in Italics added) • Consider the value of a testing process that involves a shorter turnaround time between providing the sample and the availability of results (which, in turn will support a more timely court response)— for example, consider implementing instant testing in conjunction with the more in-depth (and time-consuming) lab testing. (Harford Adult Circuit 4/09)

Key Component # 6:

A coordinated strategy governs drug court responses to participants' compliance.

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

Issue	Recommendations
None	<ul style="list-style-type: none"> Staff members reported that participants understand the difference between treatment responses and sanctions. They also reported that this separation works well and is entirely beneficial. This process ensures that treatment responses occur as soon as possible following the behavior that prompts a response. Therefore, this program has implemented a coordinated strategy that governs drug court responses to participants' compliance. (Worcester Adult Circuit & District, 8/08)
Strategies to increase incentives	<ul style="list-style-type: none"> The CCADTC team has identified the need to provide more incentives to their drug court participants. The steering committee might serve as a connection to community resources in this area. The team should also consult other drug courts as they seek to implement more creative reinforcements. (Cecil Adult Circuit 8/08) Approach community partners and encourage additional community outreach to build connections to access rewards and incentives that are meaningful and motivating to participants. (Baltimore City Adult District 9/07) Continue outreach to build community connections to access rewards and incentives that are meaningful and motivating to participants. (Prince George's Adult Circuit 6/07)
Program Retention	<ul style="list-style-type: none"> Regarding retention of eligible individuals, 80% of those participants who are no longer in the CCADTC program were discharged as unsuccessful. Team members reported that these individuals typically stop reporting to the program for extended periods. Community supervision of these individuals could be enhanced with greater involvement from law enforcement as well as greater availability of the parole/probation agent's time. In addition, the team should consider identifying more opportunities for participants to receive incentives in order to reinforce the positive aspects of participation and build engagement. (Cecil Adult Circuit 8/08) Attendance at drug court graduation ceremonies should be required of all current drug court participants. This would help to create and strengthen a supportive environment among individual participants and serve to motivate current participants to progress to the graduation phase. (Cecil Adult Circuit 8/08)

Issue	Recommendations
	<ul style="list-style-type: none"> • Consider offering flexibility in the times and days of the week that Drug Court reviews take place. (Anne Arundel Adult District 3/07) • Consider offering additional flexibility in scheduling for compliant participants who have other demands on their time, including children or jobs. (Anne Arundel Adult District 3/07) • Continue working with community partners to identify resources and strategies to allow reduced fees for participants who need financial assistance. (Anne Arundel Adult District 3/07) • Consider the optimal program dosage and intensity required to maximize accountability and oversight, while promoting successful participation. It is important to maintain the positive aspects of frequent monitoring without creating an undue burden on participants. The purpose of this program is to engage and retain individuals in treatment and help them adjust to a new lifestyle, free of drugs and criminal behavior. These efforts and subsequent changes are incredibly difficult work for the participants. (Anne Arundel Adult District 3/07) • It is appropriate to provide flexibility of program requirements as an incentive for participants who are demonstrating a positive intent to change their behavior and who are making progress toward those changes. (Anne Arundel Adult District 3/07) • Team members reported that individuals discharged as unsuccessful had absconded and picked up new charges. These individuals likely need more intensive intervention in order to be successful. Community supervision of these drug court participants could be enhanced with greater involvement from law enforcement as well as greater availability of the parole/probation agent's time. In addition, implementation of strength-based approaches described earlier could better support these difficult to engage clients. So that participants do not feel that they are being treated unfairly, the team should clearly communicate the program's concept of individualizing responses. Participants need to understand why rewards and sanctions are being imposed and why a particular behavior may have one consequence for one person and a different consequence for another. Clarifying the difference between treatment and other behaviors and responses may also help further their understanding in this area. Keep in mind that all messages should be consistent across team members and offered repeatedly. (Dorchester Adult District 4/09)
Equal treatment	<ul style="list-style-type: none"> • While there were no reports by participants of unfair treatment, when handing down individualized sanctions, the team needs to take into consideration the appearance of equal treatment. It may be beneficial to explain to participants why different consequences are applied to similar behaviors. (Frederick Adult Circuit 11/07)

Issue	Recommendations
	<ul style="list-style-type: none"> • Some respondents indicated that they felt their input was not being fully considered in the Judge’s final decision and that these decisions needed to be made with greater consistency. The drug court team may benefit from an explanation of the decision-making process (as not a team decision, but a judicial decision) or could pursue discussions about the benefits of the Judge considering team input to a greater extent. (Montgomery Adult Circuit 8/08) • The team may want to assess whether its efforts to create greater decision-making consistency through the recently created menu of sanctions have resulted in positive changes. Further development of guidelines for when to impose various sanctions could also contribute to increased consistency. (Montgomery Adult Circuit 8/08) • The team needs to take into consideration the appearance of equal treatment for similar infractions and the importance and challenge of communicating the rationale behind decisions regarding levied sanctions. Because the program attempts to individualize services delivered to participants, different consequences may be handed down for similar behaviors. The program is encouraged to explain this program element during orientation and at the time of each decision. Continuing to provide this information, and reminders, to participants regarding the sanctioning (and reward) process would be beneficial. (Wicomico Adult Circuit 4/08) • Related to the above recommendation [respond to treatment issues sooner], make sure that sanctions are graduated and specified so that there is as much consistency as possible, while providing opportunities to individualize as needed. (Harford Adult Circuit 4/09)
Treatment responses vs. sanctions	<ul style="list-style-type: none"> • It is important that drug court programs differentiate treatment responses from sanctions. This program may want to have additional discussions about relapse as part of the recovery process. If a participant admits to use or is found to have used, increasing treatment supports is an appropriate therapeutic response. Committing new crimes or missing appointments require gathering additional information to determine the circumstances, but likely warrant sanction-oriented responses, such as community service. (Howard Adult District Drug/DUI 8/08)
Sanctions/rewards process	<ul style="list-style-type: none"> • The intent of sanctions and rewards should always be to reinforce desired behavior (e.g., abstinence) and minimize undesirable behavior (e.g., missing sessions). Sanctions and rewards should be examined to ensure they do not interfere with the ability of participants to be successful. For example, removing transportation assistance as a sanction could inadvertently contribute to missing required appointments or lengthy time in jail could lead a participant to lose employment. (Harford Adult District 7/07)

Issue	Recommendations
	<ul style="list-style-type: none"> • The <i>process</i> for giving sanctions and rewards should be examined to ensure that the intended lesson is clear and effective. For example, an immediate response to poor behavior is generally much more effective than a delayed response. (Harford Adult District 7/07) • Review the program’s current process for responding to participant behavior through sanctions and rewards. While a focus on positive reinforcement is beneficial, strategic limited use of sanctions can be an appropriate augmentation to incentives and rewards to support behavioral changes. Ensure that the program’s system of graduated sanctions is written and used consistently. (Harford Adult Circuit 4/09) • Ensure that the whole team is participating in decisions regarding sanctions and rewards. Discussions of responses to behavior that include the entire team benefit from the multiple points of view provided by various team members. (Harford Adult Circuit 4/09) • It was reported that one of the rewards participants receive for being compliant with the program is being allowed to skip the next court session. Since participants are only attending drug court every other week, it is recommended that this reward be given only to participants who are in the later phases of the program (e.g., those in Phase II or III), since an effective program model requirement is regular judicial supervision/monitoring, in particular early on in the program (see Key Component #7). (Harford Adult Circuit 4/09)
Quick response to behaviors	<ul style="list-style-type: none"> • One of the goals of the program is to ensure that participants are fully aware of the relationship between their actions and resulting sanctions. Research has demonstrated that for sanctions and rewards to be most beneficial, they need to closely follow the behavior that they are intended to change or reinforce. (Howard Adult District Drug/DUI 8/08) • Implement procedures/guidelines that allow sanctions to be imposed more quickly. Sanctions that are more strongly tied to infractions will have the greatest impact. (Baltimore City Adult Circuit 7/07) • The advisory committee (or whatever is the most appropriate group) should discuss ways to decrease the time between behaviors and responses. Sanctions are most effective when they closely follow the behavior. In addition, if weeks go by between the behavior and the sanction, sanctions could be imposed during a period when the participant is actually displaying positive behavior. Also, if a participant is beginning to face difficulties, as evidenced by non-compliant behaviors, intervening earlier is often more effective at getting the participant back on track before the situation worsens. (Baltimore City Adult District 9/07) • Research has demonstrated that for sanctions and rewards to be most effective they need to closely follow the behaviors that they are in-

Issue	Recommendations
	<p>tended to change or reinforce. Because court hearings take place every 2 weeks (or even less frequently), it is important to have a system in place to respond to participant behaviors within a shorter time frame, especially if that behavior is deemed either particularly serious or remarkable. (Dorchester Adult District 4/09)</p> <ul style="list-style-type: none"> • It was reported that, after a participant tests positive for substances, the PA is responsible for preparing a show cause order, which the Judge then addresses during the next drug court session. Regarding this practice, the program may want to consider creating a mechanism for responding to treatment issues sooner than this time frame (also with the understanding that a treatment response to a positive test may be the best approach, and that treatment responses should not be presented to the participant as a sanction, as this is counter-therapeutic). (Harford Adult Circuit 4/09)
Expand use of incentives/praise/strength-based practices	<ul style="list-style-type: none"> • The program may want to discuss expanding its use of incentives and strength-based practices. Identifying the strengths of each participant and using them to build on can increase program engagement, identify individualized incentives to participation, and contribute to greater success. (Howard Adult District Drug/DUI 8/08) • The program should demonstrate its understanding of addiction and, relatedly, the reality of relapse (and associated behaviors) as part of the recovery process by identifying more opportunities to acknowledge progress and offer incentives. (Wicomico Adult Circuit 4/08) • Consider the expanded use of incentives and rewards to reinforce positive behaviors and encourage program compliance. Cognitive-behavioral approaches are the most effective strategies for changing behavior with this particular client group. This approach would be consistent with the program’s treatment model and would bolster/support the treatment goals. (Baltimore City Adult Circuit 7/07) (Baltimore City Adult District 9/07) • The team should work on creative ways to respond to participant behavior in a more supportive manner <i>and to build client engagement in the program</i>. Use incentives and rewards liberally to balance needed sanctions and to reinforce a positive, strength-based program climate. Consider bringing in consultants or trainers to support the enhanced use of strength-based practices in the program. The team may want to start with a discussion about their philosophies and views about the use of incentives, to identify whether some team members are resistant to or have concerns about this model. (Anne Arundel Adult Circuit 1/09) (Dorchester Adult District 4/09 with piece in Italics added) • Regarding retention of eligible individuals, team members reported that individuals’ participation is revoked for chronic non-compliance and for absconding repeatedly. Community supervision of these indi-

Issue	Recommendations
	<p>viduals could be enhanced with greater involvement from law enforcement as well as greater availability of the parole/probation agent's time. In addition, as suggested earlier, the team should consider identifying more opportunities for participants to receive incentives in order to reinforce the positive aspects of participation and build engagement. (Anne Arundel Adult Circuit 1/09)</p> <ul style="list-style-type: none"> • Material incentives are commonplace in drug courts and should be implemented in DCADC. Some courts have received funding for gift cards and have had in-kind donations offered from local businesses. Other programs have used drug court alumni groups, the private bar and/or their advisory board to assist in obtaining material rewards for participants. If material incentives are scarce, participants could be rewarded by being given a raffle ticket for a monthly drawing. The team should brainstorm other creative ways to establish a comprehensive reward system.⁴³ (Dorchester Adult District 4/09)
Update procedures manual	<ul style="list-style-type: none"> • Review, revise (as needed), and implement program rules regarding incentives, rewards, and sanctions in the procedures manual. (Baltimore City Adult Circuit 7/07)
Consider pre-court staffings	<ul style="list-style-type: none"> • Engage the drug court team, and representatives from all relevant partner agencies, in discussions regarding the implementation of pre-court client staffings, where staff would have dedicated time to share information and decision-making regarding responses to participant behavior and progress. (Baltimore City Adult Circuit 7/07)
Determine actual completion time	<ul style="list-style-type: none"> • Future evaluation should look at the length of time it actually takes participants to complete the program compared to the program's stated goal. (Harford Adult Circuit 4/09)

⁴³ See John Kretzmann and John L. McKnight, 1993, *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*. Chicago, IL: ACTA Publications, for information about tapping into community resources.

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?

Issue	Recommendations
None	<ul style="list-style-type: none"> • There are no recommendations at this time for this area, as the program appears to have positively implemented Key Component #7. (Frederick Adult Circuit 11/07) (Anne Arundel Adult Circuit 1/09) (Dorchester Adult Circuit 4/09) • The HCADDC program appears to have effectively implemented Key Component #7. (Howard Adult District Drug/DUI 8/08)
Judicial reviews/ hearings: structured vs. flexible	<ul style="list-style-type: none"> • The creation of alternative review times to accommodate participants' work responsibilities is reflective of the court's flexibility and understanding of the importance of this aspect of a participant's transitioning into a drug-free and stable lifestyle. This understanding must be weighed against the need for a structured program and optimal judicial interaction which offers all participants the opportunity to see how they are progressing in relation to other participants. Additionally, it allows the participant to receive feedback from the bench that is positive, something s/he has likely not experienced before. If participants are in the first program phase or if they are having compliance problems, it is recommended that they attend the regularly scheduled drug court hearings. In addition, future outcome study work could assess whether participants who do not attend court sessions are doing as well as other participants. (Cecil Adult Circuit 8/08)
Judicial reviews/ hearings: attendance	<ul style="list-style-type: none"> • Because drug court hearings are a forum for educating all participants and impacting their behavior, it is recommended that the court require all participants in Phase 1 to stay for the entire hearing and that phase progress is iterated for each individual participant as s/he appears before the bench. The team should consider excusing participants early as an incentive for positive behavior. (Cecil Adult Circuit 8/08)
Judicial reviews/hearings: time management	<ul style="list-style-type: none"> • Because time is often a scarce resource for drug court team members, as well as participants, it may be prudent for the team to explore how interactions in the courtroom could be more streamlined. Nationally, optimal averages for court interaction are generally 2 to 3 minutes for each participant. In these courts, rather than have team members repeat their progress reports (which are already provided in the pre-court meeting), drug court judges typically offer a synopsis of each participant's progress as gleaned from the team meeting. Furthermore, once the program's capacity goal is reached, there will be a greater need to streamline the court process. (Wicomico Adult Circuit 4/08)

Issue	Recommendations
<p>Judicial reviews/ hearings: increase Judge contact/time</p>	<ul style="list-style-type: none"> • Allowing more time during court sessions for the judge to hear about positive behaviors and participant progress would help develop relationships between the judge and participants and increase opportunities for the participants to receive positive reinforcement for their efforts. It also allows other participants to see the successes of their peers and the benefits of making healthy decisions. (Baltimore City Adult Circuit 7/07) • Based on the research cited above, it would be of value to increase the frequency with which participants have contact with the judge so that they attend one court sessions every 2 or 3 weeks during the first part (the equivalent of a first phase or STEP) of their involvement with the program. (Baltimore City Adult District 9/07) • It is unclear why the program chose to implement regular biweekly court appointments across the program phases rather than another model that includes tapering of judicial contact. There are clearly advantages and disadvantages of the HCADC model. The HCADC team should make this issue part of its discussion regarding its strategic vision for the future of the program. In addition, this issue can be considered in a future outcome studies. (Harford Adult District 7/07) • In light of national drug court practice, the Drug Court Advisory Committee should review the intensity of PGDC judicial interaction with participants and whether to increase the frequency of court hearings for participants. (Prince George’s Adult Circuit 6/07)
<p>Consistency</p>	<ul style="list-style-type: none"> • As discussed in Key Component #6 (above), the program may want to work on increasing the consistency with which sanctions are applied; the Judge can play an important leadership role in this area. (Montgomery Adult Circuit 8/08) • The program may want to collect data on the consistency with which sanctions are applied to identify any areas of needed improvement. Alternatively, future evaluation studies can look at this question. (Montgomery Adult Circuit 8/08)

Issue	Recommendations
Substitute or new judge	<ul style="list-style-type: none"> • Having a back-up judge who is familiar with the drug court model is suggested, in case of illness or vacation of the current judge. Also, if a new judge eventually replaces the current drug court judge, try to build in as much transition time as possible from the current to the incoming drug court judge, so that the replacement judge can learn the drug court model (and understand his/her role in the program). If possible, allow the incoming judge to observe drug court hearings and learn directly from the experience of the sitting judge. At least, try to arrange time for the current judge to be available for consultation or questions. (Worcester Adult Circuit & District 8/08) • If there is ever a new judge appointed to preside over this drug court, plan transition time for the new judge to observe and learn from the experience of the current one. All Judges should receive formal role-specific drug court training as near to beginning their work with drug court as possible. (Harford Adult Circuit 4/09)
Extend Judge tenure/allow voluntary Judge	<ul style="list-style-type: none"> • Consider implementing a policy that extends the amount of time a judge serves in drug court to at least 2 years. Additionally, if possible, structure the judicial rotation so that judges who desire it can eventually return to the drug court bench, utilizing their past experience. Allowing the judge to volunteer for this service, if possible, also increases the potential for improved client outcomes. If it is not possible to change the rotation schedule, consider asking judges who have been drug court judges to be available to new judges for consultation. (Baltimore City Adult Circuit 7/07) (Baltimore City Adult District 9/07)
Implement pre-court team meeting	<ul style="list-style-type: none"> • As suggested in Key Component 1, implementing a pre-court team meeting would increase the judge's knowledge of the participants and their unique qualities and situations. (Baltimore City Adult Circuit 7/07)
Separate drug and non-drug court hearings	<ul style="list-style-type: none"> • When this program reaches capacity, it should consider holding drug court sessions separate from non-drug court hearings. The drug court session could begin after the regular court hearings, providing greater efficiency and relevance for participants. (Harford Adult Circuit 4/09)

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?

Issue	Recommendations
None	<ul style="list-style-type: none"> The program has implemented this component. However, drug court staff is encouraged to discuss the findings from this process evaluation as a team, to identify areas of potential program adjustment and improvement. (Frederick Adult Circuit 11/07)
Discuss/plan using evaluation results	<ul style="list-style-type: none"> The drug court staff members are encouraged to discuss the findings from this process evaluation as a team, to identify areas of potential program adjustment and improvement. (Cecil Adult Circuit 8/08) (Wicomico Adult Circuit 4/08) (Baltimore City Adult District 9/07) (Anne Arundel Adult Circuit 1/09) (Dorchester Adult District 4/09) Plan time in a team meeting to discuss the results of this process evaluation and make a plan for how to use the information. (Howard Adult District Drug/DUI 8/08) 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. (Montgomery Adult Circuit 8/08)
SMART	<ul style="list-style-type: none"> The program should continue the task of transferring all data into the SMART database so that team members can conveniently access and input information into a central system. (Cecil Adult Circuit 8/08) (Wicomico Adult Circuit 4/08) As the State implements its new Statewide Maryland Automated Record Tracking (SMART) Management Information System (MIS), the program will be able to utilize electronic management information for program monitoring and evaluation purposes. HCADDC should make a commitment to transition to electronic drug court records to facilitate program monitoring and evaluation. Program staff should be trained to use the management information system, both in entering data consistently and extracting information to use for program reviews and planning. (Howard Adult District Drug/DUI 8/08) (Prince George's Adult Circuit 6/07) MCADC staff should seek continued training and technical assistance on the new SMART management information system. (Montgomery Adult Circuit 8/08) Electronic drug court records facilitate program monitoring and evaluation and have been used successfully in some drug court programs. To this end, the program should consider using the State's new drug court management system ("SMART") when it becomes available. (Anne Arundel Adult District 3/07)

Issue	Recommendations
	<ul style="list-style-type: none"> • <i>Electronic drug court records facilitate program monitoring and evaluation.</i> The program should continue to use HATS, building on policies and procedures to ensure complete and timely data entry. The program should also use the State’s new SMART MIS when it becomes available. (Baltimore City Adult Circuit 7/07) (Baltimore City Adult District 9/07 without sentence in Italics) • HCADC should make a commitment to transition to electronic drug court records to facilitate program monitoring and evaluation. The new SMART MIS should support this objective. Program staff should be trained to use the management information system, both in entering data consistently and extracting information to use for program reviews and planning. (Harford Adult District 7/07) • The team should look into changing the way the health department electronically records drug court participant information so that their efforts aren’t duplicated. Team members should try using only the SMART database to record information about participant progress. (Dorchester Adult District 4/09) • There are some data that are currently recorded only in hard copy files, including program data (dates of entry into each phase, drug court sessions, services received, and criminal justice status at program exit). It is recommended that the program begin entering this information into SMART. (Harford Adult Circuit 4/09)
Records retention (prior or in addition to SMART)	<ul style="list-style-type: none"> • The program should keep all prior records for further outcome evaluation, including paper files and electronic records, (<i>e.g., Excel files</i>). (Cecil Adult Circuit 8/08) (Wicomico Adult Circuit 4/08) (Anne Arundel Adult Circuit 1/09) (Dorchester Adult District 4/09) Piece in Italics was included in the Anne Arundel and Dorchester reports. • Please retain hard copy records of all prior participants for use in future outcome evaluations. (Howard Adult District Drug/DUI 8/08) • Retain paper records and other non- SMART database information (collected prior to SMART) for future evaluations. (Harford Adult Circuit 4/09)
Self-monitoring	<ul style="list-style-type: none"> • When electronic monitoring is in place, the program should plan to perform self-monitoring of program data to be sure that it is moving toward its goals, and to inform the team about the types of participants who are most and least successful in the program. (Howard Adult District Drug/DUI 8/08) • Program data should be included with other program aspects for review at the yearly steering committee meeting that takes place in December and used to assess the program’s functioning and any areas that may benefit from adjustment. (Worcester Adult Circuit & District 8/08)

Issue	Recommendations
	<ul style="list-style-type: none"> • The drug court team should continue to accumulate and analyze data about the drug court and its participants and use it for program reviews and planning, such as to inform the team about the types of participants who are most and least successful in this program. (Anne Arundel Adult District 3/07) (Baltimore City Adult Circuit 7/07) (Baltimore City Adult District 9/07) • The program will want to keep a record of unsuccessful discharges and the reasons these individuals were discharged. Summary program data should be reviewed annually (or more frequently) and team members should discuss strategies for increasing the program’s graduation rate. (Dorchester Adult District 4/09) • As a team, establish a process for collecting, summarizing, and reviewing program data for program monitoring purposes (set regular—e.g., quarterly, biannually—meetings to review program data, such as graduation rates, demographic characteristics of graduates [compared to all participants] to see if some participants are more successful in the program than others [if so, the team can discuss how to improve services to the unsuccessful participants], time from arrest to drug court entry, time from drug court entry to completion, etc.). (Harford Adult Circuit 4/09)
Data elements	<ul style="list-style-type: none"> • In order to maximize the findings and recommendations of future evaluations, NPC recommends that the drug court begin to collect the additional data elements (that it is not yet collecting) from the recommended data elements list found in Appendix C. These elements will all be available in the SMART system. Until the SMART system is available, information on the data elements list can be collected and recorded in any electronic or paper format that is simplest for the program to use, including in a spreadsheet or table. Some of the data elements may be available electronically through partner agencies, in which case, the location of the data can be recorded (NPC has this data elements list in table format if the program would like to use it). These data elements represent information that evaluators will use in future outcome and cost studies. However, program staff can also use this information to review the program’s success in various areas (such as to look at recidivism or graduation rates for various groups of participants). (Montgomery Adult Circuit 8/08) • In order to maximize the benefits of future evaluations, NPC recommends that the drug court staff determine whether they are collecting the data elements in the recommended data elements list found in Appendix C, and begin to collect any data elements from that list that they have not been collecting to date. NPC is available to answer any questions staff may have about these data elements. (Worcester Adult Circuit & District 8/08)

Issue	Recommendations
	<ul style="list-style-type: none"> Review NPC's list of recommended data elements to collect, and begin collecting those data to assist in program monitoring and future evaluations. (Harford Adult Circuit 4/09)
Outcome study suggested	<ul style="list-style-type: none"> The program leadership should conduct an outcome study in the future to follow up on the 2003 cost study. The new evaluation should consider program effectiveness in light of continuing program maturation and the application of program improvements. (Anne Arundel Adult District 3/07) (Baltimore city Adult District 9/07) (Baltimore City Adult Circuit 7/07)
Strategize to increase graduation rate	<ul style="list-style-type: none"> The program should discuss the reasons for its high rate of unsuccessful program completions to identify and implement strategies to increase this program's graduation rate. (Harford Adult Circuit 4/09)

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?

Issue	Recommendations
None	<ul style="list-style-type: none"> The program appears to have positively implemented this key component; however, it is advised that the program keep a training log and encourage regular ongoing training. (Frederick Adult Circuit 11/07)
<p>Training: Encourage for all and log</p> <p>Also see “none” above—log still suggested</p>	<ul style="list-style-type: none"> It is advised that the program keep a training log and ensure that new team members receive formal training on the drug court model and their role/responsibilities as soon as possible after starting with the drug court. (Anne Arundel Adult Circuit 1/09) (Dorchester Adult District 4/09) It is advised that the program keep a training log and ensure that new team members are trained shortly after starting with the drug court. (Cecil Adult Circuit 8/08) It is advised that the program keep a training log and ensure that new team members are trained shortly after joining the drug court team and that everyone is participating in ongoing training activities. (Cecil Adult Circuit 8/08) (Wicomico Adult Circuit 4/08) The program, in collaboration with its partner agencies, should ensure that all team members receive initial and continuing drug court training. There should be an expectation of, and encouragement for, staff taking advantage of ongoing learning opportunities (both locally and nationally). To support this goal, a training plan and a log system should be established, the results of which should be reviewed by program administrators periodically. These tools will be useful in keeping track of training activities and in reinforcing the importance of professional development. (Howard Adult District Drug/DUI 8/08) (Prince George’s Adult Circuit 6/07) (Worcester Adult Circuit & District 8/08) (Baltimore City Adult District 9/07) The drug court team, in collaboration with partner agencies, should ensure that all team members receive initial formal training rather than relying heavily on on-the-job training. There should be an expectation of and encouragement for staff to take advantage of ongoing learning opportunities, both locally and nationally. To support this goal, a training plan and training log system should be established, and program administrators should review the results periodically. The log system could be a document used to track which team members go to which trainings on certain dates. Monitoring of both the log and up-coming 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. (Montgomery Adult Circuit 8/08) The program should continue to ensure that all drug court staff receive training, both about drug courts in general and specific to their role in the program, and that all staff have opportunities for refresher training and

Issue	Recommendations
	<p>updated information to stay current in the field. (Anne Arundel Adult District 3/07)</p> <ul style="list-style-type: none"> • Treatment providers should be included in an overall training plan for the program, so that they will better understand the drug court model and their role in the process. (Baltimore City Adult Circuit 7/07)(Baltimore City Adult District 9/07) • Continue to support ongoing training and knowledge development for new and continuing staff specific to the drug court model, including new research as it becomes available, and best practices. (Baltimore City Adult Circuit 7/07) • HCADC should ensure that all team members receive initial training to understand the broader context of the purpose, goals, and structure of drug courts as well as each team member’s role within the program. The program should also establish an expectation and support for staff to take advantage of ongoing learning opportunities. A training plan and log can be useful organizational tools to keep track of training experiences and to reinforce the importance to the program of professional development. (Harford Adult District 7/07) • It is advised that the program keep a training log and ensure that new team members receive formal training on the drug court model and their role/responsibilities prior to, or as soon as possible after joining the drug court. (Dorchester Adult District 4/09) • Establish a training log to ensure that team members are receiving ongoing training necessary to be an effective part of the drug court program. (Harford Adult Circuit 4/09)
<p>Training: role-specific/drug court model</p>	<ul style="list-style-type: none"> • In order to fully develop a non-adversarial team environment, attorneys are encouraged to attend training specific to the drug court model as well as role-specific training; counsel roles on the drug court team, in particular, differ from traditional attorney roles. (Cecil Adult Circuit 8/08) • In order to fully develop a non-adversarial team environment, attorneys are encouraged to attend training specific to the drug court model, seek support from the Maryland Office of Problem-Solving Courts and/or consider mentoring opportunities through another adult drug court program that has been identified as having successfully implemented this key component. (Wicomico Adult Circuit 4/08) • There should be an extensive orientation for every judge, ideally prior to coming into the BCDTC–Circuit. While the administrative judge has attended a variety of intensive trainings, training would be beneficial for any judge serving this program. (Baltimore City Adult Circuit 7/07) • There should be an extensive orientation and training for every judge, ideally prior to coming into the BCDTC—District. The outgoing judge should be available for consultation with the new judge. (Baltimore City Adult District 9/07)

Issue	Recommendations
	<ul style="list-style-type: none"> It is recommended that law enforcement team members receive formal training on the drug court model. In addition, all drug court members should plan on obtaining role-specific training. The program should continue to engage the Office of Problem-Solving Courts to conduct some of this training on-site, since team members felt that time and funding would be a barrier to accessing new training. (Dorchester Adult District 4/09)
Training: cultural awareness	<ul style="list-style-type: none"> Team members participated in cultural awareness training in winter 2006. The team should update its knowledge and resources with regard to cultural awareness and responsiveness, to ensure that it is appropriate addressing the needs of its diverse participant population. In order to ensure that services offered through the drug court are culturally specific/sensitive, staff members working directly with participants need to have experience with and understanding of the cultural characteristics of the populations being served (e.g., African Americans). It is advised that the program keep a training log and ensure that new team members are trained shortly after starting with the drug court. (Wicomico Adult Circuit 4/08)
Training: SMART	<ul style="list-style-type: none"> As described in Key Component #8, the program may benefit from continued training on the SMART system. (Montgomery Adult Circuit 8/08)
Training: additional topics	<ul style="list-style-type: none"> New individuals coming in to work on the drug court team, and current drug court team members who have not yet received formal drug court training, should get training specific to their role in drug court. Stakeholders expressed an interest in the following types of training topics/activities: <ul style="list-style-type: none"> General information on addiction and mental health issues and how substance abuse affects offenders. Terminology and diagnoses related to mental illness and addiction. Brainstorming with team members from other drug courts to generate new ideas for the operation of the drug court, particularly how programs “get the word out” about the benefits of drug court, encourage more people to participate, and effectively coordinate needed resources. (Harford Adult Circuit 4/09)
Program Manuals (Policy & Procedures, Participant Handbooks): update	<ul style="list-style-type: none"> Because there were a few discrepancies between team members and in what some team members reported and what was written in the <i>Policy and Procedures Manual</i> and the <i>Participant Handbook</i>, it is advised the both program manuals be updated promptly to reflect any changes in procedures (e.g., referring agencies, amount of time participant has to obtain employment and incentives offered at time of graduation) and that team members review the contents regularly. (Cecil Adult Circuit 8/08) Ensure that the program handbook is in agreement with the participant handbook and that both reflect the program’s current policies (e.g., eligibility criteria, team members, advisory committee and goals and objectives). (Dorchester Adult District 4/09)

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?

Issue	Recommendations
Build community relationships/outreach	<ul style="list-style-type: none"> • The program is encouraged to build relationships with faith communities, medical and dental providers and local businesses wherever possible. The program should maintain a list of common participant need areas and conduct outreach to new community partners to find ways to creatively meet those needs. (Cecil Adult Circuit 8/08) • When the drug court team meets to discuss policy issues, consider adding a discussion item to brainstorm about possible community connections and resources or ideas for generating outside support to enhance the program. Because a concern was raised by a respondent about the need for additional treatment resources (discussed in Key Component #4), this topic will be important to discuss as a team. (Howard Adult District Drug/DUI 8/08) • Consider implementing outreach efforts to potential community partners, such as education, faith-based institutions, etc., to engage new agencies and organizations in the program in creative ways. If the program plans to provide transportation to participants with transportation issues, establishing relationships with transportation resources, such as taxi companies, may result in a reduced rate for drug/DUI court participants. HCADDC should consider enhancing its policy group (now consisting of the drug/DUI team only) by adding representatives from public and private community organizations. This committee would be responsible for advising partner agencies on program design and ensuring that the program is meeting community needs. (Howard Adult District Drug/DUI 8/08) • The drug court team should continue discussing possible community connections and resources, and ideas for generating outside support to enhance the program and to be responsive to changes in the environment and participant needs. (Anne Arundel Adult District 3/07) • Add a discussion item to the advisory committee meetings periodically to discuss possible community connections and resources, or ideas for generating outside support to enhance the program. (Baltimore City Adult Circuit 7/07) • Add a discussion item to the advisory committee and working group meetings periodically to discuss possible community connections and resources, or ideas for generating outside support to enhance

Issue	Recommendations
	<p>the program (such as providing additional incentives and rewards for participants who are doing well in the program). (Baltimore City Adult District 9/07)</p> <ul style="list-style-type: none"> • Consider implementing outreach efforts to potential community partners, such as education, employment support, faith-based institutions, etc., to engage new agencies and organizations in the program in creative ways. (Baltimore City Adult Circuit 7/07) (Baltimore City Adult District 9/07) • The program should identify any new community partners that would be interested in supporting the program, and also strengthen relationships with existing agency partners. (Prince George’s Adult Circuit 6/07)
Create/revise policy/steering committee	<ul style="list-style-type: none"> • The program should consider creation of a policy or steering committee made up of drug court team members and representatives from other community agencies, representatives of the business community and other interested groups. Not only could this result in expanded understanding of and community support of the program, it may result in additional services and facilities for the program. (Harford Adult District 7/07) • PGDC should enhance its Advisory Committee by adding representatives from public and private community organizations. This committee would be responsible for advising partner agencies on program design and ensuring that the program is meeting community needs. (Prince George’s Adult Circuit 6/07) • It is important that drug court programs have a steering committee. If the local Drug and Alcohol Abuse Council is to serve this function, it is recommended that the judge occasionally accompany the coordinator to meetings and that the drug court be listed as a standing agenda item. (Dorchester Adult District 4/09)
List need areas/conduct outreach	<ul style="list-style-type: none"> • The resource specialist and coordinator have done an exceptional job of recruiting community partners. They should continue in this manner by maintaining a list of common participant need areas and conducting outreach to new community partners to find ways to creatively meet those needs. (Frederick Adult Circuit 11/07) • The drug court team should develop a strategic vision through which it can identify program needs, ways to meet those needs, and the specific resources that would be needed. (Prince George’s Adult Circuit 6/07) • In an effort to identify clients’ most common needs, case managers are encouraged to compile information from risk/needs assessments. As caseloads increase, efforts can be concentrated on con-

Issue	Recommendations
	<p>necting with providers who meet those specific needs. (Anne Arundel Adult Circuit 1/09)</p> <ul style="list-style-type: none"> • The program should continue to identify new community partners that would be interested in supporting the drug court program. If the drug court hires a case manager, this task would primarily fall on his/her shoulders. Community partners can support the drug court in a variety of ways, such as the provision of material incentives, job training/shadowing, financial education, GED training/tutoring, participation in the court’s advisory committee, and participation (e.g., speakers, gifts or ceremony apparel) at the graduation ceremonies. (Dorchester Adult District 4/09)
Include law enforcement	<ul style="list-style-type: none"> • The MCADC could benefit from a representative of the Sheriff’s Department on the drug court team. Their role on the team could include assisting the Case Manager and Probation Agent in conducting home visits to verify that participants are in an environment conducive to recovery. (Montgomery Adult Circuit 8/08)
Include agencies to meet participants’ needs	<ul style="list-style-type: none"> • In order to help participants find employment, a focus group participant suggested (and NPC concurs) that the drug court should form relationships with more companies that will hire ex-convicts. (Montgomery Adult Circuit 8/08) • Focus group participants also suggested that the drug court should offer transportation. The previously suggested needs assessment may also find that transportation is needed for participants, in which case efforts should be made to provide funds for taxi or bus services. (Montgomery Adult Circuit 8/08) • The program is encouraged to assess participants’ most common or important needs and continue to work on connecting with other human service agencies to address those particular issues and meet the needs. It is difficult for any one program alone to meet all needs, so partnerships are key to leveraging resources. (Worcester Adult Circuit & District 8/08) • The program has done an outstanding job of recruiting and engaging community partners. They should continue in this manner by maintaining an ongoing list of participant need areas, and conduct outreach to new community partners to find was to creatively meet those needs. (Wicomico Adult Circuit 4/08) • AACCADC—District should continue to be open to any new opportunities for accessing additional psychiatric services to address the unmet needs of some program participants. (Anne Arundel Adult District 3/07)

Issue	Recommendations
	<ul style="list-style-type: none"> • As described in Key Component 4, the program should work to identify funding opportunities or community connections in an effort to increase treatment capacity in the City, particularly for substance abuse and mental health services. (Baltimore City Adult Circuit 7/07) (Baltimore City District 9/07) • Identification of new community partnerships and ways of strengthening existing community partnerships could be agenda items for the drug court team’s strategic vision discussion. In particular, program participants would benefit from educational and employment support and job readiness services. (Harford Adult District 7/07) • The team is encouraged to brainstorm around ideas to improve employment prospects for drug court participants. Case managers should continue to develop relationships with local businesses in an effort to offer participants more employment options. Other drug courts have implemented job support groups (mandatory or volunteer) for unemployed participants to exchange ideas and information related to job seeking (e.g., concerning businesses that hire ex-felons). Some drug court programs have active alumni groups with members who are in a position to employ current participants or make referrals. (Anne Arundel Adult Circuit 1/09) • By involving local law enforcement agencies, the drug court program will create a system-wide, collaborative approach to substance abuse and crime in the community. Furthermore, additional agency representation offers opportunity for more comprehensive buy-in, a greater number of referral sources and a potential connection to other community resources that might be useful to participants. (Anne Arundel Adult Circuit 1/09) • Consider the benefit of engaging outside (community) agencies in the drug court program. Although the Health Department does provide a variety of services, there may be other groups/ organizations available to participants that could offer (potentially) valuable services to participants (e.g., career consultation). The local community college, which offers GED support, was suggested by a stakeholder as a program with which the drug court should create a relationship, along with other organizations that would provide job-related support and social skills, etc. (Harford Adult Circuit 4/09)
Alcohol services: community need	<ul style="list-style-type: none"> • Generally, alcohol use is a large community issue, and the community as a whole needs to look at how they are addressing it. The WCADTC advisory committee could help determine the scope of the population not receiving services for this problem by determining how many people have been screened out of the drug court because alcoholism was a primary diagnosis. The committee could then con-

Issue	Recommendations
	<p>sider whether there is a shortage of capacity to treat alcoholism in the community and whether the need exists for expanding the drug court to include participants with alcoholism as a primary diagnosis. If so, the next step would be to determine how to develop the program so that it addresses this community need. (Worcester Adult Circuit & District 8/08)</p>
Clarify roles	<ul style="list-style-type: none"> • Team members need to better understand their and others' roles in the drug court program. Team meetings devoted to refining and clarifying roles and responsibilities will be useful to this end. (Prince George's Adult Circuit 6/07)
Address transportation issues	<ul style="list-style-type: none"> • As discussed in Key Component #3, transportation has been identified (by both participants and some staff) as an issue that needs to be addressed. The program should look at how it is utilizing available transportation assistance funds if it is determined that participants' transportation needs have, indeed, not been met. It should also look at how participants currently find out about availability of these funds to make sure all participants who need this support know about this assistance and how to access it. Further, the drug court should consider eliminating the requirement that participants have adequate transportation before being accepted into the program, since this challenge could be addressed through the above-mentioned financial support; doing so could result in more people being able to participate in the program. (Harford Adult Circuit 4/09)

NPC RECOMMENDATIONS FOR 10 KEY COMPONENTS OF DRUG COURTS AND 16 JUVENILE DRUG COURT STRATEGIES IN MARYLAND

JUVENILE DRUG COURTS

Key Component # 1:

Drug courts integrated 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.

Issue	Recommendations
None	<ul style="list-style-type: none"> • The drug court team and the Advisory Board have encouraged a wide and comprehensive range of community participation and appear to work well together. No recommendations are needed in this area. (Charles Juvenile Circuit 1/09) • The WCJDC operates with a team model fitting with this key component. Treatment is a core component of the program and treatment representatives are present at team meetings. No recommendations are needed at this time. (Worcester Juvenile 3/09)
Add to team	<ul style="list-style-type: none"> • Look for additional stakeholders (e.g., representatives from the school system) to add to the team to broaden the support base for the program. Work to engage community partners who can provide programmatic, financial and other forms of support to the program (Baltimore City Juvenile Circuit 10/06)
Team participation/engagement	<ul style="list-style-type: none"> • Have a discussion with all agency partners about the challenge some team members are experiencing with regard to making it to meetings and drug court sessions. Work with team members whose workload or schedule prevents their full attendance, to see if there are solutions that can be found (if necessary, discuss with partnering agencies possible options for supporting more drug court time for their representatives). (Calvert Juvenile Circuit 10/08) • Team members need to prioritize drug court meetings, attending reliably and arriving on time, to use everyone’s time wisely and to maintain engagement from all team members. In order to facilitate quarterly policy meeting attendance, the program might consider setting dates 6 months to 2 years in advance to avoid scheduling conflicts.

Issue	Recommendations
	<p>These times could be indicated by choosing a consistent day and month—every 2nd Wednesday of the third month, for example. (Caroline Juvenile Circuit 7/07)</p> <ul style="list-style-type: none"> • Representatives from all agencies should attend pre-hearing meetings in order for the entire team to be integrated and have the most current information on participants and decisions arising from these meetings. This recommendation relies on the understanding that meeting attendance is punctual and that the meeting is engaging to all members. Information discussed should not go beyond that which is relevant to program goals for each participant. (Caroline Juvenile Circuit 7/07) • Consider the potential benefits of increased judicial involvement in team trainings. (Prince George’s Juvenile Circuit 9/07) • TCJDC does not currently fully utilize the expertise and information available from all partner agencies when making participant-level decisions. Consider discussion of strategies for testing a fully operationalized team model for the drug court program. This model would include participation by all team members in pre-court case conferencing, including the judge, state’s attorney, and defense attorney. (Talbot Juvenile Circuit 9/07)
Community partnerships	<ul style="list-style-type: none"> • Continue to enhance community partnerships to bring resources into the program to support existing staff resources. (Prince George’s Juvenile Circuit 9/07)
Law enforcement involvement	<ul style="list-style-type: none"> • Further engage law enforcement to encourage at least one representative to attend team meetings on a regular basis. Consider the relative value to the program of inviting a representative of the MD State Police onto the drug court team. (Calvert Juvenile Circuit 10/08) • Consider the resource implications of having both Sheriff’s Office and DJS case management staff on home visits—unless there are safety concerns or a need for gender-specific UA observations, it might be more efficient to have staff conduct home visits separately (especially if staff in either of these roles is experiencing challenges with regard to finding time for drug court meetings/sessions). In addition, consider the impact on the youth and family of having law enforcement staff coming to the home and whether they would be more comfortable with the program if home visits were conducted solely by case managers. If there is a need for an additional observer (due to gender restrictions) consider adding a part-time staff person to fulfill this role. (Calvert Juvenile Circuit 10/08) • To the extent possible, the drug court team should make certain that local law enforcement perceive drug court as a cost-effective way to

Issue	Recommendations
	<p>deal with repeat offenders struggling with substance abuse problems, and that, in other drug court programs, the participation of law enforcement on the drug court team has been associated with improved client outcomes. Specifically, research in this area has shown that greater law enforcement involvement increases graduation rates and reduces outcome costs⁴⁴ (Carey, Finigan, & Pukstas, 2008). Additionally, the program should be perceived as an avenue for addressing quality of life issues and preserving public safety. (Somerset Juvenile Circuit 9/08)</p> <ul style="list-style-type: none"> • Law enforcement may also be a potential source of alternative youth programs and funding avenues. The law enforcement liaison need not be present at all drug court hearings, but frequent attendance at pre-court staff meetings would lend the program a more comprehensive perspective of activity in the community. (Somerset Juvenile Circuit 9/08)
Mental health involvement	<ul style="list-style-type: none"> • There was a suggestion that inviting a private mental health therapist from the community to join the drug court team might be a support for the program, as this type of individual could offer additional expertise with regard to the varying mental health care needs of program participants. If such a need is identified, consider partnering with a retired (or semi-retired) mental health professional or with a trained clinical intern in the field of mental health, or find grant-funding to support the cost of this resource. (Calvert Juvenile Circuit 10/08)
Common vision/ understanding	<ul style="list-style-type: none"> • Make sure that all stakeholders and partners have an awareness of community needs for the Juvenile Drug Court and their roles in meeting the needs, including whom the focus of services is and should be. (Baltimore City Juvenile Circuit 10/06) • Ensure all stakeholders and partners have a common vision and common understanding of program goals and resource allocation/commitments. (Baltimore City Juvenile Circuit 10/06) • The program should ensure that new staff are thoroughly oriented to the program's mission and trained in policies and procedures. (Caroline Juvenile Circuit 7/07)
Interagency collaboration	<ul style="list-style-type: none"> • This program has the benefit of an existing structure where partner agencies meet to discuss policy and programmatic issues, such as resolving interagency and collaboration questions. A respondent suggested that issues such as the disagreement between the police and DJS intake should be brought before the steering committee; such dis-

⁴⁴ 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.

Issue	Recommendations
	<p>cussions could be facilitated by a neutral person/organization, if necessary. The team should discuss any programmatic or policy issue to ensure that all parties understand the rationale for the program’s model and structure and each agency’s role within them. (Talbot Juvenile Circuit 9/07)</p>
Communication	<ul style="list-style-type: none"> • The program should work to create an efficient process for having the treatment agency provide written reports to the team prior to the drug court meeting/court session. (Calvert Juvenile Circuit 10/08) • Until the program has fully implemented the SMART data system, treatment providers should provide a hard copy summary of each participant’s treatment status/progress at team meetings to the coordinator and/or Master. Alternatively, the summary could be e-mailed prior to the team meeting. (Calvert Juvenile Circuit 10/08) • Focus on maintaining consistent, clear and timely communications between team members related specifically to supervision and monitoring, and responses to participant behavior. Be aware that when sanctions can be imposed by multiple partners (e.g., the team, treatment, probation), it’s important for all partner agencies to communicate clearly with one another about the consequences levied, so the total “package” of responses to noncompliant behavior is appropriate to the infraction. Prior evaluation research has found that when only the judge can impose sanctions in a program, participant anxiety is reduced and participants have a clearer sense of what to expect from the program (in terms of responses to their behavior). (Calvert Juvenile Circuit 10/08) • Responses from the participant and parent interviews highlighted a concern that sometimes individuals received conflicting information from different drug court team members (e.g., regarding participant’s curfew compliance). About this issue, it was recommended that the team make a more coordinated effort to provide consistent information to participants/families, specifically around program expectations and behavior compliance. (Calvert Juvenile Circuit 10/08)
Interagency communication, planning	<ul style="list-style-type: none"> • Include all key stakeholders in planning and implementation of program changes. (Baltimore City Juvenile Circuit 10/06) • The Drug Court Team should examine the need to improve interagency communication. This may be accomplished through in-service training during which the purpose and philosophy behind juvenile drug courts could be clarified for the contributing agencies. In these training sessions the program roles and responsibilities of the contributing agencies can be more clearly delineated. (Harford Juvenile 10/06)

Issue	Recommendations
Turnover	<ul style="list-style-type: none"> • To the extent possible, the program should work to reduce turnover and look into the reasons behind short tenures. All team members should be well integrated and have a stake in the program goals. If necessary, the team may need to bring systemic challenges to the attention of state officials to discuss possible incentives (such as compensation rates) that might help the county and program be seen as desirable long-term career options. (Caroline Juvenile Circuit 7/07) • The program would benefit from strategizing about ways to reduce staff turnover, and attempting to implement these ideas. Determine whether an increase in the number of case managers who are involved with the drug court program is warranted. If so, work with the appropriate partner agencies to increase the number of case managers (e.g., find resources to pay for this additional staffing). (Prince George's Juvenile Circuit 9/07)
Funds for collaborating agencies	<ul style="list-style-type: none"> • 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. (Montgomery Juvenile Circuit 10/07)
Policy meetings	<ul style="list-style-type: none"> • The drug court team should implement consistently scheduled policy meetings in order to discuss issues concerning the program process and challenges. For example, topics to examine/discuss could include issues around increasing participant recruitment/enrollment and inclusion of partner agencies and community organizations as program partners. (Somerset Juvenile Circuit 9/08) • The drug court team should implement more frequent and regular policy meetings in order to discuss issues concerning the program process and challenges. For example, topics to look at could be issues around consistent staffing, entry time into the program and the recruitment and inclusion of partner agencies and community organizations. (Caroline Juvenile Circuit 7/07) • 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 drug court team for final decisions. (Dorchester Juvenile Circuit 8/07) (Montgomery Juvenile Circuit 10/07)
Drug testing	<ul style="list-style-type: none"> • Consider in-house drug testing, or other less expensive drug testing strategies. (Baltimore City Juvenile Circuit 10/06)

Issue	Recommendations
Safety planning	<ul style="list-style-type: none"> • Have discussions among the team members to strategize additional procedures for safety planning for staff conducting evening home visits. Consider providing a companion for the mental health case manager (interns can be a low-cost option as well as a learning experience for students, if funds are not available for additional program staff). (Prince George's Juvenile Circuit 9/07)
Staff orientation/ training	<ul style="list-style-type: none"> • Continue to ensure that new staff, and individuals playing a temporary or part-time role, receive orientation and training to ensure that they understand the functions and processes of the drug court and their particular roles within the program. (Prince George's Juvenile Circuit 9/07)

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 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.

Issue	Recommendations
None	<ul style="list-style-type: none"> • The defense counsel and prosecution maintain their roles of protecting and maintaining the legal rights of the participants and ensuring public safety, while using a non-adversarial approach in the courtroom. No recommendations are needed in this area. (Charles Juvenile Circuit 1/09) • The BCJDC seems to be doing well in this area. Those interviewed reported that the staff from the Office of the Public Defender and State's Attorney work well together, with the adversarial process held in abeyance in the BCJDC. The State's Attorney's office works with the treatment agency and has effective relationships with counselors. The Public Defender and State's Attorney agencies contribute to the program through screening and referring possible participants as well as working with participants to determine if Drug Court is a good fit for them. These agencies communicate regularly on cases. (Baltimore City Juvenile Circuit 10/06) • There are no recommendations at this time, as the DCJDC appears to be working effectively in this area. (Dorchester Juvenile Circuit 8/07) • There are no recommendations at this time, as the MCJDC appears to excel in this area. (Montgomery Juvenile Circuit 10/07) • The program appears to be successfully implementing this key component; there are no recommendations at this time. (Prince George's Juvenile Circuit 9/07)
Team participation/commitment	<ul style="list-style-type: none"> • The drug court team should consider whether participation by prosecuting and defense attorneys in staffing meetings would benefit the program by providing input by all team members into discussions about participants—their behaviors and appropriate rewards and sanctions that are recommended as a result of those behaviors. Including the attorneys in decision-making can make better use of their experience, expertise, and role in drug court. The team should encourage each agency's commitment to its participation in this program, which should be demonstrated by participation in drug court staffing and steering committee meetings. (Talbot Juvenile Circuit 9/07)

Issue	Recommendations
	<ul style="list-style-type: none"> The Drug Court Team should direct attention to enhancing the participation of the State’s Attorney’s Office in the HCJDC. Including the Assistant State’s Attorney in decision-making, such as selecting potential sanctions, can make better use of the agency’s experience, expertise, and role in the Drug Court. In addition, the Team should encourage interagency communication and each agency’s commitment to its participation in this program. The desired levels of commitment should be demonstrated by participation in Drug Court Team, Policy, and Steering Committee meetings. (Harford Juvenile 10/06)
Support program	<ul style="list-style-type: none"> It is important that all team members be supportive of the program, especially in public (e.g., in the court room) and work to maintain the drug court’s non-adversarial model. (Calvert Juvenile Circuit 10/08)
Training	<ul style="list-style-type: none"> It is important that all team members receive training appropriate to their roles in the program and to understand the mission and process of drug courts, regardless of their levels of experience in the judicial system as a whole. (Caroline Juvenile Circuit 7/07) (Somerset Juvenile Circuit 9/08) In addition, the program should ensure that all team members and staff from partner agencies receive training on drug courts, and each person/agency’s role in the program. It is important that prosecution and defense understand the adjusted roles they play in a drug court compared to traditional court processing, and the benefits that can be gained from a more fully integrated team approach. (Talbot Juvenile Circuit 9/07) Continue to encourage role-specific drug court training for all team members to ensure that team members, especially those who are new, understand the functions and process of the drug court and their particular roles within the program, which may differ somewhat from their traditional roles. For example, as this key component indicates, the roles of prosecution and defense attorneys working with juvenile drug courts are less adversarial than when working within a traditional court context. (Worcester Juvenile 3/09)
Turnover	<ul style="list-style-type: none"> As mentioned earlier, it was noted that there has been some turnover of representatives from the partnering agencies, in particular the State’s Attorney’s Office and the Department of Juvenile Services. In identifying/selecting new team members, it is important for the program to bring on staff who are interested in drug court and willing to make a commitment to the program. The drug court team functions well when positive relationships have been established between team members. Reducing turnover will benefit the program, by reducing training costs, increasing efficiency, and contributing to improved outcomes for participants. (Calvert Juvenile Circuit 10/08)

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.

Issue	Recommendations
Time: getting treatment	<ul style="list-style-type: none"> • Consider collaborating with DJS to get people into treatment (those who have a positive UA at intake) sooner, even if they do not formally enter the drug court more quickly. (Charles Juvenile Circuit 1/09)
Time: arrest to drug court entry	<ul style="list-style-type: none"> • The program may want to have a policy discussion with DJS and judicial staff to determine if there are places where time could be saved in the process from violation to entry into drug court. Conducting an in-depth review and analysis of case flow can identify bottlenecks or structural barriers, and points in the process where potential adjustments to procedures could facilitate quicker placement into the program. (Charles Juvenile Circuit 1/09) (Caroline Juvenile Circuit 7/07) • The existing program flow chart can be used as a guide to monitor whether the entry process changes over time, and also to identify any bottlenecks in the process that may exist. Doing so can potentially result in quicker time to entry, which in turn means quicker intervention/access to needed services, and likely avoidance of additional future problems, etc. (Calvert Juvenile Circuit 10/08) • In order to decrease the time between arrest and referral/entry into drug court, the program may want to consider implementing a process for identifying youth earlier in the adjudication process. For example, some drug courts take referrals from the prosecuting or defense attorneys, or from court staff. (Dorchester Juvenile Circuit 8/07) • The program will want to continue discussions with the Health Department and DJS staff, and consult with judicial staff to determine if there are places where time could be saved in the process from arrest to entry into drug court. Conducting an in-depth review and analysis of case flow can identify bottlenecks or structural barriers, and points in the process where potential adjustments to procedures could facilitate quicker placement into drug court. The program has recently added a predisposition component, allowing youth into the program prior to disposition, which should help shorten the program entry process. (Talbot Juvenile Circuit 9/07) • The WCJDC team should continue to meet quarterly with law enforcement agencies to identify barriers and challenges that cause the lengthy delay between arrest and charges being relayed to DJS, and deter-

Issue	Recommendations
	<p>mine where more efficient procedures may be implemented so that the time between arrest and entry into the WCJDC program may be shortened considerably. (Worcester Juvenile 3/09)</p>
Time: Referral to drug court entry	<ul style="list-style-type: none"> • Drug court research has found that a referral to entry time of 20 days or less is optimal in terms of investment and outcome costs (Carey, Finigan, & Pukstas, 2008). Most SCJDC referrals fall within that elapsed time period. However, because it does take longer to get some youth into the program, the team may want to explore with DJS and judicial staff where efficiencies can be built into the process (from violation to entry into drug court). Conducting an in-depth review and analysis of case flow can identify bottlenecks or structural barriers, and points in the process where potential adjustments to procedures could facilitate quicker placement into the drug court program. (Somerset Juvenile Circuit 9/08)
Referrals	<ul style="list-style-type: none"> • The team may want to discuss the implications of allowing the Public Defender or other defense counsel to refer youth to the program. This change could potentially increase referrals to the program. (Calvert Juvenile Circuit 10/08) • The drug court team may want to conduct a meeting with school board members and school faculty to discuss the possibility of schools referring youth to the program as an alternative to expulsion for a drug offense on school grounds. If the drug court team decides to create a steering/policy committee, they may wish to invite these representatives to become members of the committee to strengthen the partnership between the schools and the drug court. The steering/policy committee may create additional ties with the community, creating other avenues for gaining referrals and resources for the drug court. Solving the referral issues should lead to greater numbers of program participants, and result in the program operating at full capacity. If the schools become a referral source, however, the program will need to decide if it will remain post-adjudication or potentially expand to allow youth to participate as a diversion/alternative to adjudication. (Dorchester Juvenile Circuit 8/07) • An in-depth examination into the referral process may help the drug court identify ways to attract more referrals and any bottlenecks that are keeping the program from reaching capacity, and address those issues. Also, the steering committee could further promote the program by handing out information pamphlets and referral forms to the appropriate members of their agencies. (Prince George's Juvenile Circuit 9/07) • Continue to encourage referrals from a variety of sources, to increase the number of referrals and build enrollment to meet program of at

Issue	Recommendations
	<p>least 25 participants at a time. A team member, perhaps the coordinator, should be charged with contacting possible sources of drug court referrals, explaining the drug court program and how its participants benefit from being the program, thus encouraging referrals from previous and new sources. (Talbot Juvenile Circuit 9/07)</p> <ul style="list-style-type: none"> • Because most of the program’s referrals come from law enforcement, indicating a relationship exists, and because law enforcement is the first contact for all youth who end up on probation, the program might benefit from increased communication and coordination with these agencies to clarify the eligibility requirements and encourage even greater numbers of referrals. (Talbot Juvenile Circuit 9/07) • The HCJDC Team should conduct an in-depth review and analysis of the case flow from referral to eligibility determination to Drug Court entry.⁴⁵ The purpose of this study will be to locate bottlenecks or structural barriers, and points in the process where more efficient procedures may be implemented. It is recommended that the Judge and Coordinator use the Drug Court Team to identify possible solutions to issues that are identified. The program should set a goal for the acceptable time it should take to get participants into the program and commit to work toward achieving that goal. (Harford Juvenile 10/06)
Workload	<ul style="list-style-type: none"> • 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. (Montgomery Juvenile Circuit 10/07)
Cultural responsiveness	<ul style="list-style-type: none"> • The team should identify barriers to recruiting more African American youth into the program. It is important that team members are current with cultural responsiveness training. Recruiting staff or volunteers that are African American may help the team achieve its goals in this area. (Somerset Juvenile Circuit 9/08)
Capacity	<ul style="list-style-type: none"> • In order for the program to increase capacity in the near future, the team will need to look at the screening and referral process of participants to the program. Options may include: <ol style="list-style-type: none"> 1. Continuing to be flexible about eligibility requirements, including age guidelines and offense restrictions when flexibility allows the program to serve youth in need of these services. (The team should also discuss whether to request that the master commit those youth to drug court

⁴⁵ This is a separate study than that done in a cost-benefit analysis and requires the collection of different data as well as a unique analysis.

Issue	Recommendations
	<p>who could most benefit from intensive supervision and treatment but who may not volunteer.</p> <p>2. Reviewing the referral process to ensure all eligible youth are being identified (and that risk factors are being identified to ensure that appropriate supports and services are being provided to youth to help them be successful in the program),</p> <p>3. Looking at the rate of referral compared to the rate of drug court entry to see if there is a large percentage of eligible youth who are not entering the program, or</p> <p>4. Reviewing the decision-making process regarding determining appropriateness for the program. (Calvert Juvenile Circuit 10/08)</p> <ul style="list-style-type: none"> • The program should consider accepting youth who do not have a parent/guardian willing to participate but who do fit all of the other eligibility requirements. While family involvement is ideal, youths who do not have an involved authority figure may benefit most from the program's structure and oversight. Additionally, serving this group of youthful offenders would help to increase the program's capacity numbers. (Somerset Juvenile Circuit 9/08) • Identify the specific needs in the community that can be met by a juvenile drug court and then work together to establish a program and services that meet that need. Program capacity should be an explicit goal. Strategic planning for the program should be pursued on a cooperative basis among agency stakeholders to address obstacles to increasing program capacity. (Baltimore City Juvenile Circuit 10/06) • 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). (Montgomery Juvenile Circuit 10/07) <p>The needs assessment should include discussions that result in answers to the following questions:</p> <ol style="list-style-type: none"> 1. How does the juvenile drug court fit into the continuum of care for high-risk/high-need children/adolescents in Montgomery County? 2. What is the level of need for the juvenile drug court? 3. How big does the program capacity need to be to meet the need? 4. Which youth should be the focus of the drug court? 5. What ancillary services need to be in place to support the drug court's core services? <p>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</p>

Issue	Recommendations
	<p>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. (Montgomery Juvenile Circuit 10/07)</p> <ul style="list-style-type: none"> • 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. (Montgomery Juvenile Circuit 10/07) • 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. (Montgomery Juvenile Circuit 10/07) • Respondents suggested that the program should broaden the group of young people that they can take into the program, by being less restrictive about which charges can keep an individual out of the program. However, if the program is restricted to certain charges due to funder or legal requirements, the team may want to look at other system strategies, including engaging law enforcement or the State’s Attorney’s Office in discussions about discretion related to criminal charges to allow additional eligible youth into the drug court program. (Prince George’s Juvenile Circuit 9/07) • Strategic planning for the program should be pursued on a cooperative basis among agency stakeholders (Advisory Committee) to address obstacles to increasing program capacity. For example: <ul style="list-style-type: none"> ○ Consider accepting youth into the program who do not have a family member who is willing to support them and participate with them in the WCJDC. Look for other adults or natural (unpaid) mentors to fill the family role in lieu of a parent/guardian so that more young people who need them may receive needed education and services through the WCJDC. Related to this issue, increase efforts to find solutions so that youth who are in the program are not dropped due to family non-participation. ○ A team member believes there are young people who would benefit from the program who have charges that do not qualify (those with DUI charges or other potential participants who are not arrested on a drug charge). Another team member suggested accepting young people who do not have a family member willing to participate. If the program is restricted to certain charges for legal or

Issue	Recommendations
	<p>funder requirements, the team may want to look at other system strategies, including engaging law enforcement and/or the State's Attorney's Office in discussions about discretion related to criminal charges to allow additional eligible youth into the drug court program. (Worcester Juvenile 3/09)</p>
Pre-plea/post-plea	<ul style="list-style-type: none"> • Additionally, as a way to address both issues (time and capacity), the program might want to consider the implications of accepting pre-plea clients. (Calvert Juvenile Circuit 10/08)
Change goals	<ul style="list-style-type: none"> • 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: <p style="margin-left: 40px;">To reduce the costs to the community and the state by providing an alternative to long-term placement for <i>probation violators</i> who successfully graduate from the Juvenile Drug Court Program.</p> <p>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. (Montgomery Juvenile Circuit 10/07)</p>
Information sharing	<ul style="list-style-type: none"> • Families requested additional information earlier in the program about the responsibilities of the youth and parents/guardians for later phases. Because information overload can be an issue in many social service programs, ensuring that information provided to participants is simple, shared both in writing and verbally, is easy to read, and is repeated several times will maximize the opportunity for retention of the information. (Prince George's Juvenile Circuit 9/07) • According to a stakeholder, because this drug court serves a small, rural community, team members are likely to have information about young people and their families that is gained outside of their professional roles. The stakeholder reported that information gained in this way has been used by the drug court team to make decisions about participants. If this is the case, we caution the team not to consider hearsay or gossip when using prior knowledge of a youth and family. (Worcester Juvenile 3/09)
Drug testing at intake	<ul style="list-style-type: none"> • It is recommended that DJS have a Health Department representative stationed at intake to perform drug testing. Such testing at the time of intake would help identify individuals whose drug involvement contributed to their crimes, and therefore may mean that they are eligible for the drug court program. (Charles Juvenile Circuit 1/09)
Strategies to lessen decline rate	<ul style="list-style-type: none"> • It would be worthwhile for the team or Advisory Board to discuss the number of youth who decline the program in order to determine what

Issue	Recommendations
	<p>the issues are that are keeping them from entering the program. Some possibilities to consider:</p> <ul style="list-style-type: none"> ○ Are the screeners screening people who are not really appropriate, so they need better criteria before offering the program? ○ Is the screener or person who offers the program not doing a good job of sharing program benefits in a way that encourages potential participants to join? (In which case the screener may need some guidance or training, or someone else should be doing the recruiting) ○ Does the team member who sees 40% of potential participants decline have a particular caseload or group of youth he/she is in contact with who tend to decline more frequently? ○ Is there some barrier or perceived negative that is keeping young people from wanting to be part of the program? (In which case, interviewing some of those youth who decline would provide some useful information about where to change policies, image, etc.) (Charles Juvenile Circuit 1/09) <ul style="list-style-type: none"> • DJS should add all screens to ASSIST so that the actual decline rate could be measured. (Charles Juvenile Circuit 1/09) • Other potential areas for the team to discuss include ways to shorten the length of the program while maintaining it's positive effect on youth, whether it is possible to add or change incentives to better encourage individuals to decide in favor of participating in drug court, and finding or creating a forum for private attorneys in the community to learn about the benefits of juvenile drug court (and respond to concerns or reservations they might have about referring their clients to the program). (Charles Juvenile Circuit 1/09)
Team communication/program clarification	<ul style="list-style-type: none"> • Team members were found to have differences of perception and/or opinion about some aspects and processes of the program. These differences may be a communication issue and call for team education and clarification. (Charles Juvenile Circuit 1/09)

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 attends an educational program that is appropriate to his or her needs.

Issue	Recommendations
Aftercare	<ul style="list-style-type: none">• While it is understood that the drug court program cannot require a formal aftercare component, it may be worth exploring, with community partners, ideas for following up on youth and their families at some point after program completion to see if they need to be connected with additional resources. While follow-up may occur informally, it would be beneficial to implement a structured and consistent mechanism and time to connect with all graduates. (Calvert Juvenile Circuit 10/08)• A clear aftercare plan that offers support to participants as they transition back into the community should be implemented by the drug court team, including linkages to family and community supports. Each youth <i>should have a supportive adult (family member when feasible) in her/his life and should be involved in safe recreational activities, have an educational/vocational plan, and receive other kinds of support to help them to remain drug-free.</i> (Somerset Juvenile Circuit 9/08) (Caroline Juvenile Circuit 7/07 without the piece of in Italics)

Issue	Recommendations
Dosage/Intensity	<ul style="list-style-type: none"> • Review program requirements and goals. Is the dosage and intensity (frequency of required contacts) contributing to positive or negative outcomes? If high frequency of contacts is determined to be necessary, the program should consider how to accomplish those contacts with decreased burden on youth and families. For example, staff could conduct community, school, or home visits, or make some of the contacts by phone. (Baltimore City Juvenile Circuit 10/06) • As part of the program model review, investigate whether caseload weighting would be possible and practical for the Drug Court. Participants in Phase I, for example, likely require more staff time to monitor than participants in the aftercare program. Developing a consistent system for identifying program participants at different levels of intensity requires group discussion and effort, but may more accurately reflect the demands on staff. (Baltimore City Juvenile Circuit 10/06)
Cultural awareness/competency	<ul style="list-style-type: none"> • The program staff may benefit from cultural competency training and a review of policies and practices to ensure that youth from all groups (including different racial/ethnic backgrounds, females and males, and both older and younger youth) are being offered the opportunity to participate in drug court, and to increase awareness of how all groups may be fairly represented. (Charles Juvenile Circuit 1/09) • Ensure that all program staff and providers are trained to be culturally responsive to participants and their families, as it is often important to take a broad view of culture, including gender, age, rural/urban differences, and socio-economic status. These differences can create unintended misunderstandings and misinterpretation of certain beliefs or behaviors. (Calvert Juvenile Circuit 10/08) • Because one of the program’s goals is to serve a multicultural population, staff would benefit from participating in cultural competency training, and policies and practices should be reviewed to ensure that youth from all types of groups (e.g., racial/ethnic, gender, and age) are being appropriately served by the program. (Somerset Juvenile Circuit 9/08) • The program staff would benefit from cultural competency training and a review of policies and practices to ensure that youth from all groups (including different racial/ethnic backgrounds, females and males, and both older and younger youth) are being well served by the program. (Caroline Juvenile Circuit 7/07) (Talbot Juvenile Circuit 9/07) • Cultural competence requires constant evaluation of program policies and procedures and regular staff training. DCJDC 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

Issue	Recommendations
	implementing Juvenile Strategy #10. (Dorchester Juvenile Circuit 8/07) (Montgomery Juvenile Circuit 10/07)
Self-help groups	<ul style="list-style-type: none"> • Ensure that care is taken in selecting 12-step groups for drug court participants that are specific to adolescents and that have a positive adult facilitator. Self-help groups need to be adapted to be specific to the developmental needs of adolescents and should include teens and young adults only. (Talbot Juvenile Circuit 9/07)
Individualized treatment	<ul style="list-style-type: none"> • Based on emerging drug court literature, programs requiring a minimum number of treatment sessions per week have done better in terms of participant outcomes. While individualizing treatment is important in order to adequately meet each participant's specific needs, the program should maintain a certain level of ongoing treatment contact with drug court youth (i.e., a minimum number of required sessions per week) as it works to achieve long-term sobriety goals. (Calvert Juvenile Circuit 10/08) • 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. (Montgomery Juvenile Circuit 10/07)
Support to facilitate participation	<ul style="list-style-type: none"> • Finally, the program may want to find ways to assist participants with transportation, to remove that barrier to successful participation in the program. (Dorchester Juvenile Circuit 8/07)
Strength-based philosophy, practices	<ul style="list-style-type: none"> • Program documents (e.g., Policy and Procedure Manual) indicate the program is founded on strength-based principles. Ensure that all staff and agency partners are trained in strength-based philosophy and practices, including strength-based assessment and service planning. (Calvert Juvenile 10/08) • Continue to reinforce positive behaviors on the part of family members, such as thanking them during drug court for helping to monitor curfew, or presenting a tangible reward for their help, such as a gift certificate. Also, continue to look for ways to focus on the strengths of the youth, encouraging positive traits and activities, and making sure

Issue	Recommendations
	<p>that they know that any effort on their part, however small, is acknowledged and praised. Such activities satisfy Juvenile Strategies #11 and #12, focusing on strengths and engaging families, and may result in attitude and other positive changes on the part of participants. (Worcester Juvenile 3/09)</p>
Link activities to goals	<ul style="list-style-type: none"> As part of the program model review, link activities to goals and objectives (e.g., create a logic model with the Drug Court team). Consider adding creative, concrete, and educational activities to demonstrate what participants have learned and their progress through the Drug Court phases (for example, ask youth to research a topic they are interested in and write a paper on it). Strength-based practice encourages the development of community connections and engagement in pro-social activities (for example, ask participants to volunteer with local organizations and report on their experience in their groups). (Baltimore City Juvenile Circuit 10/06)
Training: strength-based, family-centered, gender-specific	<ul style="list-style-type: none"> Schedule training or technical assistance for program staff in strength-based, family-centered, and gender-specific services. (Baltimore City Juvenile Circuit 10/06) The program may benefit from training on motivational or solution-focused interviewing, adolescent development, strength-based practice, or positive youth development. (Caroline Juvenile Circuit 7/07) (Talbot Juvenile Circuit 9/07) 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 and satisfaction with services. <i>Parents/guardians requested alternatives to the AA groups with which youth are currently involved.</i> (Dorchester Juvenile Circuit 8/07) (Montgomery Juvenile Circuit 10/07 without the sentence in Italics)
Family therapy	<ul style="list-style-type: none"> Prioritize efforts to expand family therapy services, as these were seen as very helpful and greatly needed. (Baltimore City Juvenile Circuit 10/06)
Family involvement	<ul style="list-style-type: none"> Taking into consideration a parent/guardian's request to have 5 or 10 minutes to speak with the drug court team during the decision-making process, determine whether any of the various opportunities for parents/guardians to speak with juvenile drug court staff could or do serve the same purpose as having them speak at staffings. If so, clarify to parents/guardians when it is appropriate and timely for them to provide input that will be considered during the decision-making process. If not, consider opening some time slots during the staffing meetings during which parents may speak. Parents could sign up for time slots in advance of the meeting. (Charles Juvenile Circuit 1/09)

Issue	Recommendations
	<ul style="list-style-type: none"> • 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.) (Dorchester Juvenile Circuit 8/07) • 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. 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. (Dorchester Juvenile Circuit 8/07) • 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. (Montgomery Juvenile Circuit 10/07)
Accommodate parent/guardian schedules	<ul style="list-style-type: none"> • Consider whether it would be possible to hold drug court sessions later in the day and not require parents/guardians to be in court a half hour before drug court sessions begin. Look for other ways to accommodate the work schedules of parents/guardians. (Charles Juvenile Circuit 1/09) • In order to retain family/guardian involvement in the program, the drug court team might want to consider changing the time of drug court hearings, or having some of the hearings after normal work hours, to accommodate family/guardian employment schedules. If this is not realistic, perhaps drug court team member(s) can meet with fam-

Issue	Recommendations
	<p>ilies the night before each drug court hearing in order to gain any insight they may have on their child’s progress or issues. (Dorchester Juvenile Circuit 8/07)</p> <ul style="list-style-type: none"> In order for families to feel welcome at treatment reviews, the program should be flexible in structuring their meeting times. Because parents/guardians rarely attend these meetings, they can usually be held at times convenient to the staff; however, at least on those occasions when it is important for a parent to attend, the program should work with the parent/guardian to find a convenient time for all. (Talbot Juvenile Circuit 9/07)
Recreation resources	<ul style="list-style-type: none"> Because of the challenges for youth in accessing recreation resources, this would be a great topic to discuss or develop with community partners. In addition, as the staff have already discovered, recreational activities that are part of the program provide an opportunity to strengthen relationships between staff and participants, build self-confidence related to engagement in positive activities, develop safe and healthy interests, and allow an informal, natural setting where some youth may feel comfortable disclosing personal information. (Calvert Juvenile Circuit 10/08)
Post-drug court placement	<ul style="list-style-type: none"> Develop alternative placements and independent living tracks for youth who are unable to return home or for whom returning home would greatly jeopardize their ability to stay drug and crime free. Examples include group home settings or shared living environments. However, these strategies would need to be paired with concrete activities to identify and engage positive, supportive adults to provide support to the youth. (Baltimore City Juvenile Circuit 10/06)
Develop relationships	<ul style="list-style-type: none"> Continue to work on developing relationships with the State Department of Education and Baltimore City Public School System and other educational resources. (Baltimore City Juvenile Circuit 10/06) Engage agencies that can (or do) provide services to BCJDC participants as stakeholders to create more buy-in for the program. For example, the program may want to engage—and define the role of—Baltimore Substance Abuse Systems as a stakeholder in the BCJDC. (Baltimore City Juvenile Circuit 10/06)
Schoolwork structure	<ul style="list-style-type: none"> 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. (Montgomery Juvenile Circuit 10/07)

Issue	Recommendations
Role models/mentors	<ul style="list-style-type: none"> Parents/guardians requested that the program work to identify additional male staff or mentors to serve as role models for youth, particularly African American males. Since staff reported that the program does work with mentoring programs, it would be beneficial for the program to gather additional information from families if the current mentoring resources are not meeting their needs. Perhaps staff could have mentoring be a topic of one of the upcoming monthly parent meetings. (Prince George's Juvenile Circuit 9/07)
Community monitoring	<ul style="list-style-type: none"> Parents/guardians suggested that staff spend more time in the community, checking on attendance and monitoring peer interactions. (Prince George's Juvenile Circuit 9/07)
Sustaining services	<ul style="list-style-type: none"> Work at identifying options for sustainability of the Potomac Ridge services or determining how any of these activities could be retained or integrated into the program after the SAMHSA grant is over. (Prince George's Juvenile Circuit 9/07)
Assess treatment intensity, intended population	<ul style="list-style-type: none"> The Drug Court Team should conduct an assessment of treatment intensity and discuss whether to increase the amount of service provided in Phase I. The Team should also review the findings from the current outcome study to determine if the program is reaching the intended population with needed services and accomplishing its desired results. (Harford Juvenile 10/06)

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.

Issue	Recommendations
None	<ul style="list-style-type: none"> • There are no recommendations at this time for this area, as the program appears to have implemented a successful drug use monitoring system. (Caroline Juvenile Circuit 7/07) • While this program tests slightly less frequently than the optimal frequency of three times per week supported by previous research, the testing includes a random component that may make the two times per week in the program adequate. In addition, the previous research on testing frequency was based on adult drug court participants, so further research in this area on juveniles will contribute to our understanding of whether youth also benefit from a similar frequency of drug tests. All other aspects of this key component appear to be well implemented. (Talbot Juvenile Circuit 9/07) • The program uses a variety of methods to detect alcohol and/or drug use, and participants are tested frequently. There are no recommendations in this area at this time. (Worcester Juvenile 3/09)
Testing: frequency/randomization	<ul style="list-style-type: none"> • Because many drugs stay in the system less than 3 days, the program should implement more frequent random drug testing, especially in the first two phases so that participants do not feel they can avoid detection. (Somerset Juvenile Circuit 9/08) • Randomly test all participants 3 times per week in the first two phases, regardless of suspicion of use. (Dorchester Juvenile Circuit 8/07) (Montgomery Juvenile Circuit 10/07) • Implement randomized drug testing, unless youth are being tested at least three times per week during Phase 1. (Prince George's Juvenile Circuit 9/07)
Testing: procedures/process	<ul style="list-style-type: none"> • If possible, arrange same gender home visits (provider of the same gender as the participant being visited), so that drug tests that take place in the home can be observed. (Charles Juvenile Circuit 1/09) • Based on interview responses, some team members need to be updated on current drug testing procedures so that all team

Issue	Recommendations
	<p>members are providing accurate information to the public and participants and their families. (Charles Juvenile Circuit 1/09)</p> <ul style="list-style-type: none"> • While it is understandable for the program to want to have the authority to conduct drug testing on participants at any time (e.g., during school), keep in mind that the process of how testing is conducted reflects the program’s philosophy (e.g., being strength-based). If the program develops a testing protocol in the schools, the team is encouraged to discuss issues of confidentiality, peer perceptions, youth dignity, potential labeling issues, etc., to ensure that testing is conducted sensitively and that the implementation of this component does not result in negative repercussions. (Calvert Juvenile Circuit 10/08) • The case management specialists should implement full spectrum testing (including alcohol) to maintain integrity of the testing process and to discourage participants from changing drugs of choice to avoid detection. The team should consider testing for alcohol with a breathalyzer, which would detect alcohol use more effectively than urinalyses. (Somerset Juvenile Circuit 9/08) • The treatment provider should consider sending only positive results to the laboratory for confirmation as this practice would allow for a quicker response to participant behavior as well as reduce costs. (Somerset Juvenile Circuit 9/08) • Parents/guardians suggested drug testing beyond the initial drug of choice and were unaware the program was testing for alcohol use; this information could be shared with families to clarify the testing process with them. (Prince George’s Juvenile Circuit 9/07)
Update Policies & Procedures Manual	<ul style="list-style-type: none"> • Update the Policies and Procedures Manual to reflect desired practices, after program services and activities are reviewed. Assign this task to a subgroup based on role definitions that occur related to Key Component #1. (Baltimore City Juvenile Circuit 10/06) • Program staff reported that drug testing frequency can be reduced for youth with long periods of demonstrated abstinence. Add this information to the program manual, so that staff, parents/guardians, and youth understand this benefit, as this policy is not currently described there. (Prince George’s Juvenile Circuit 9/07)

Key Component # 6:

A coordinated strategy governs drug court responses to participants' compliance.

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

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.

Issue	Recommendations
Strategies to increase incentives	<ul style="list-style-type: none"> • The team should analyze program data regarding sanctions and rewards in order to confirm that rewards are handed out more often, compared to sanctions, in all program phases. Most team members felt that this was indeed the case (i.e., that rewards were handed out more often). However, if it is discovered that sanctions are handed down more often, the team should consider additional ways that the court could positively recognize compliant behavior. (Somerset Juvenile Circuit 9/08)
Equal treatment/consistency	<ul style="list-style-type: none"> • The program is encouraged to use incentives and rewards liberally (not only during phase changes), to balance needed sanctions and to reinforce a positive, strength-based program climate. Further, to create an atmosphere of fairness, the team should work on making sure that its use of rewards is consistent and that it communicates clearly with participants/families why an incentive/reward is being provided, especially if the reinforcements are individualized. (Calvert Juvenile Circuit 10/08) • 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. Program staff indicated that their sanctions and incentives process is currently being reviewed and modified. 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 and create a standard schedule that matches types of offenses or good behaviors and number of occurrences with appropriate sanctions or rewards. (Dorchester Juvenile Circuit 8/07) • 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. (Montgomery Juvenile Circuit 10/07) • The drug court team may want to look at the sanctions that were meted out over the past year to see whether they were

Issue	Recommendations
	<p>imposed consistently and in accordance with the graduated sanctions agreed upon for this program, and to consider whether changes need to be made in the severity and consistency of the sanctions. (Prince George’s Juvenile Circuit 9/07)</p>
<p>Treatment responses vs. sanctions</p>	<ul style="list-style-type: none"> • Consider how the court imposes sanctions compared to how it orders changes in treatment requirements. Make sure that participants fully understand the reasons for court-ordered changes in treatment, specifically that they are not being done as a punishment but, rather, a way to support the youth in being successful in the program and, ultimately, in life. (Calvert Juvenile Circuit 10/08) • In addition, the program may want to have a discussion during a steering committee meeting that addresses the question of treatment intensity as a service issue rather than as a part of graduated sanctions. While repeated substance use and positive drug tests may result in inpatient treatment, for example, this response may be an indication that the youth needs a greater level/intensity of treatment. It is important to remember that drug court allows the team to determine the treatment needs of each individual youth and work to access needed services. Once the youth’s needs have been met, other behavioral changes can be addressed. (Talbot Juvenile Circuit 9/07)
<p>Sanctions/rewards process</p>	<ul style="list-style-type: none"> • The program should analyze program data to determine the actual ratio of rewards and sanctions and continue to monitor the frequency with which they are imposed. Use this information as the basis for making adjustments to the numbers of rewards and sanctions imposed, keeping in mind the importance of rewarding the behaviors that are being encouraged. If it is discovered that sanctions are imposed more often, the team should brainstorm about additional ways to recognize and encourage compliant behavior. (Charles Juvenile Circuit 1/09) • Be aware that when sanctions can be imposed by multiple partners, it is important for all partner agencies to communicate clearly so the total package of responses to noncompliant behavior is appropriate to the infraction. While the benefit of multiple partners imposing sanctions is a quicker response to behavior (desirable), prior programs have found that when only the judge can impose sanctions it can reduce participant anxiety and help them know what to expect from the program (and is associated with higher graduation rates). The program should continue to discuss how best to achieve balance in this area. (Calvert Juvenile Circuit 10/08) • It is beneficial for drug court teams to have policy discussions about the use of sanctions by individual agencies and for the

Issue	Recommendations
	<p>team to talk about individual participant sanctions whenever possible. (Calvert Juvenile Circuit 10/08)</p> <ul style="list-style-type: none"> • The drug court team may want to consider offering graduating participants an additional reward related to completing the program and commencing their lives post-program. For example, the team covered costs related to attending college for one term for a graduating participant. This type of reward may help to make the graduation and transition process seem more meaningful. (Caroline Juvenile Circuit 7/07) • 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. (Dorchester Juvenile Circuit 8/07) • Continue to individualize rewards and sanctions based on the youth's interests, skills, needs, and resources. This practice will increase the team's effectiveness at reinforcing desired behavior, and is another opportunity to utilize a strength-based approach. Continue to engage youth in productive, interesting, and educational community service opportunities, such as working with the local shelters—a community service activity that resulted in positive behavior change in the past (also see Key Component #10). (Worcester Juvenile 3/09) • Ensure that participants clearly understand that negative behaviors will result in sanctions. Then, ensure that the program consistently follows through with imposing sanctions for negative behaviors. (Prince George's Juvenile Circuit 9/07) • It is important that drug courts use sanctions as learning experiences for participants and do not interfere with their opportunities for success in the program. Incentives and sanctions should be designed to reinforce or modify the behavior of participants and their families. Therefore, sanctions such as removing transportation services need to be imposed with caution. If a juvenile is sanctioned for missing court or treatment sessions, for example, removing transportation may have the unintended effect of increasing rather than decreasing missed sessions. (Harford Juvenile 10/06)
Quick response to behaviors	<ul style="list-style-type: none"> • Research has demonstrated that for sanctions and rewards to be most beneficial, they need to closely follow the behavior that they are intended to change or reinforce. Therefore the program should continue to assess how to minimize the time between a youth's behavior and the sanction or reward that follows it. (Talbot Juvenile Circuit 9/07)

Issue	Recommendations
Strength-based practices	<ul style="list-style-type: none"> • Implementation of a strength-based assessment process could help staff identify incentives unique to adolescents or to individual youth, which may be more powerful than any currently in use. For example, earning the privilege to participate in a recreational activity, receiving the attention/time of a valued adult, participating in volunteer/arts/sports, etc., activities, may all be incentives and rewards that could create engagement and commitment to be successful in this program. (Baltimore City Juvenile Circuit 10/06) • Continue to engage youth in productive, interesting, and educational community service opportunities. (Dorchester Juvenile Circuit 8/07) • 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. (Montgomery Juvenile Circuit 10/07)
Revise manual/handbook	<ul style="list-style-type: none"> • The drug court team should include guidelines regarding the graduation of sanctions in response to repeated non-compliance in both the Policies and Procedure Manual and the Participant Handbook. In addition, detailed information about incentives and rewards should be included in both documents. (Caroline Juvenile Circuit 7/07)
Imposing sanctions, rewards/communication	<ul style="list-style-type: none"> • Prior evaluation research has found that when only the judge/master can impose sanctions in a program, participant anxiety is reduced and participants have a clearer sense of what to expect from the program (in terms of responses to their behavior). While this has not happened often, the team may want to consider how having an electronic monitoring supervisor (who is not on the team) provide consequences impacts the behavior-response process that the team has in place. Regarding this process, the team should ensure that an adequate communication structure is in place (between the court and electronic monitoring supervisor) so that the team receives immediate information about any sanctions that are given out by this individual. (Somerset Juvenile Circuit 9/08) • 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

Issue	Recommendations
	<p>successful in the future, thus potentially decreasing some of their frustration. (Montgomery Juvenile Circuit 10/07)</p> <ul style="list-style-type: none"> • 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. (Montgomery Juvenile Circuit 10/07) • In order to make an informed decision about whether to participate in the program, youth and their families need to be provided information about expectations of the drug court, benefits to the youth, and consequences that may be imposed. Therefore, because the program is not allowed to publish information about possible incentives and sanctions in the Policy and Procedure Manual and the Participant Handbook, continue to ensure that this information is relayed to all potential drug court participants and their families at orientation. (Worcester Juvenile 3/09)
Clarify results of completion	<ul style="list-style-type: none"> • It is also important that program staff is clear with youth and their parents/guardians that successful completion of the program does not mean that their record will be expunged, rather that successful completion provides a guarantee that the findings of the case will be modified to “not involved, not delinquent” and the record will be sealed. Several participant/parent interview participants reported as one of the program benefits that the records are expunged. Staff should make sure that prospective participants understand the technicality of all potential outcomes (and what each one means) prior to allowing youth to enter the program. (Calvert Juvenile Circuit 10/08)
Timely pre-hearing meetings	<ul style="list-style-type: none"> • The team should consider holding pre-hearing meetings closer to the court hearing day and time so that participant progress is updated in the most timely and efficient manner possible. (Caroline Juvenile Circuit 7/07)
Parent/guardian education	<ul style="list-style-type: none"> • Parents/guardian, and some program staff, could use additional information about why rewards and incentives are part of the program. Training for parents/guardians and staff on behavioral theory and research could benefit the program by helping explain how reinforcements are generally more effective than punishments in creating and maintaining behavioral change. It would also help these individuals buy into the program’s model and clarify why sanctions and incentives are individualized to

Issue	Recommendations
	maximize the impact on behavior change of each program participant. The program has begun holding monthly parent meetings, which should help increase parent understanding about the program's model and expectations. (Prince George's Juvenile Circuit 9/07)

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.

Issue	Recommendations
None	<ul style="list-style-type: none"> • Participants and their families have contact with the Judge with a frequency that has been found to have the most positive outcomes. The nature of the Judge's contact with participants and their families is supportive and respectful. No recommendations are needed in this area. (Charles Juvenile Circuit 1/09) • There are no recommendations at this time for this area, as the program appears to have positively implemented Key Component #7. (Caroline Juvenile Circuit 7/07) • There are no recommendations in this area, as the program is successfully implementing this key component. (Dorchester Juvenile Circuit 8/07) • 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. (Montgomery Juvenile Circuit 10/07) • Compared to other drug courts nationally, this drug court's participants have less frequent contact with the Judge during Phase I than most drug courts. However, the frequency of this contact is consistent with that found to provide the most positive participant outcomes. No recommendations are necessary in this area. (Worcester Juvenile 3/09)
Judicial reviews/ hearings	<ul style="list-style-type: none"> • If drug court hearings are held outside of school hours, the program should consider having participants attend the entire hearing to build support among participants and so that learning takes place by observing what happens with other participants (both those doing well and those not meeting program requirements/expectations); leaving early can be offered as an incentive to participant(s) who are doing exceedingly well in the program. (Somerset Juvenile Circuit 9/08) • If feasible, drug court hearings should be arranged around school hours so that students are not missing any class time. This schedul-

Issue	Recommendations
	<p>ing will also serve to underscore the importance of education as demonstrated by the program. (Somerset Juvenile Circuit 9/08)</p> <ul style="list-style-type: none"> As part of the program model review, carefully consider the frequency of court reviews, to encourage consistency, rapid response to non-compliance, and ample opportunities for the Judge to note positives and praise youth who are working hard and/or making progress. (Baltimore City Juvenile Circuit 10/06)
Consistency	<ul style="list-style-type: none"> Encourage discussions between judges to determine whether a program model can be established for greater consistency in judicial decisions between judges. (Prince George's Juvenile Circuit 9/07) Hold drug court sessions regularly and consistently; model consistency and dependability for youth. (Prince George's Juvenile Circuit 9/07) The development of a positive relationship between a drug court participant and the judge impacts the participant's behavior, engagement with program services, and success in the program. It is important for the judge to establish uniform rules and follow through with incentives and sanctions consistently for all participants for compliant and non-compliant behavior while taking into account individual circumstances. Participants must understand the connection among program (including judicial) expectations, their behavior, and subsequent sanctions and rewards. They need to believe that they are being treated fairly. The appearance of special treatment for some program participant over others can undermine a youth's commitment to participation and their level of trust of authority. (Harford Juvenile 10/06) The HCJDC Team should review and reflect upon program rules and their application to assure that they are applied as consistently as possible among all participants. The unique and powerful role that the Judge plays should receive focused attention. When appropriate, the reasons for a particular sanction or reward should be explained as well as the kind of behavior change that is expected as a result of the sanction or reward. (Harford Juvenile 10/06)
Substitute or new judge	<ul style="list-style-type: none"> If it is feasible, it would be prudent to identify an individual who could serve as a back-up judge/master (in the event that the need for a substitute judge/master arises), and assist that person in getting to know the program, learning the process, etc. (Calvert Juvenile Circuit 10/08)

Issue	Recommendations
Judge position process, tenure	<ul style="list-style-type: none"> <li data-bbox="505 239 1425 464">• Use judges who volunteer, and generally do not rotate them. This court, however, has a lengthy rotation that allows plenty of time for experience. We suggest that the current judge be available for training or consultation to the next judge who comes into the program on the drug court model and the skills she learned during her tenure. (Prince George’s Juvenile Circuit 9/07) <li data-bbox="505 485 1425 709">• Retaining the current judge as drug court judge for a greater length of time would provide the longevity and consistency found by national research to contribute to positive outcomes for participants. As suggested earlier, involvement by the judge in pre-court team meetings is also beneficial for the operation of the team and program. (Talbot Juvenile Circuit 9/07)

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.

Issue	Recommendations
Discuss/plan using evaluation results	<ul style="list-style-type: none"> • Drug court staff members are encouraged to discuss the findings from this process evaluation as a team, to identify areas of potential program adjustment and improvement. (Charles Juvenile Circuit 1/09) (Somerset Juvenile Circuit 9/08) (Caroline Juvenile Circuit 7/07) (Talbot Juvenile Circuit 9/07) (Caroline Juvenile Circuit 7/07) • Use of program statistics and program evaluation data to modify program operations is associated with higher graduation rates. It is suggested that the team review the findings from this process evaluation to discuss the recommendations that are offered. Further, it is recommended that the team schedule a regular time (e.g., annually) to review program data and discuss the findings and their implications for any potential program changes/adjustments; or they may take that time to identify any current program issue(s)/challenges and devise a process for collecting information that could inform viable options/possible solutions. (Calvert Juvenile Circuit 10/08) • 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. (Dorchester Juvenile Circuit 8/07) (Montgomery Juvenile Circuit 10/07) • Drug court staff members are encouraged to discuss the findings from this process evaluation as a team, to identify areas of potential program adjustment and improvement. (Worcester Juvenile 3/09)
SMART	<ul style="list-style-type: none"> • If interagency data infrastructure issues are not yet resolved, the program is encouraged to facilitate a meeting to discuss concerns and develop solutions so that the program can use the SMART data system. (Calvert Juvenile Circuit 10/08) • When the program begins using SMART, it is suggested that the program enter information that is currently in hard copy form, especially program data, into that data system. In particular, it is recom-

Issue	Recommendations
	<p>mended that the program enter school attendance information and drug testing information into the electronic system, at least for current participants. In addition, it is suggested that the program begin collecting information on the race/ethnicity or cultural background of participants. (Calvert Juvenile Circuit 10/08)</p> <ul style="list-style-type: none"> • As enrollment grows, the drug court should implement the SMART database system in order to more efficiently track information on program participants, including their progress through the program and their use of services. The program should also ensure the data management system is available and accessible to all team members. <i>Be sure to retain data from the current system following a transition to SMART for use in future outcome evaluation.</i> (Somerset Juvenile Circuit 9/08) (Caroline Juvenile Circuit 7/07 same as above without the sentence in Italics) • DCJDC staff should receive continuing technical support on use of the new SMART management information system, both in terms of entering information consistently and accurately, and in extracting information for program review and planning. 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. (Dorchester Juvenile Circuit 8/07) • 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. (Montgomery Juvenile Circuit 10/07) • HCJDC staff should be trained to use the new State SMART Management Information System (MIS), both in terms of entering data consistently and accurately, and extracting information for program review and planning. 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. (Harford Juvenile 10/06)

Issue	Recommendations
Records retention (prior or in addition to SMART)	<ul style="list-style-type: none"> Retain data from the current program monitoring system even after transitioning to SMART, including both paper records and electronic files. These materials will be useful for future evaluations. (Calvert Juvenile Circuit 10/08)
Self-monitoring	<ul style="list-style-type: none"> 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. (Montgomery Juvenile Circuit 10/07)
Data elements	<ul style="list-style-type: none"> Determine essential data elements (NPC has a list that can be provided to the program) and consistent data definitions; then ensure staff members are trained on them. Implement regular supervision of all staff members who enter data, to answer questions and to assess consistency and accuracy. Assign someone the role of data manager or data quality specialist, and create tools (such as monitoring reports) to ensure this role can be adopted successfully and efficiently. (Baltimore City Juvenile Circuit 10/06) Make sure that appropriate data are being collected to answer the key research questions of interest to the program and to key stakeholders. (Baltimore City Juvenile Circuit 10/06) 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 evaluations. (Dorchester Juvenile Circuit 8/07) (Montgomery Juvenile Circuit 10/07) We recommend that the program examine their goals (with evaluator assistance) to determine the necessary information that will allow future evaluations to assess these goals. The program should then begin to gather this data and enter it regularly into the database. (Harford Juvenile 10/06)
Outcome study suggested	<ul style="list-style-type: none"> The program leadership should conduct an outcome study in the future. The new evaluation should consider program effectiveness in light of continuing program maturation and the implementation of program improvements. In particular, the program could review the criminal records of program participants after they complete the program to see if they have avoided future contact with the juvenile and adult justice systems. (Talbot Juvenile Circuit 9/07)

Issue	Recommendations
Review & communicate data	<ul style="list-style-type: none"> • Utilize the Drug Court team, steering committee, or other group to review summary reports and other program data. This process will ensure communication is occurring about program findings and interpretations, and that misinterpretations of data and findings will be identified and corrected. (Baltimore City Juvenile Circuit 10/06) • Utilize a process/system, such as the steering committee, for meeting on a regular schedule and regularly reviewing program outcomes, program policies, and community partnership development. (Prince George's Juvenile Circuit 9/07)
Problem-solve paperwork/data issues	<ul style="list-style-type: none"> • The team should set aside time to discuss paperwork concerns and determine whether any changes can be made in order to lessen the paperwork burden on drug court staff and to provide ongoing information about participants' progress (issues mentioned by stakeholders during interviews), and any other issues that arise. Some solutions may not be possible due to limitations of the information system. For example, a stakeholder reported that SMART cannot export individual reports. Therefore, if the team determines that individual reports are needed, it would not be possible to obtain them from SMART. (Worcester Juvenile 3/09)

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?

Issue	Recommendations
<p>Training: Encourage for all and log</p>	<ul style="list-style-type: none"> • Ensure that, in addition to information about drug courts, all team members are strongly encouraged to receive formal training specific to their role within the program as soon as possible after they are assigned to the team, in addition to the on the job training that they receive. Also, continue to encourage ongoing training opportunities for all team members (as a refresher and for professional development), as the budget allows. (Charles Juvenile Circuit 1/09) • All team members should to be trained on the drug court model (in particular, the non-adversarial aspect of the process) and make sure to present a united team in front of participants and their families. (Calvert Juvenile Circuit 10/08) • The drug court team, in collaboration with the partner agencies, should ensure that all team members receive initial and continuing drug court 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 a log system should be established, the results of which should be reviewed by program administrators periodically. These tools will be useful in keeping track of training activities and in reinforcing the importance of professional development. (Caroline Juvenile Circuit 7/07)(Dorchester Juvenile Circuit 8/07) • 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. (Montgomery Juvenile Circuit 10/07) (Talbot Juvenile Circuit 9/07) • The Drug Court Team, in collaboration with the partner agencies, should ensure that all team members receive initial and continuing

Issue	Recommendations
	<p>drug court 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 log system should be established, the results of which should be reviewed by program administrators. These tools will be useful in keeping track of training activities and in reinforcing the importance of professional development. (Harford Juvenile 10/06)</p> <ul style="list-style-type: none"> • Continue to ensure that all new team members are oriented and trained to understand the functions and processes of the drug court and their particular roles within the program. To support this goal, a log system and training plan should be established, the results of which should be reviewed by administrators periodically. These tools will be useful in keeping track of training activities and reinforce the importance of professional development. (Worcester Juvenile 3/09)
Training Log	<ul style="list-style-type: none"> • Establish a training log to ensure that team members are receiving ongoing training necessary to be an effective part of the drug court program. (Calvert Juvenile Circuit 10/08) • Establish a training policy and training log. Create a list of minimum training requirements for Drug Court staff, some generic to drug courts overall, and some specific to the person's role, if applicable. Require all Drug Court team members to record when they received various trainings. (Calvert Juvenile 10/08)
Training: role-specific/drug court model	<ul style="list-style-type: none"> • Ensure that new members of the team receive orientation and training about the drug court model, about the specifics of the Calvert County Juvenile Drug Court program, and about their role in the program and the roles of the other team members. (Calvert Juvenile Circuit 10/08) • Ensure that, in addition to information about drug courts, all team members receive training specific to their role within the program, and that they understand the difference in philosophy between drug courts and traditional court processing. Also, continue to invest in ongoing training opportunities for all team members (as a refresher and for professional development). (Somerset Juvenile Circuit 9/08) • Continue to ensure that all new and temporary staff are oriented and trained to ensure they understand the functions and processes of the drug court and their particular roles within the program. (Prince George's Juvenile Circuit 9/07) • There should be an extensive orientation and training for every judge, ideally prior to coming into the TCJDC. If a new judge becomes part of the drug court team upon the current judge's retirement, the outgoing judge should ideally be available for consultation. (Talbot Juvenile Circuit 9/07)

Issue	Recommendations
	<ul style="list-style-type: none"> The Assistant State's Attorney assigned to HCJDC has benefited from the experience of the person who previously held this position. However, to enhance his extensive personal practice-based understanding of drug court key components, it would be beneficial for him to attend drug court conferences and training programs. (Harford Juvenile 10/06)
Cultural awareness	<ul style="list-style-type: none"> The team should update its knowledge and resources with regard to cultural awareness and responsiveness, to ensure that it is appropriately addressing the needs of its participant population. In order to ensure that services offered through the drug court are culturally specific/sensitive, staff members working directly with participants need to have experience with and understanding of the cultural characteristics (and culturally specific needs) of the populations being served. Additionally, cultural awareness training may facilitate the recruitment of a more diverse participant population. (Somerset Juvenile Circuit 9/08) A respondent suggested that additional information about the participants' culture and environment/atmosphere (mindset, experiences, current youth culture, concerns, dangers, strengths) would be valuable in helping team members gain a more in-depth understanding of the youth and the culture they are operating in than they would learn through being around the young people in court. (Prince George's Juvenile Circuit 9/07)
Program Manuals (Policy & Procedures, Participant Handbooks): update	<ul style="list-style-type: none"> Ensure that the program handbook is in agreement with the participant handbook and that both handbooks reflect the program's current policies (e.g. required clean time, mentors, targeted capacity, agreement of enrollment time with phase length and advisory committee). (Somerset Juvenile Circuit 9/08)
Regular policy meetings	<ul style="list-style-type: none"> There was some discrepancy in stakeholders reports regarding the frequency of policy meetings. Regularly scheduled policy meetings should be attended by the entire team. These meetings could be used to update the program and participant handbooks, and to discuss program goals, training and evaluation recommendations. (Somerset Juvenile Circuit 9/08)
Communication	<ul style="list-style-type: none"> Address any communication issues so that all team members are knowledgeable about the drug court's process and any underlying issues (such as the number of potential participants that decline drug court and the reasons why). (Charles Juvenile Circuit 1/09)
Training suggestions	<ul style="list-style-type: none"> Cross-training staff benefits multi-disciplinary programs such as drug courts by helping all team members better understand the roles, activities, and challenges of their colleagues. In addition to investigating formal cross-training opportunities or requirements, the team may

Issue	Recommendations
	<p>want to dedicate meeting time for members to share about their work (e.g., have each agency rotate presenting about their role quarterly at a team or policy meeting). (Calvert Juvenile Circuit 10/08)</p> <ul style="list-style-type: none"> • The list of training topics suggested by drug court team members include: impact of families on drug courts and impact of drug courts on families, strategies for engaging and supporting families, cultural trainings (identified as a need in KC 4), treatment options, testing issues, and substance abuse in adolescents. Additionally, team members recommended further opportunities to attend panel discussions comprised of staff from other drug courts (for sharing of program experiences and lessons learned), and a training for steering committee members regarding how to most effectively engage community partners. (Calvert Juvenile Circuit 10/08) • The program might want to review the initial assessment process, specifically including time for youth and parents/guardians to be interviewed separately as well as together, to increase the likelihood of that the interviewer collects accurate/complete information. This procedure should be added to the training process. (Calvert Juvenile Circuit 10/08) • To facilitate team-wide, cost-effective training, the program could invite key speakers to come to Caroline County and do on-site training. Speakers might include staff from the Maryland Office of Problem-Solving Courts and/or past presenters at drug court conferences. (Caroline Juvenile Circuit 7/07) • The key stakeholder interviews highlighted several areas in which the drug court team might benefit from additional training, including formal training for new staff members geared toward their new roles on the drug court team. Another suggestion brought up in the interviews was drug court training for a law enforcement representative, which might create more “buy-in” to the drug court and perhaps more investment from the Cambridge Police Department with monitoring the participants and increasing referrals to the program. Other areas for potential training include substance abuse/addiction—including stages of change, relapse, and withdrawal—and mental health. (Dorchester Juvenile Circuit 8/07) • The program may benefit from training on motivational or solution-focused interviewing, adolescent development, strength-based practice, or positive youth development. (Dorchester Juvenile Circuit 8/07) • 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

Issue	Recommendations
	<p>disabilities, borderline IQs, or significant cognitive issues. (Montgomery Juvenile Circuit 10/07)</p> <ul style="list-style-type: none"> • 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 <i>stages of change, relapse, and withdrawal</i>—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. (Montgomery Juvenile Circuit 10/07) (Dorchester Juvenile Circuit 8/07 without the portion in Italics) • 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. (Montgomery Juvenile Circuit 10/07) • 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. (Montgomery Juvenile Circuit 10/07) • Hold a training forum with law enforcement staff to explain the program and its concerns, focus, and mission. See Key Component #10 for additional discussion about engaging law enforcement as a program partner. (Prince George’s Juvenile Circuit 9/07)

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.

Issue	Recommendations
None	<ul style="list-style-type: none"> • The CCJDC has created community relationships that generate local support and enhance drug court program effectiveness. No additional recommendations arose during the team interviews or focus groups, so the program should continue to monitor any needs that may arise in the future for program participants, and continue to generate creative ideas for individualized community service and mentoring opportunities for participants. (Charles Juvenile Circuit 1/09) • The WCJDC has created community relationships that generated local support and enhanced drug court program effectiveness in the past. Since that time, however, the Maryland Judicial Ethics Committee determined that drug courts cannot solicit or accept assistance from the community, according to a stakeholder. There are no recommendations for Key Component #10 at this time. (Worcester Juvenile 3/09)
Build community relationships/outreach	<ul style="list-style-type: none"> • Continue outreach to community agencies and organizations (including local businesses) to maintain or build relationships and connections to support the program (a need identified in KC 3). Some ways of doing this might be to create a pooled list of team members' personal and professional connections, asking the steering committee to invite a new potential partner each month to their meeting, or asking DC youth to collaborate on the creation of a directory of teen-friendly activities in the area that could meet the program's community service requirement. (Calvert Juvenile Circuit 10/08) • The program could benefit from explicit efforts to identify new community partners and strengthen relationships and increase communication with the agencies listed above. (Baltimore City Juvenile Circuit 10/06) • The program should continue to identify new community partners, connections, or resources that would be interested in supporting the program, and strengthen relationships/ties with existing agency partners. Some examples include faith-based organizations, com-

Issue	Recommendations
	<p>munity colleges and universities, and employment agencies. (Caroline Juvenile Circuit 7/07)</p> <ul style="list-style-type: none"> • Continue to build community partnerships to enhance existing program resources, such as relationships with the Latino community. (Prince George’s Juvenile Circuit 9/07) • The program should identify new community partners, connections, or resources that would be interested in supporting the program, and strengthen relationships/ties with existing agency partners. (Harford Juvenile 10/06)
Create/revise policy/steering committee	<ul style="list-style-type: none"> • If DCJDC 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. (Dorchester Juvenile Circuit 8/07) (Montgomery Juvenile Circuit 10/07) • HCJDC should create a policy (or steering) committee made of up Drug Court Team members and representatives from public and private community organizations. This committee would be responsible for advising partner agencies on program design and ensuring that the program is meeting community needs. (Harford Juvenile 10/06)
List need areas/conduct outreach	<ul style="list-style-type: none"> • After identifying additional participant need areas, the team should continue to identify new community partners, connections, or resources that would be interested in supporting the program, and strengthen relationships/ties with existing agency partners. Some examples of potential partners include faith based organizations, local businesses and recreational organizations/clubs. The coordinator’s plan to assemble an advisory board to discuss community outreach is also encouraged. (Somerset Juvenile Circuit 9/08)
Develop strategic vision	<ul style="list-style-type: none"> • The Drug Court Team should develop a strategic vision through which it can identify program needs, ways to meet those needs, and the specific resources that would be needed. For example, the program could benefit from a local halfway house or supported independent living program. (Harford Juvenile 10/06)
Include law enforcement	<ul style="list-style-type: none"> • Continue the discussion about increased law enforcement involvement with the drug court program, and include a representative from law enforcement on the drug court team, if possible. The law enforcement representative would need to be someone who understands and buys into the principles of drug court. Increased involvement could be beneficial to law enforcement agencies as well, by helping them develop relationships with the community (youth

Issue	Recommendations
	<p>and families), who would see law enforcement staff in a helping/supportive role. (Prince George’s Juvenile Circuit 9/07)</p>
<p>Include agencies/services to meet participants’ needs</p>	<ul style="list-style-type: none"> • Among the needs identified by staff are additional recreational/sports, pro-social and after school activities, mentoring opportunities, and a greater focus on developing creative/individualized incentives for drug court youth. (Calvert Juvenile Circuit 10/08) • The program should continue to identify new community partners, connections, or resources that would be interested in supporting the program, and strengthen relationships/ties with existing agency partners. These partnerships may also foster support for job readiness, career exploration, and employment placement. <i>Additionally, identifying transportation options or funds to assist with transportation would benefit participants and help them reach the many appointments expected of them during the program.</i> (Dorchester Juvenile Circuit 8/07) (Montgomery Juvenile Circuit 10/07 without sentence in Italics) • Continue to inform families about transportation supports that are available to help them get to appointments required as part of the program. It is an appropriate role for case managers to work on ways to meet transportation needs for families, particularly for appointments that are during work hours for parents/guardians. (Prince George’s Juvenile Circuit 9/07) • Parents/guardians reported additional need for alternative education programs. It is an appropriate case management role to ensure that youth have appropriate educational resources and to support families in accessing these resources. If policy or system-level support is needed, work with the education representative on the drug court team to enhance educational opportunities for youth. (Prince George’s Juvenile Circuit 9/07) • The TCJDC appears to be implementing this key component successfully, with existing relationships established with many community organizations. The program would benefit from continuing to maintain and develop its community contacts and supports for the program, particularly developing linkages that support varied youth interests as they emerge, to support strength-based services described in Juvenile Strategy #11 (key component 4). In addition, if the program plans to continue to purchase taxi vouchers for participants facing transportation challenges, establishing relationships with the taxi company might help establish a reduced rate for taxi services. Investigating other transportation options might also be beneficial. (Talbot Juvenile Circuit 9/07)

Issue	Recommendations
	<ul style="list-style-type: none"> <li data-bbox="505 241 1438 470">• To improve participant prospects for employment and enhance program experience, HCJDC should take advantage of the Maryland Drug Treatment Court Commission’s developing relationship with Goodwill Industries of the Chesapeake. Goodwill Industries has developed a program model that supports job readiness and employment placement. (Harford Juvenile 10/06)
Advocates	<ul style="list-style-type: none"> <li data-bbox="505 487 1446 674">• Add a youth advocate position to conduct home visits (in-person curfew checks, school attendance checks, random observed UAs, etc.) and to help assist participants and their families to access any services available in their community. (Baltimore City Juvenile Circuit 10/06) <li data-bbox="505 688 1422 835">• Ask the Department of Education to provide training for probation/case management staff on special education eligibility and the placement process, so they can become better advocates. (Baltimore City Juvenile Circuit 10/06)

**APPENDIX D: SUMMARY OF THE TYPES OF
RECOMMENDATIONS THAT WERE OFFERED, BY
KEY COMPONENT**

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

Key Component #1 was one of two components that received neither the most nor the least recommendations for the adult or juvenile drug courts. It received 29 recommendations for adult drug courts and 32 for juvenile drug courts. Issues related to this component were:

ADULT DRUG COURTS

Issue	Number of Recommendations
Team continuity and integration	5
Caseload	4
Law enforcement involvement	4
Treatment involvement	2
Health Dept. involvement	1
Role clarification	1
Interagency coordination	3
Staff communication	3
Include partners in discussions/decisions	3
Program manual, structure	1
Review eligibility criteria	1
Include additional agencies	1
TOTAL	29

JUVENILE DRUG COURTS

Issue	Number of Recommendations
Add to team	1
Team participation/engagement	5
Community partnerships	1
Law enforcement involvement	4
Mental health involvement	1
Common vision/understanding	3
Interagency collaboration	1
Communication	4
Interagency communication, planning	2
Turnover	2
Funds for collaborating agencies	1
Policy meetings	4
Drug testing	1
Safety planning	1
Staff orientation/training	1
TOTAL	32

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

Key Component #2 was one of the 3 components for which sites received the least number of recommendations for both the adult and juvenile drug courts. It received 12 recommendations for adult drug courts and 8 for juvenile drug courts. Issues related to this component were:

ADULT DRUG COURTS

Issue	Number of Recommendations
Role clarification	2
Team building	5
Power imbalance	1
Training	1
Adhere to drug court model	3
TOTAL	12

JUVENILE DRUG COURTS

Issue	Number of Recommendations
Team participation/commitment	2
Support program	1
Training	4
Turnover	1
TOTAL	8

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

Key Component #3 was one of the 3 components for which sites received the greatest number of recommendations for both the adult or juvenile drug courts. It received 41 recommendations for adult drug courts and 34 for juvenile drug courts. Issues related to this component were:

ADULT DRUG COURTS

Issue	Number of Recommendations
Time: getting to treatment	1
Time: arrest to drug court entry	8
Time: referral to drug court entry	9
Overrepresentation	2
Program differences based on gender	1
Capacity	11
Pre-plea/post-plea	3
Inform potential participants	1
Timely data/information sharing	2
Review population to be served, recruitment, screening	1
Enhance participation incentives	2
TOTAL	41

JUVENILE DRUG COURTS

Issue	Number of Recommendations
Time: getting to treatment	1
Time: arrest to drug court entry	6
Time: referral to drug court entry	1
Referrals	6
Workload	1
Cultural responsiveness	1
Capacity	9
Pre-plea/post-plea	1
Change goals	1
Information sharing	2
Drug testing at intake	1
Strategies to lessen decline rate	3
Team communication/program clarification	1
TOTAL	34

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

Key Component #4 was one of the 3 components for which sites received the greatest number of recommendations for the juvenile drug courts. It received 33 recommendations for adult drug courts and 41 for juvenile drug courts. Issues related to this component were:

ADULT DRUG COURTS

Issue	Number of Recommendations
Aftercare	4
Dosage/termination rates	1
Cultural awareness	2
Interagency information sharing	3
Increase treatment resources/capacity	10
Separate higher and lower risk clients	1
Add life skills training	1
Individualized treatment	1
Treatment phases vs. program phases	1
Procedures manual/participant handbook: revise, ,use	2
Support to facilitate participation	1
Strength-based case management	1
Revisit program model	1
Identify possible funding sources	1
Monitor for program improvement	1
TOTAL	33

JUVENILE DRUG COURTS

Issue	Number of Recommendations
Aftercare	3
Dosage/intensity	2
Cultural awareness/competency	7
Self-help groups	1
Individualized treatment	2
Support to facilitate participation	1
Strength-based philosophy, practices	2
Link activities to goals	1
Training: strength-based, family-centered, gender-specific	5
Family therapy	1
Family involvement	4
Accommodate parent/guardian schedules	3
Recreation resources	1
Post-drug court placement	1
Develop relationships	2
Schoolwork structure	1
Role models/mentors	1
Community monitoring	1
Sustaining services	1
Assess treatment intensity, intended population	1
TOTAL	41

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

Key Component #5 was one of the 3 components for which sites received the least number of recommendations for both the adult and juvenile drug courts. It received 12 recommendations for adult drug courts and 12 for juvenile drug courts. Issues related to this component were:

ADULT DRUG COURTS

Issue	Number of Recommendations
Testing: frequency/randomization	7
Testing: alcohol	1
Testing: marijuana	1
Testing: use rapid tests	3
TOTAL	12

JUVENILE DRUG COURTS

Issue	Number of Recommendations
Testing: frequency/randomization	4
Testing: procedures/process	6
Update policies & procedures manual	2
TOTAL	12

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

Key Component #6 was one of the 3 components for which sites received the greatest number of recommendations for the adult drug courts. It received 38 recommendations for adult drug courts and 27 for juvenile drug courts. Issues related to this component were:

ADULT DRUG COURTS

Issue	Number of Recommendations
Strategies to increase incentives	3
Program retention	8
Equal treatment	5
Treatment responses vs. sanctions	1
Sanctions/rewards process	5
Quick response to behaviors	5
Expand use of incentives/praise/strength-based practices	8
Update procedures manual	1
Consider pre-court staffings	1
Determine actual completion time	1
TOTAL	38

JUVENILE DRUG COURTS

Issue	Number of Recommendations
Strategies to increase incentives	1
Equal treatment/consistency	4
Treatment responses vs. sanctions	2
Sanctions/rewards process	8
Quick response to behaviors	1
Strength-based practices	3
Revise manual/handbook	1
Imposing sanctions, rewards/communication	4
Clarify results of completion	1
Timely pre-hearing meetings	1
Parent/guardian education	1
TOTAL	27

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

Key Component #7 was one of the 3 components for which sites received the least number of recommendations for both the adult and juvenile drug courts. It received 15 recommendations for adult drug courts and 10 for juvenile drug courts. Issues related to this component were:

ADULT DRUG COURTS

Issue	Number of Recommendations
Judicial reviews/hearings: structured vs. flexible	1
Judicial reviews/hearings: attendance	1
Judicial reviews/hearings: time management	1
Judicial reviews/hearings: judge contact time	4
Consistency	2
Substitute or new judge	2
Extend judge tenure/allow voluntary judge	2
Implement pre-court team meetings	1
Separate drug and non-drug court hearings	1
TOTAL	15

JUVENILE DRUG COURTS

Issue	Number of Recommendations
Judicial reviews/hearings	3
Consistency	4
Substitute or new judge	1
Judge position process, tenure	2
TOTAL	10

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

Component #8 was one of the 3 components for which sites received the greatest number of recommendations for the adult drug courts. It received 37 recommendations for adult drug courts and 27 for juvenile drug courts. Issues related to this component were:

ADULT DRUG COURTS

Issue	Number of Recommendations
Discuss/plan using evaluation results	7
SMART	10
Records retention (prior to or in addition to SMART)	6
Self-monitoring	7
Data elements	3
Outcome study suggested	3
Strategize to increase graduation rate	1
TOTAL	37

JUVENILE DRUG COURTS

Issue	Number of Recommendations
Discuss/plan using evaluation results	9
SMART	7
Records retention (prior to or in addition to SMART)	1
Self-monitoring	1
Data elements	5
Outcome study suggested	1
Review & communicate data	2
Problem-solve paperwork/data issues	1
TOTAL	27

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

Key Component #9 was one of the 3 components for which sites received the greatest number of recommendations for the juvenile drug courts. It received 27 recommendations for adult drug courts and 31 for juvenile drug courts. Issues related to this component were:

ADULT DRUG COURTS

Issue	Number of Recommendations
Training: encourage for all and log	17
Training: role specific/drug court model	5
Training: cultural awareness	1
Training: SMART	1
Training: additional topics	1
Program manuals (policy & procedures, participant handbooks): update	2
TOTAL	27

JUVENILE DRUG COURTS

Issue	Number of Recommendations
Training: encourage for all and log	7
Training log	2
Training: role-specific/drug court model	5
Cultural awareness	2
Program manuals (policy & procedures, participant handbooks): update	1
Regular policy meetings	1
Communication	1
Training suggestions	12
TOTAL	31

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

Key Component #10 was one of two components that received neither the most nor the least recommendations for the adult or juvenile drug courts. It received 31 recommendations for adult drug courts and 20 for juvenile drug courts. Issues related to this component were:

ADULT DRUG COURTS

Issue	Number of Recommendations
Build community relationships/outreach	9
Create/revise policy/steering committee	3
List need areas/conduct outreach	4
Include law enforcement	1
Include agencies to meet participants' needs	11
Alcohol services: community need	1
Clarify roles	1
Address transportation issues	1
TOTAL	31

JUVENILE DRUG COURTS

Issue	Number of Recommendations
Build community relationships/outreach	5
Create/revise policy/steering committee	3
List need areas/conduct outreach	1
Develop strategic vision	1
Include law enforcement	1
Include agencies/services to meet participants' needs	7
Advocates	2
TOTAL	20

**APPENDIX E. RESEARCH SUPPORT FOR 10 KEY COMPONENTS
AND 16 JUVENILE STRATEGIES**

RESEARCH ON DRUG COURTS AND TREATMENT

Although several of the 10 Key Components relate to substance abuse treatment services and the integration of treatment providers into the drug court team, treatment has, in many ways, been a “black box” in drug court studies. Very little is known about the actual treatment that drug court participants receive and its effectiveness (Anspach & Ferguson, 2003; Bouffard & Taxman, 2004). Among the few drug court studies to have examined treatment, Banks and Gottfredson (2003) found that treatment, rather than simply criminal justice supervision, does help to reduce recidivism. In addition, Carey, Finigan, and Pukstas (2008) found several drug court practices related to reduced recidivism and costs. This research is discussed further in the results sections of this document.

One key aspect of the treatment system that needs further study is the coordination between treatment providers and the drug court. Lutze and van Wormer (2007, p.228) assert that it is the “union between treatment and accountability” that makes drug courts so effective. Neglecting the treatment half of the equation may be responsible for the failure of a good number of drug court participants to graduate. They stress that the main challenges to a strong union are strengthening the collaboration between treatment and criminal justice agencies and providing appropriate treatment (e.g., by race, culture, gender, drug of choice, socioeconomic status) that promotes behavior change among offenders.

Key Component and Juvenile Strategies Combined

While we treat the Key Components and Juvenile Strategies in separate sections for the purposes of the minimum guidelines, they do overlap. In process evaluations of juvenile drug court programs performed by NPC, the juvenile strategies are embedded within the Key Components as follows:

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

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.

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

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.

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

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.

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

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.

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

Juvenile Strategy #14: Drug Testing - Design drug testing to be frequent, random, and observed. Document testing policies and procedures should be in writing.

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

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.

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

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.

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

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.

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

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

Juvenile Strategy #6: Community partnerships - Build partnerships with community organizations to expand the range of opportunities available to youth and their families.

Minimum Guidelines for Key Components and Juvenile Strategies

The following minimum guidelines within each key component and juvenile strategy do not represent all possible guidelines but were chosen by NPC as pieces that varied across drug court programs. They also represent what we believe to be core constituents needed to achieve each component/strategy as it is defined.

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

- a. Must have law enforcement involvement

Support: Sanford (2005) reported that law enforcement policy may affect drug courts through targeted drug enforcement efforts within those communities. He further argued that when law enforcement authorities understand that their efforts are validated by the attention of a dedicated drug court system, their drug enforcement efforts may be “institutionally reinforced and perpetuated.” In addition, working in the community (on the street), law enforcement can contribute a unique perspective to the drug court team.

In further support of this guideline, Carey, Finigan, & Pukstas (2008) reported that drug courts that included law enforcement on the drug court team (as a team member that attends team meetings and court sessions) had 4 times higher cost savings than drug courts that did not include law enforcement on the team.

- b. All team members must attend meetings/hearings

Support: Previous research (Carey, Finigan, Waller, Lucas, & Crumpton, 2005; Carey, Finigan, & Pukstas, 2008) has shown that greater representation of team members from collaborating agencies (e.g., defense attorney, treatment, prosecuting attorney) at team meetings and court hearings is correlated with positive outcomes for clients, including reduced recidivism and, consequently, reduced costs at follow-up.

- c. Program must have treatment provider involvement

Support: Gottfredson et al. (2003) found that DTC participants in a treatment group had significantly lower rates of recidivism at the two-year follow-up than controls or untreated DTC participants. In a monograph outlining the survey results of drug courts programs’ collaboration with treatment providers, CSAT explain that, “close collaboration substantially improves outcomes for participants in terms of reduced substance abuse and reduced criminal activity. (Treatment Services in Drug Courts, 1999).” It has also been demonstrated in research studies that drug courts with one treatment provider or a single central agency coordinating treatment resulted in more positive participant outcomes including higher graduation rates and lower recidivism costs (Carey et al., 2005; Carey, Finigan, & Pukstas, 2008).

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

- a. Attorneys forego adversarial role; minimum disagreements/arrival at a consensus among team members during meetings

Support: Lamparello (2001) argued that because there is no need to seek differing pleas by the defense and prosecuting attorneys, the adversarial nature of the relationship will be minimal or non-existent once an individual is in the drug court program. “Instead, there will ex-

ist a comprehensive search for a solution that treats the offender's addiction. Adversarial behavior would be a destructive, not constructive, value to this undertaking."

b. No power imbalance exists between attorneys during team process

Support: Gaining the trust and participation of attorneys greatly facilitates judges' ability to practice collaborative justice on a general calendar (Center for Court Innovation, 2004). In further support for the importance of full involvement in drug court programs by attorney team members, research by Carey, Finigan, and Pukstas (2008) and Carey et al. (2009) found that participation by the prosecution and defense attorneys in team meetings and at drug court hearings had a positive effect on graduation rate and on recidivism⁴⁶ costs. Thus, the prosecutor and defense counsel, in particular, are able to protect the rights of drug court participants while at the same time shedding the adversarial nature of the court setting and creating a working partnership in order to meet the needs of the "client" (NADCP 1997).

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

a. Must have arrest to entry window of less than 3 weeks

Support: The basis of this guideline is that treatment needs to be readily available to participants; because drug-addicted individuals are sometimes uncertain about entering treatment, taking advantage of available services at this critical moment is important. If treatment is not immediately available at this time, potential program participants may opt out. As with other chronic diseases, positive outcomes are related to treatment entry early in the disease continuum (NIDA, 2009). Further, NADCP (1997, 5) offered the opinion that, "the period immediately after an arrest, or after apprehension for a probation violation, provides a critical window of opportunity for intervening and introducing the value of AOD (Alcohol and Other Drug) treatment." NPC's study of 18 drug courts showed that courts reporting a timeframe of 20 days or less from arrest to drug court entry had higher savings than those courts that reported a longer time period between arrest and entry (Carey, Finigan, & Pukstas, 2008).

b. All eligible participants are being identified

Support: In their monograph addressing special issues for drug court defense attorneys, the National Drug Court Institute (2003) raise the importance of "ensuring that the makeup of people entering the criminal justice system reflects the population of those involved in drug consumption and distribution as a whole." Further, they recommend that defendants in similar situations who are already in the system are afforded an equal opportunity to decide whether to participate in drug court (NDCI 2003, critical issues for defense attorneys in drug court).

Additionally, it has been reported that accepting participants with dual diagnoses was *not* related to graduation rate (Carey, Finigan, & Pukstas, 2008; Carey et al., 2005). This may be a further argument for expanding drug court eligibility to serve more offenders who could benefit from this type of program.

c. Must have a clearly defined referral process

⁴⁶ Recidivism costs are the expenses related to the measures of participant outcomes, such as re-arrests, jail time, probation, etc. Successful programs result in lower recidivism 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.

Support: In a study of 26 drug court, Finigan (2001) found that low enrollment was attributed to the program's confusion in the referral process.

d. Program should be operating at or near capacity (unless new capacity goal recently set)

Support: To achieve greater impact within the communities they serve, drug courts should strive to expand capacity and demonstrate that they are integral to the justice and substance abuse treatment systems (CSAT, 2001).

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

a. Programs should offer OP, IOP, inpatient/residential, and detoxification treatment

Support: A NIDA 2008 report argued that no single treatment is appropriate for all individuals. Outpatient behavioral treatment encompasses a wide variety of programs for patients who visit a clinic at regular intervals; most of these programs involve individual or group drug counseling. Residential treatment programs can also be very effective, especially for those with more severe problems (NIDA, 2008).

b. Continuing care after treatment completion should be offered

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

c. Drug courts should provide access to any additional services appropriate to eligible participants' needs (e.g., medication-assisted treatment and mental health treatment)

Support: According to a CSAT survey, the greatest frustrations described by drug courts team members include, "limited access to residential treatment, treatment for mental health disorders, and specialized services for women, racial and ethnic minorities, and the mentally ill (2001)." Services were available only in limited amounts and access to those services was challenging. In light of these findings, CSAT advises states and localities to consider, "establishing drug court treatment standards that recognize that these other activities are essential therapeutic components to achieve positive outcomes for drug court participants (2001)."

d. Family counseling should be made available to participants

Support: SAMHSA recognizes that the entire family system requires adjustment when it involves a substance abuser. They further recommend family therapy as a way to help the family make "interpersonal, intrapersonal, and environmental changes affecting the person using alcohol or drugs." Additionally, the non-using members are helped by learning to use tools that allow them to work together and achieve specific goals. "As change takes place, family therapy helps all family members understand what is occurring. This out-in-the-open understanding removes any suspicion that the family is "ganging up" on the person abusing substances (SAMHSA/CSAT: Substance Abuse Treatment and Family Therapy. Treatment Improvement Protocol: Series 39)."

Liddle and Dakof (1995) reported that family intervention helps to retain the individuals and their families in treatment. It also positively impacts drug use, social functioning and reduces problem behavior. Likewise, Stanton, and Shadish (1997) found that drug treatment that in-

involved family therapy had superior outcomes than those that did not have family therapy, leading them to conclude that, “family therapy promotes engagement and retention of clients.”

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

- a. Should be in agreement with national experience (minimum of 3 drug tests per week in phase 1 and 2)

Support: Research on drug courts in California (Carey et al., 2005) found that drug testing that occurs randomly, at least 3 times per week, is the most effective model. If testing occurs more frequently (that is, more than 3 times per week), the random component becomes less important as it is difficult to find time to use in between frequent tests. Further, 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 typically two to three per week.

Other research has shown that drug courts that tested two or more times per week in the first phase had substantially lower recidivism costs (more than 20 times greater savings) compared to drug courts that tested less often (Carey, Finigan, & Pukstas, 2008). Drug court participants report drug testing as one of the most effective techniques used for deterring use.

- b. Testing procedure should follow standard protocol (i.e. minimize opportunity for undetected use through randomizing and observing)

Support: Robinson (2000) argued for the critical importance of carefully designed and documented observation of each person’s provision of his or her specimen. In addition to frequency of testing, it is important to ensure that drug testing is random and fully observed during sample collection, as there are numerous ways for individuals to predict when testing will happen and therefore use in between tests or to submit a sample that is not their own. So, drug testing is clearly an important component for successful programs. In fact, drug court participants report drug testing as one of the most effective techniques used for deterring use (Mackin et al., 2008; Carey & Waller, 2007; Carey, Weller, & Heiser, 2003), and more frequent and random drug testing makes it more difficult for participants to find times to use between tests.

- c. Test results should be returned within 48 hours

Support: The program must be able to hand down immediate responses, especially for infractions involving substance use. “This is in line with the idea that clients’ performance must be evaluated frequently and sanctions applied quickly where indicated. Delays greater than two weeks can substantially reduce the efficacy of sanctions, especially for individuals with more serious drug problems or criminal backgrounds (Marlowe, 2008).”

In further support of getting drug test results back quickly (so sanctions for drug use-related non-compliance could be levied quickly), Carey & Perkins (2008) determined that drug court programs that imposed sanctions immediately after the non-compliant behavior had higher graduation rates (70%) compared to programs that waited to impose sanctions until the next court appearance (58%), particularly for methamphetamine users. Swift response is key to good behavior modification technique. In particular, for methamphetamine users whose memory has been affected, a more immediate response to the behavior will be much more meaningful than a response after the behavior has been forgotten (Carey & Perkins, 2008).

d. Tests for alcohol available to program participants

Support: Results from the 2008 National Survey on Drug Use and Health indicate that 29 percent of 17 million heavy drinkers were also illicit drug users. Persons who were not current alcohol users were less likely to have used illicit drugs in the past month (3.4 percent) (NSDUH, 2008).

e. Testing is continuous throughout program

Support: NIDA (2008) reported that preventing relapse is necessary for maintaining its effects, so possible drug use during treatment must be monitored continuously by programs.

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

a. There must be an understanding of the difference between sanction and treatment-oriented response

Support: There is considerable controversy about whether drug courts should increase treatment requirements as a "sanction" for misbehavior. Doing so could inadvertently give the impression that treatment is aversive and thus interfere with the therapeutic alliance. Rather, it has been argued that the focus should be to "punish misbehavior but treat dysfunction," that is, to administer punitive sanctions for willful noncompliance with program requirements but apply remedial or therapeutic responses to insufficient progress in treatment (Marlowe, 2008).

b. The team comes to a consensus in team meetings regarding responses

Support: Collaborative teamwork produces outcomes that are often better than those of any individual members. When a group validates the individual viewpoints of its members, the outcome is superior to what would have happened if the members had acted, ignoring principles of consensus (Jones & Pfeiffer, 1973).

Nationally, although the drug court judge generally makes the final decision regarding sanctions or rewards, it is almost always based on input from the drug court team. In addition, 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).

c. There is clear rationale for how sanctions are imposed so team is clear

Support: Sanctions are most effective when they are clear to participants and team members. Ambiguity can sabotage confidence in program policy. Infractions and their increments should be concretely defined; the specific case in which certain types of infractions may be imposed should also be clearly outlined in the program's procedure and policy manual (Marlowe, 2008).

d. Team has strengths-based approach (offering more opportunities for incentives, as opposed to sanctions)

Support: The strength-based approach is an emerging movement in the criminal justice system and Drug Courts. Making use of clients' preexisting abilities and a balanced view of the individual's strengths as well as weaknesses will give a more realistic and accurate profile to work treatment from (NDRI, 2009).

e. Response follows serious behavior within one week (e.g. new felony charges)

Support: As stated earlier, clients' performance must be evaluated frequently and sanctions applied quickly where indicated, with delays greater than two weeks substantially reducing the efficacy of sanctions, especially for individuals with more serious drug problems or criminal backgrounds (Marlowe, 2008).

Carey, Finigan, and Pukstas (2008) found that allowing team members to dispense sanctions makes it more likely that sanctions occur in a timely manner, more immediately after the noncompliant behavior. Immediacy of sanctions is related to improved graduation rates and lower recidivism. So, for a program to have positive outcomes, it is not necessary for the judge to be the sole provider of sanctions. However, having the judge as the sole dispenser of rewards is related to greater cost savings.

f. Graduation ceremony is in place (individualized to each program)

Support: Graduations are a program-based form of ritual. Rituals provide a structure for teaching residents about life at the program, and they provide a starting point (or continuing education) for understanding structures and practices of a more general recovery culture (e.g., in AA). They assist in the transformation of identity that is crucial from a recovery standpoint (Frankel, 1989), from being a practicing alcoholic to being an alcoholic in recovery.

g. Participants feel that responses are fairly administered

Support: Research has found that people were more willing to accept decisions if they felt fairly treated, even if those decisions were unfavorable (Tyler, 1990; Gottfredson, 2007).

In addition, research has also found that drug courts that had their guidelines for team response to participant behavior written and provided to the team had higher graduation rates and higher cost savings due to lower recidivism (Carey, Pukstas, & Finigan, 2008; Carey et al., 2009). It follows that this practice would encourage greater consistency in terms of behavior responses by the team, which in turn would increase the possibility that sanction-related responses will more likely appear fair to participants.

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

a. Phase 1 - In agreement with national experience, once every 2 weeks (can be more for higher risk participants)

Support: Drug courts that required participants to attend court sessions less often (once every 2 weeks to once per month) in the first phase had lower investment costs and greater improvement in outcome costs than drug courts that required court sessions more frequently (Carey, Finigan, Pukstas 2008). From its national data, the American University Drug Court Survey (Cooper, 2000) reported that the frequency of judicial contact decreases for each advancement in phase.

Research in California, Oregon, Michigan, Maryland, and Guam (Carey et al., 2005; Carey, Finigan, & Pukstas, 2008; Carey et al., 2009) demonstrated that, on average, participants have the most positive outcomes if they attend approximately one court appearance every 2 weeks in the first phase of their involvement in the program. Marlowe et al. (2006) also demonstrated that more frequent court sessions (e.g., weekly) were effective for higher risk offenders while less frequent sessions (e.g., monthly) were more effective for lower risk offenders.

Further, Carey, Finigan, and Pukstas, (2008) determined that drug courts that required participants to attend drug court sessions less often (once every 2 weeks to once per month) in the first phase had twice the cost savings compared to drug courts that required court sessions more frequently. Court sessions as frequent as once per week may be more of a burden to participants than they are a benefit. The structure of a drug court program should support participants' ability to make the behavior changes to a healthier and more responsible life style (Carey, Finigan, & Pukstas, 2008).

b. Minimum of 3 minutes interaction between judge and participant

Support: Carey et al. (2009) found that at least 3 minutes of interaction between judge and participant is correlated to higher graduation rates and more cost savings.

c. Balance of authoritative and caring demeanor exhibited by the judge

Support: In several California drug court proceedings, the role of the drug court judge as a caring yet firm mentor was cited as a consistent dynamic in the relationship between the court and the offender (Burns & Peyrot, 2003).

d. Phase 1 participants should be required to stay for the entire court session

Support: Festinger (1950) suggested that group cohesiveness leads to uniformity of attitudes, proposing that cohesive groups apply pressure on members to adhere to group norms. A second mechanism by which groups may exert their effect involves a relief in emotional distress which occurs when the person affiliates with the group (Galanter, 1978; Dermatis 2001).

e. Judge is voluntary and does not have a fixed term

Support: Goldkamp et al. (2001) noted that when the judge's role is weakened of frequent changes in judicial leadership or more sanction-oriented procedures, "some of the power of the drug court as a criminal justice system option appears lost." 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 (Carey & Pukstas, 2008).

It is recommended that drug courts either avoid fixed terms, or require judges with fixed terms to serve 2 years or more, and that courts with fixed terms consider having judges rotate through the drug court more than once, as experience and longevity are correlated with more positive participant outcomes and cost savings (Carey et al., 2005; Finigan, Carey, & Cox, 2007).

In their research, Carey, Finigan, and Pukstas, (2008) reported that drug courts with a longer term judge had three times the cost savings (due to lower recidivism) compared to drug courts with judges that stayed two years or less. In programs where judges rotate more frequently, staff and participants report that they have little continuity with the judge during the length of the program. Thus, it is difficult for them to form a relationship with the judge, or if they do form a relationship it can be detrimental to client progress when the judge leaves (Carey, Finigan, & Pukstas, 2008).

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

- a. Program must have regular policy discussions and any changes.
- b. Regular review & update of Policy Handbook and Program Policy Manual
- c. Maintain & use program data to adjust program procedures and policy

Support: Carey, Finigan, and Pukstas (2008) and Carey et al. (2009) found that programs with evaluation processes in place had better outcomes. Four types of evaluation processes were found to save the program money with a positive effect on outcome costs: 1) maintaining electronic records that are critical to participant case management and to an evaluation, 2) the use of program statistics by the program to make modifications in drug court operations, 3) the use of program evaluation results to make modification to drug court operations, and 4) the participation of the drug court in more than one evaluation by an independent evaluator.

Carey, Finigan, and Pukstas (2008) determined that drug courts that used evaluation feedback to make modifications to their drug court program had 4 times greater cost savings than programs that did not make these adjustments or did not use an evaluator at all. Thus, the use of evaluation and internal program statistics to modify program process shows a willingness to learn and adjust to new information to best serve program participants. Additionally, they found that drug courts that kept data electronically versus in paper files had 1.5 times greater cost savings. Maintaining data in electronic files implies some dedication of modern resources to the drug court program as well as a certain level of organization of the program, and also makes more timely modifications of policies and practices possible (as determined by ever-evolving program needs).

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

- a. All team members have formal training on the drug court model
- b. Key team members receive role-specific training (judge, attorneys, coordinator, probation and treatment)
- c. Training is continuous
- d. New members are trained before or shortly after joining team

Support: Drug courts that provided formal training for *all* team members had 5 times greater cost savings (due to lower recidivism) than drug courts that trained only some or none of their team members. Thus, it is important for all members of the team to understand their own role and how to perform it in an optimum way (Carey, Finigan, & Pukstas, 2008).

Giacomazzi and Bell (2007) argued that “periodic education and training ensures that the drug court’s goals and objectives are understood by those directly and indirectly involved in the program” (p. 299). Carey et al. (2008) agree with this, stating that the more education and training team members receive, the better the drug court outcome.

The Carey, Finigan, and Pukstas (2008) study found the following characteristics of drug court programs to be associated with positive outcome costs and higher graduation rates: 1) requiring all new hires to complete formal training or orientation, 2) ensuring that all team members receive training in preparation for implementation, and 3) providing all drug court team members with training. In fact, they found that drug courts that trained new staff prior to, or soon after, they started work had twice the cost savings (due to lower recidivism) of drug courts that did not train new staff. Allowing time for new staff to learn about their role

and tasks before beginning work will allow them to “hit the ground running” rather than attempting to do the job while learning about the job. Further, drug courts that engaged in staff training prior to implementing the program had 14 times greater cost savings (due to lower recidivism) than drug court that did not train staff prior to implementation. Thus, a solid understanding of each team member’s role and the goals of drug court allow the program to begin operations much more smoothly.

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

- a. Good number of connections relative to resources available based upon clients' unmet needs

Support: Ideal models of addiction treatment incorporate provision or linkages to services to meet clients’ multiple needs; in turn, these wraparound and supportive services are associated with improvements in client retention and treatment outcomes (Ducharme, 2007). In fact, 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.

- b. Program should demonstrate community support in the form of advisory board or community partners.

Support: Carey et al. (2009) determined that drug courts having true formal partnerships with community agencies had better outcomes than drug courts that did not have these partnerships.

Another management technique or strategy that has proven useful in promoting and maintaining important linkages is strategic placement of the linked program leaders (e.g., the directors of the area housing agency, public health center, or publicly funded residential detoxification/treatment center) on a relevant court or justice system task force, advisory, or local management committee. This helps keep the key stakeholders and the community tied to, educated about, and supportive of developments in the court/justice system (NDCI, 2003).

- c. Employment, education, community service and housing partners have been identified

Support: Researchers have found that among the most important “addiction related problems”—those that have been shown to affect treatment outcomes—are employment, housing, and psychiatric illness (McLellan, 2008).

- d. Program is meeting the needs of the community through capacity enrollment of targeted population.

To achieve greater impact within the communities they serve, drug courts should strive to expand capacity and demonstrate that they are integral to the justice and substance abuse treatment systems (CSAT, 2001).

JUVENILE STRATEGIES

Juvenile Strategy #1: Collaborative Planning: Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.

- a. Team members should cover these core positions/roles: the drug court judge, assigned prosecutor, public defender or private defense attorneys, coordinator, probation officer, case manager, treatment provider, law enforcement officer, and education program provider
- b. All team members (see list above) should be present at staffings & hearings

Support: Carey et al. (2005) reported that previous research has indicated that greater representation of team members from collaborating agencies correlated to better outcomes. Program holds regular policy meetings

Support: Once a program is implemented, ongoing monitoring and oversight are necessary to identify implementation problems, monitor changes in the community or political environment, assess the quality and scope of program operations, and monitor the program's activities in relation to the program goals and objectives (Belenko, 2003).

Juvenile Strategy #2: Teamwork - Develop and maintain an interdisciplinary, non-adversarial work team.

- a. To work effectively, team members need to be flexible in how they discharge these responsibilities—willing, when needed, to relinquish control over decision-making and negotiate the boundaries of agency turf

Support: Groups working synergistically do not look at outcomes in an all-or-nothing manner. They practice problem-solving through the efforts of effective collaboration. Competition can cause tension and decay the team relationship. According to Jones and Pfeiffer (1973), "When a group validates the individual viewpoints of its members, the outcome exceeds what would have happened if the members had acted independently."

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.

- a. Make certain the eligibility criteria match the intended population and document the criteria in writing

Support: SAMHSA instructs substance abuse program planners to clearly define and state the appropriate target population for the AOD treatment diversion program. Underlying an AOD abuse treatment diversion program should be the appropriate match of the juvenile to the necessary services. "This match requires comprehensive, accurate, and timely screening and assessment, as well as pre-established eligibility and acceptance criteria so that arbitrary placement decisions are not made (Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System: Treatment Improvement Protocols: Series 21)."

- b. The target population should be reflected in the current participant population.

Support: A clearly defined target population makes it more likely that the program will maintain its focus on community problems that were identified by the stakeholders during

planning. In turn, this increases the drug court's chances of achieving its goals and objectives (NDCI, 2003).

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.

- a. During the hearing, the judge draws attention to accomplishments as well as poor performance

Support: Positive reinforcement should be incorporated into all levels of the drug court program. Reports to the judge should highlight success and accomplishments of participants. The judge should deliver praise for accomplishments at all status hearings. In courts with more resources, tangible incentives (vouchers, gift cards, or prizes) should be incorporated into the system at drug treatment, probation, case management and courtroom levels to reinforce regular attendance and drug abstinence in each of these settings (Stitzer, 2008).

- b. Do not assign judges to the court for a designated period of time OR Judge is voluntary and does not have a fixed term.

Support: Goldkamp et al. (2001a) noted that when the judge's role is weakened (Carey, Finigan, & Pukstas, 2008) because of frequent changes in judicial leadership or more sanction-oriented procedures, "some of the power of the drug court as a criminal justice system option appears lost" (p. 162). In addition, programs where judges participated in drug court voluntarily and remained with the program at least two years had the most positive participant outcomes.

- c. Balance of authoritative and caring demeanor

Support: In several California drug court proceedings, the role of the drug court judge as a caring yet firm mentor was cited as a consistent dynamic in the relationship between the court and the offender (Burns & Peyrot, 2003).

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.

- a. Ongoing review of program and participant progress
- b. Maintain & use program data to adjust program procedures and policy
- c. Review and update program manuals regularly (NPC)

Support: Carey, Finigan, and Pukstas (2008) found that programs with evaluation processes in place had better outcomes. Four types of evaluation processes were found to save the program money with a positive effect on outcome costs: 1) maintaining paper records that are critical to an evaluation, 2) regular reporting of program statistics that lead to modification of drug court operations, 3) modifying drug court operations as a result of program evaluations, and 4) participation of the drug court in more than one evaluation by an independent evaluator.

Juvenile Strategy #6: Community partnerships: Build partnerships with community organizations to expand the range of opportunities available to youth and their families.

- a. Continue to build new community partnerships. Consider both nontraditional services and more traditional community-based organizations (e.g., Boys & Girls Clubs, Lions Clubs, and faith-based community programs).
- b. Appropriate to resources of the community

Support: It is crucial that the juvenile justice system forge links with community systems that can contribute to breaking the drugs crime cycle: families, community and public health agencies, schools, communities of faith, local and state policy makers, local businesses, and service providers. A flexible and comprehensive continuum of care that provides links to service providers in a variety of areas is crucial (Terry 2000).

Because many clients lack a basic foundation for community reintegration, identifying supportive service needs in the early stages of participation helps to treat the person, not just the disease. Supportive services include housing assistance, educational and vocational training and skills development, physical health and testing services, prenatal services, entitlement counseling, debt counseling, financial health, family and domestic violence counseling, child care and parenting, recreational and expressive therapies, mentoring, and other necessary social services (Reilly, 2007).

Juvenile Strategy #7: Comprehensive treatment planning: Tailor interventions to the complex and varied needs of youth and their families.

- a. A strengths-based, bio-psychosocial assessment using testing instruments and interview techniques that are appropriate for adolescents.
- b. An individualized plan that matches the needs of the participant with the resources of the juvenile drug court

Support: The first step in determining the best level of treatment and care is to perform a sophisticated and objective bio-psychosocial assessment. Assessment is the backbone of an effective DWI/Drug Court as it will determine a diagnosis and plan for treatment. Based on the assessment, the participant will be matched with and placed into the appropriate level of care. This is key as each defendant will have multiple, yet different issues to address. Other collateral services may be brought to bear at this time to treat co-occurring mental health issues, life skill deficits and existing health problems. The goal of the assessment is to develop a treatment plan aimed at addressing the participant's substance abuse disorder as well as all other obstacles and barriers to that end. (Huddleston, 2004).

A variety of useful clinical assessment tools exist that guide inquiries into relevant bio-psychosocial areas of a participant's life. These include tools designed to gather information on specific aspects of the participant's condition (e.g., depression, anxiety, type and intensity of substance problem). It is important that the drug court team select instruments that have been shown to be valid and reliable with the population they are serving (NDCI, 2006).

Ideal models of addiction treatment incorporate provision or linkages to services to meet clients' multiple needs; in turn, these wraparound and supportive services are associated with improvements in client retention and treatment outcomes (Ducharme, 2007).

- c. Reassessment helps; family services available; available in home; case mgr: affordable

Support: Repeated assessments may be warranted during program participation as situations change (e.g., family environment, housing, school performance) (Belenko, 2003).

Assessment is an important *ongoing* element of effective case management. It is not only conducted at the initial phase of participant contact, but also occurs periodically throughout the treatment and aftercare phases. Valuable information is gained with regard to the participant's progress or response to care. This information assists the case manager and the participant in reviewing and modifying the existing plan (NDCI, 2006).

- d. Make certain that all treatment approaches focus on solutions, relapse prevention, potential harm reduction, and abstinence as their goals

Support: Realistic AOD abuse treatment expectations establish objectives such as reduced AOD use, reduced deviant and delinquent behavior, improved school attendance and performance, and improved family functioning.

- e. Include residential, outpatient, intensive outpatient, family-based, aftercare or transition services

Support: No single treatment is appropriate for all individuals (NIDA, 2008). Outpatient behavioral treatment encompasses a wide variety of programs for patients who visit a clinic at regular intervals. Most of the programs involve individual or group drug counseling. Residential treatment programs can also be very effective, especially for those with more severe problems (NIDA, 2008).

Juvenile Strategy #8: Developmentally appropriate services: Tailor treatment to the developmental needs of adolescents.

- a. Make certain that the language and cognitive approaches are appropriate not only to the chronological age of the youth, but also to his or her emotional and psychological age
- b. Use self-help groups and treatment programs geared specifically to adolescents.

Support: Adolescent users differ from adults in many ways. Their drug and alcohol use often stems from different causes, and they have even more trouble projecting the consequences of their use into the future. In treatment, adolescents must be approached differently than adults because of their unique developmental issues, differences in their values and belief systems, and environmental considerations (e.g., strong peer influences) (SAMHSA/CSAT: Treatment Improvement Protocol: 32).

Support: The average age of AA members in the United States is 48 years old, suggesting that life-stage differences might create further barriers as youth find it difficult to relate to additional issues indirectly related to recovery (e.g., employment, marriage and child concerns) (Kelly, Myers, & Brown, 2005).

- c. Make every effort to involve the adolescent's family

Support: The quality of the relationship between juvenile drug court professionals and families is a significant predictor of case success. For this reason, developing collaborative relationships with families is an essential goal for juvenile drug courts (NDCI, 2003).

- d. Take into account the participant's sexual orientation, special needs, and stage of readiness to change

Support: Therapists must be careful to use the client’s definition of family rather than rely on a heterosexual-based model. Likewise, the therapist should also accept whatever identification an individual chooses for him or herself and be sensitive to the need to be inclusive and nonjudgmental in word choice. For example, gender-neutral words and phrases are preferred, such as *partner* rather than *husband* or *wife*. Such an approach will ensure a greater likelihood that people will continue with therapy (SAMHSA/CSAT: Substance Abuse Treatment and Family Therapy: Treatment Improvement Protocol 39).

Juvenile Strategy #9: Gender-appropriate services: Design treatment to address the unique needs of each gender.

- a. Design substance abuse treatment programs to focus on the gender-specific factors that contribute to drug use.

Support: Single-gender groups are advocated for women because substance abuse treatment programs tend to be male dominated both in numbers and in style... Male and female substance abusers report different histories and courses for their disorders and display different needs and characteristics in treatment settings... In general, mixed groups are associated with more variation in interpersonal style for men but are restrictive for women who show more variation in style in single-gender groups (Hodgins, El-Guebaly, & Addington, 1997).

If group-based treatments are used, they should never be mixed-gender, because female participants may not feel comfortable discussing personal issues like past abuse. Girls-only programming allows young women the ‘time, environment, and permission’ to prioritize addressing their own needs and not those of males (Cooney, Small, & O’Connor, 2008).

Juvenile Strategy #10: Cultural competence: Create policies and procedures that are responsive to cultural differences, and train personnel to be culturally competent.

- a. Cultural competency training for all drug court team members
- b. Be aware of the difference between culture and race or ethnicity: understand that within a single race or ethnicity there may be distinct subcultures
- c. Addresses the cultural diversity of the population served

Support: The need for a multicultural perspective in the juvenile justice system arose in part because of the increasingly disproportionate incarceration rates of minority juveniles nationwide. Research indicates that attitudes, perceptions, prejudices, and biases of juvenile justice system officials may be related to the problem. In addition, changes adopted by education and labor suggest that the juvenile justice system must also begin to accommodate the needs of a growing ethnic population. Practitioners need to be culturally aware to reduce conflicts, misunderstandings, and stress (NCJRS, 1992).

Cultural, gender, and ethnic sensitivity are important aspects of both juvenile justice and AOD abuse treatment. It is necessary that the JJS and the AOD abuse treatment system understand the need to incorporate cultural, gender, and ethnic concerns into the disposition and treatment of juvenile offenders. Training programs and in-service training in the development of cultural competency should be available for policymakers and personnel throughout both the JJS and AOD abuse treatment systems. AOD assessment and evaluations of youth to determine disposition should be performed by personnel competent in dealing with specific cultural, ethnic, and gender issues that may affect the interaction (SAMHSA/CSAT: Combining Alcohol and Other Drug Abuse Treatment: Treatment Improvement Protocol 21).

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.

- a. Build the program on a strength-based philosophy and practices - train staff in how to understand this approach and why it is important [Focus on a youth's future rather than on the past—on what can be accomplished rather than failure; Give a youth an opportunity to rectify the effect of past actions; Provide team members an orientation to the strengths-based philosophy.]

Support: A philosophy and practice model generated within the field of social work, the strengths perspective builds on the idea that client groups are untapped resources of energy and momentum in their own lives (Cowger, 1994; DeJong & Miller, 1995; Saleebey, 1992; Saleebey, 1996). Clark (1996a, 1996b, 1997) and Nissen (1998a, 1998b) have explored a working model of working with juvenile offenders specifically based in this philosophy which emphasizes solution-focused interviewing, goal setting, and assisting a youth in identifying and mobilizing strengths that may be useful in their own therapeutic process. Bazemore and Terry (1997) suggest that for too long, juvenile justice systems have been constrained by a lens problem—seeing youth as either victims or villains—failing, in each sense, to recognize and mobilize the capacities they bring for change and growth in becoming potential resources to their communities. He suggests that a widening of system “lenses” is necessary for the system change required to being focused on positive youth development, strengths and sustained change throughout the juvenile justice continuum. Concepts such as respecting and looking for client strengths, engaging client motivation for change through strengths, being a collaborator with the client in therapeutic work, avoiding victim mindsets, and seeing the environment as full of resources are some of the key principles in the strengths approach (Saleebey, 1992; Nissen, Mackin, Weller, & Tarte 2005).

- b. Utilize motivational interviewing and/or solution-focused interviewing techniques (asking questions that elicit information about the youth's successes and accomplishments). These strategies will decrease resistance, increase engagement, and increase motivation for change. Train staff in how to use these strategies. [Foster motivation by acknowledging and praising their accomplishments and abilities]

Support: Motivational interviewing is a best practice listed on SAMHSA's National Registry of Evidence Based Programs and Practices. Motivational Interviewing (MI) is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. The operational assumption in MI is that ambivalent attitudes or lack of resolve is the primary obstacle to behavioral change, so that the examination and resolution of ambivalence becomes its key goal (SAMHSA, 2007).

Juvenile Strategy #12: Family engagement: Recognize and engage the family as a valued partner in all components of the program.

- a. Require at least one parent (or parental figure) to attend and participate in court hearings.

Support: Parenting behaviors such as level of daily involvement, support, communication, monitoring and establishing clear household rules are also associated with adolescent substance use (Anderson & Henry, 1994; Chilcoat & Anthony, 1996; Kaplow et al., 2002; Beck et al., 2003).

Larson and Turner (2002) offer that, “[t]o effectively integrate family participation in treatment, programs must have a clear strategy for establishing family rapport and must be able to communicate to the family that they are valued members of a team” (p. 20). With regard to family therapy, they add, “When coupled with other interventions, family counseling has been shown to reduce antisocial behavior and recidivism...Counseling that is carefully structured, that teaches skills, and focuses on family problems or youth needs is shown to reduce recidivism.

- b. Use the assessment process to determine the need to reinvolve absent parents, involve a youth’s extended family, and/or find mentors. Involve youth in identifying the significant caretakers in their lives.

Support: Involve youth in identifying the significant caretakers in their lives. Because *family* may have different meanings depending on a youth’s life history, cultural background, and living situation, it is important to define family for each individual case. For some youth, a relative other than a parent, an unrelated godparent, or even a longtime neighbor may be an important source of day-to-day supervision and support (NDCI, 2003).

- c. Encourage families to connect with continuing support networks—such as parent groups, faith-based family programs, and neighborhood-based resources.

Support: A strengths based approach to services (Saleebey, 2002) may offer greater potential to engage youths and their families, and to connect them to natural supports in communities, thus making sustained reintegration more likely (Barton 2006).

- a. Respect and respond to family needs based on gender, race, and culture. Also, be respectful of any special needs they may have (e.g., transportation, childcare, work).

Support: To intervene most effectively with youth and their families, recognize their unique cultures. Be aware of the difference between culture and race or ethnicity: understand that within a single race or ethnicity there may be distinct subcultures. Even characteristics such as geographic area, socioeconomic status, or age can create cultural barriers between a youth and the court. These barriers may manifest as difficulties in communication, ineffective programs, or resistance to intervention (NDCI, 2003).

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

- a. Interagency agreement or consent form allowing the release of students' grades, attendance records, behavior reports, and assessments of the educational program best suited to the youth.
- b. When appropriate, assist youth in moving to other kinds of educational programs, perhaps vocational training or a GED course

Support: Educational programs—whether they are schools, alternative schools, vocational centers, special education programs, or GED programs—play a significant role in the lives of youth who are served by the juvenile drug court. Unless a juvenile drug court participant successfully engages in an educational program, he or she will not be adequately prepared for life after the drug court or for adulthood. To make certain that each youth is enrolled and succeeding in an educational program suited to her or his needs and to take advantage of the education system's resources, forge strong linkages with many levels of the educational system—teachers, principals, and district superintendents (NDCI, 2003).

- c. Respond to a youth's failure to attend school as a sign of a possible problem

Support: Truancy has been identified as one of the top 10 educational problems in the United States and is considered an important predictor of later delinquent behavior (Zhang, Katsiyannis, Barrett, & Willson, 2007).

Juvenile Strategy #14: Drug Testing: Design drug testing to be frequent, random, and observed. Document testing policies and procedures should be in writing.

- a. Use evidence based drug testing procedures

Support: Urine collection should be observed by drug court team personnel to avoid the possibility of participants switching or adulterating specimens. The collection facility should have both a sink and toilet and should afford privacy for the participant and staff involved in the collection process from other participants, staff, or the public. The attending staff member should be of the same gender as the youth (Crowe, 2000).

- b. In establishing frequency, keep in mind that some drugs are detectable for no more than 24 to 48 hours after consumption

Support: preventing relapse is necessary for maintaining its effects. Possible drug use during treatment must be monitored continuously (NIDA 2008).

- c. Use spot testing and random testing (3x/wk or random)

Support: Research on drug courts in California (Carey et al., 2005) found that drug testing that occurs randomly, at least 3 times per week, is the most effective model.

- d. Observe sample collection procedures

Support: Carefully designed and documented observation of each person's provision of his or her specimen is essential in order to prevent adulteration (Robinson, 2000).

- e. Results should have a turnaround time no longer than 48 hours.

Support: Unfortunately, the effects of sanctions begin to degrade within only hours or days after an infraction has occurred. Clients' performance must therefore be evaluated frequently and sanctions applied quickly where indicated (Marlowe, 2008).

- f. Continue to test for other drugs. Some youth will switch drugs in an attempt to avoid detection

Support: The level of alcohol use was associated with illicit drug use in 2007. Among the 17.0 million heavy drinkers aged 12 or older, 31.3 percent were current illicit drug users. Persons who were not current alcohol users were less likely to have used illicit drugs in the past month (3.4 percent) (NSDUH, 2007)

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

- a. Individualize each youth's experience

Support: Each juvenile in drug court is considered a unique individual, and so the needs of the child, including the need for sanctions, depend on the unique circumstances of each individual youth (Kitsap County Juvenile Drug Court, 2009).

- b. Deliver incentives and sanctions immediately after behavior (in a timely manner)

Support: Clients' performance must be evaluated frequently and sanctions applied quickly where indicated. Delays greater than two weeks can substantially reduce the efficacy of sanctions, especially for individuals with more serious drug problems or criminal backgrounds (Marlowe, 2008).

- c. Be consistent and fair in delivering incentives and sanctions.

Support: Clients are most likely to respond well to a sanction if they feel they (1) had a fair opportunity to voice their side of the story, (2) were treated in an equivalent manner to similar people in similar circumstances, and (3) were accorded respect and dignity throughout the process (Marlowe, 2008).

- d. Distinguish between juvenile justice sanctions and treatment responses.

Support: There is considerable controversy about whether drug courts should increase treatment requirements as a "sanction" for misbehavior. Doing so could inadvertently give the impression that treatment is aversive and thus interfere with the therapeutic alliance. Rather, it has been argued that the focus should be to "punish misbehavior but treat dysfunction," that is, to administer punitive sanctions for willful noncompliance with program requirements but apply remedial or therapeutic responses to insufficient progress in treatment (Marlowe, 2008).

- e. Provide more incentives than sanctions.

Support: Positive reinforcement should be incorporated into all levels of the drug court program. Reports to the judge should highlight success and accomplishments of participants. The judge should deliver praise for accomplishments at all status hearings. In courts with more resources, tangible incentives (vouchers, gift cards, or prizes) should be incorporated into the system at drug treatment, probation, case management and courtroom levels to reinforce regular attendance and drug abstinence in each of these settings (Stitzer, 2008).

- f. Explain to participants how responses to behavior are determined to avoid perception of unfair treatment.

Support: Ambiguity undermines the effects of sanctions. If clients do not have advance notice about the specific behaviors that may trigger a sanction and the types of sanctions that can be imposed, they will be apt to view the imposition of sanctions as unfair. This is unlikely to improve their behavior and may lead some clients to sabotage their own treatment goals. Moreover, it leaves room for after-the-fact misinterpretation or reinterpretation of the rules, which may give clients “wriggle room” to avoid a deserved sanction (Marlowe, 2008).

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.

- a. Review the form with each youth, the youth’s parents or guardians, and the youth’s defense attorney
- b. Make sure a confidentiality agreement is in place

Support: Without express written consent, a treatment provider is unable to share progress with the drug court team and may not even be able to notify the court that a diverted youth failed to enter treatment. However, communications regarding AOD abuse treatment are strictly regulated by federal confidentiality regulations (42 C.F.R.) The program should develop an agreement that meets both program and federal requirements (SAMHSA/CSAT: Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System: Treatment Improvement Protocol 21).

REFERENCES FOR RESEARCH ON DRUG COURTS AND TREATMENT

- Anspach, D. F., & Ferguson, A. S. (2003). *Assessing the efficacy of treatment modalities in the context of adult drug courts, final report*. U.S. Department of Justice.
- Anderson, A., & Henry, C. (1994). Family System Characteristics and Parental Behaviors as Predictors of Adolescent Substance Use. *Adolescence*, 29(114).
- Banks, D., & Gottfredson, D.C. (2003). The effects of drug treatment and supervision on time to rearrest among drug treatment court participants. *Journal of Drug Issues*, 33(2), 385-412.
- Barton, W. (2006). Incorporating the Strengths Perspective into Intensive Juvenile Aftercare. *Western Criminology Review* 7(2), 48-61.
- Bazemore, G., & Terry, W. C. (1997). Developing delinquent youths: A reintegrative model for rehabilitation and a new role for the juvenile justice system. *Child Welfare*, 76(5), 665-716.
- Beck, K., Boyle, J., & Boekeloo, B. (2003). Parental Monitoring and Adolescent Drinking: Results of a 12-month Follow-up. *American Journal of Health Behavior*. Volume: 28:3: 272-279.
- Belenko, S., & Dembo, R. (2003). Treating adolescent substance abuse problems in the juvenile drug court. *International Journal of Law and Psychiatry*, 26, 87-110. *BJA* (2003).
- Bosworth, K. (1998). Assessment of drug abuse prevention curricula developed at the local level. *Journal of Drug Education*, 29, 307-325.
- Bouffard, J., & Taxman, F. (2004). Looking inside the "black box" of drug court treatment services using direct observations. *Journal of Drug Issues*, 34(1), 195-218.
- Burns, S. L., & Peyrot, M. (2003). Tough love: Nurturing and coercing responsibility and recovery in California drug courts. *Social Problems*, 50(3), 416-438.
- Carey S. M., Waller, M. S., & Weller, J. M. (2009 in process). *California Drug Court Cost Study: Phase III: Statewide Costs and Promising Practices, final report*. To be submitted to the California Administrative Office of the Courts, December 2009.
- Carey, S. M., Finigan, M. W., & Pukstas, K. (2008). *Exploring the Key Components of Drug Courts: A Comparative Study of 18 Adult Drug Courts on Practices, Outcomes and Costs*. Submitted to the U. S. Department of Justice, National Institute of Justice, May 2008. NIJ Contract 2005M114.
- Carey, S. M., Finigan, M. W., & Pukstas, K. (2008). *Adult drug courts: Variations in practice, outcomes and costs in eighteen programs in four states*. Submitted to the U.S. Department of Justice, National Institute of Justice, May 2007. NIJ Contract 2005M114.
- Carey, S. M., Finigan, M. W., Waller, M. S., Lucas, L. M., & Crumpton, D. (2005). *California drug courts: A methodology for determining costs and benefits, Phase II: Testing the methodology, final report*. Submitted to the California Administrative Office of the Courts, November 2004. Submitted to the USDOJ Bureau of Justice Assistance in May 2005.

- Carey, S. M., & Perkins, T. (2008). *Methamphetamine Users in Missouri Drug Courts: Program Elements Associated with Success*, Final Report. Submitted to the Missouri Office of the State Court Administrator, November 2008
- Carey, S. M., & Waller, M. S. (March 2007). *Guam Adult Drug Court Outcome Evaluation: Final Report*. NPC Research: Portland, OR.
- Carey, S. M., Weller, J. M., & Heiser, C. (2003). *Clackamas County Adult Drug Court Process Evaluation Final Report*. Submitted to the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. Full report available at www.npcresearch.com.
- Catalano, R. F., Gainey, R. R., Fleming C. B., Haggerty K. P., & Johnson, N. O. (1999). An experimental intervention with families of substance abusers: One-year follow-up of the Focus on Families Project. *Addiction*, 94(2): 241–254.
- Center for Court Innovation. (2004). *Collaborative Justice in Conventional Courts: Opportunities and Barriers*. California Administrative Office of the Courts.
- Crowe, A. H., & Sydney, L. (2000). *Ten Steps for Implementing a Program of Controlled Substance Testing of Juveniles*. Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Duncan Chaplin, D., & Hannaway, J. (1996). *High School Employment: Meaningful Connections for At-Risk Youth*. Urban Institute.
- Chilcoat, C., & Anthony, J. (1996). Impact of Parent Monitoring on Initiation of Drug Use through Late Childhood. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35(1).
- Clark, M. D. (1996a). Solution-focused interviewing: A strength-based method for juvenile justice. *Journal for Juvenile Justice and Detention Services*, 11(1), 33-40.
- Clark, M. D. (1996b). Brief Solution-Focused Work: A Strength-Based Method for Juvenile Justice Practice. *Juvenile & Family Court Journal*, 57.
- Clark, M. D. (1997). Interviewing for solutions: A strength-based method for juvenile justice (part 2). *Corrections Today*. 59(3), 98-101.
- Cooney, S. M., Small, S. A. & O'Connor, C. (2008). Girls in the juvenile justice system: Toward effective gender-responsive programming. *What Works, Wisconsin Research to Practice Series*, 7. Madison, WI: University of Wisconsin-Extension.
- Cooper, C. (2000). *2000 drug court survey report: Program operations, services and participant perspectives*. Retrieved 2009 from <http://spa.american.edu/justice/publications/execsum.pdf>
- Cowger, C. (1994). Assessing client strengths: Clinical assessment for client. *Social Work*, 39(3), 262.
- CSAT (2001). *Treatment Services in Adult Drug Courts: Report on the 1999 National Drug-Court Treatment Survey*. Drug Courts Program Office, Office of Justice Programs.
- DeJong, P., & Miller, S.D. (1995). How to Interview for Client Strengths. *Social Work*, 40(6), 726-736.
- Dermatis, H. (2001). The role of social cohesion among residents in a therapeutic community *Journal of Substance Abuse Treatment*, 21(2), 105-110.

- Ducharme, L. J. (2007). Service Delivery in Substance Abuse Treatment: Reexamining “Comprehensive” Care. *The Journal of Behavioral Health Services and Research*, 34(2).
- Finigan, M. W., Carey, S. M., & Cox, A. (2007). *The impact of a mature drug court over 10 years of operation: Recidivism and costs*. Final report submitted to the U. S. Department of Justice, National Institute of Justice, July 2007. NIJ Contract 2005M073.
- Festinger (1950). Informal social communication. *Psychological Review*, 57, 271-282.
- Frankel, B. (1989). Transforming Identities: Context, Power and Ideology in a Therapeutic Community. *Contemporary Sociology*, 20(2), 290-291.
- Galanter (1978). The “relief effect”: a sociobiological model for neurotic distress and large-group therapy. *American Journal of Psychiatry*, 135, 588-591.
- Giacomazzi, A., & Bell, V. (2007.) Drug Court Program Monitoring: Lessons Learned About Program Implementation and Research Methodology. *Criminal Justice Policy Review*, 18(3), 294-312.
- Goldkamp, J. S., White, M. D., & Robinson, J. B. (2001). Context and change: The evolution of pioneering drug courts in Portland and Las Vegas (1991–1998). *Law and Policy* 23(2), 141–170.
- Gottfredson, D. C., Najaka, S. S., Kearley, B. (2003). Effectiveness of drug treatment courts: Evidence from a randomized trial. *Criminology & Public Policy*, 2, 171-196.
- Gottfredson, D. C. (2007) Some thoughts about research on youth violence prevention. *American Journal of Preventive Medicine*, 33(2), S104-S106.
- Hodgins, D. C., El-Guebaly, N., & Addington, J. (1997). Treatment of substance abusers: single or mixed gender programs? *Addiction* 92(7), 805-812.
- Huddleston, W. (2004). *DWI/Drug Courts: Reducing Recidivism, Saving Lives*. National Drug Court Institute.
- Jones and Pfeiffer (1973). “Consensus Seeking and Synergy,” adapted from Jones and Pfeiffer, Editors, The 1973 Annual Handbook for Group Facilitators, San Diego, CA: Pfeiffer and Co., 1973.
- Kaplow, J. B., Curran, P. J., Dodge, K., and the Conduct Problems Prevention Research Group (2002). Child, parent, and peer predictors of early-onset substance use: A multi-site longitudinal study. *Journal of Abnormal Child Psychology*, 30, 199-216.
- Kelly, J. F., Myers, M. G., & Brown, S. A. (2002). Do adolescents affiliate with 12-step groups? A Multivariate Process Model of Effects. *Journal of Studies on Alcohol*, 63. 293-304.
- Kelly, J. F., Myers, M. G., & Brown, S.A. (2005). The effects of age composition of 12-step groups on adolescent 12-step participation and substance use outcomes. *Journal of Child and Adolescent Substance Abuse*, 15(1), 63-72.
- Kitsap County Juvenile Drug Court. Results of Noncompliance. Retrieved December 2009 from: http://www.kitsapgov.com/sc/juv_drugert.htm
- Kumpfer, K. L. (1999). Factors and processes contributing to resilience: The Resilience Framework. In M.D. Glantz and J. L. Johnson (Eds.) *Resilience and Development: Positive Life Adaptations* (pp. 179-224). New York: New York: Kluwer Academic/Plenum Publishers.

- Larson, K. A., & Turner, K. D. (2002). *Best practices for serving court involved youth with learning, attention, and behavioral disabilities*. Washington, DC: U.S. Department of Education and U.S. Department of Justice. Retrieved February 1, 2005, from <http://cecp.air.org/juvenilejustice/docs/Promising%20and%20Preferred%20Procedures.pdf>
- Liddle, H. A., & Dakof, G.A. Family-based treatment for adolescent drug use: State of the Science. In: E. R. Rahdert, & D. Czechowicz, eds. *Adolescent Drug Abuse: Clinical Assessment and Therapeutic Interventions*. NIDA Research Monograph 156. NIH Publication No. 95. Rockville, MD: National Institute on Drug Abuse, 1995b, pp. 218-254.
- Longshore, D. L., Turner, S., Wenzel, S. L., Morral, A. R., Harrell, A., McBride, D., Deschenes, E., & Iguchi, M. Y. (2001). Drug courts: A conceptual framework. *Journal of Drug Issues*, 31(1), Winter 2001, 7-26.
- Lurigio, A. J. (2000). Drug treatment availability and effectiveness. Studies of the general and criminal justice populations. *Criminal Justice and Behavior*, 27(4), 495-528.
- Lutze, F. E., & van Wormer, J. G. (2007). The nexus between drug and alcohol treatment program integrity and drug court effectiveness. *Criminal Justice Policy Review*, 18(3), 226-245.
- McKillip, J. (1987). Need Analysis: Tools for the Human Service and Education. *Applied Social Research Methods Series*, 10. Thousand Oaks, CA: Sage Publications.
- Mackin, J. R., Weller, J. M., Tarte, J. M., & Nissen, L. (2005). Breaking new ground in juvenile justice settings: Assessing for competencies in juvenile offenders. *Juvenile and Family Court Journal*, 56(2), 25-37.
- McLellan, A. T. (2008). Evaluating the Effectiveness of Drug Courts. *Quality Improvements for Drug Courts: Evidence-Based Practices*. Monograph Series 9.
- Mackin, J. R., Carey, S. M., Finigan, M. W., Allen, T., Linhares, R., & James, D. (2008). Wicomico County Adult Drug Treatment Court (Circuit Court) Process Evaluation. A report to the Maryland Judiciary, Office of Problem-Solving Courts.
- Marlowe, D. B., Festinger, D. S., Lee, P. A., Dugosh, K. L., & Benasutti, K. M. (2006). Matching Judicial Supervision to Client Risk Status in Drug Court. *Crime and Delinquency*, 52(1), 52-76.
- Marlowe, D. B. (2008, October). *The Verdict is In*. Presented at the New England Association of Drug Court Professionals annual conference, Boston, MA.
- Marlowe, D. B. (2008), *Applications of Sanctions*. *Quality Improvements for Drug Courts: Evidence-Based Practices*. National Drug Court Institute. Monograph Series 9.
- NADCP (1997). *Defining Drug Courts: The Key Components publication*. National Association of Drug Court Professionals and the U.S. Department of Justice's Office of Justice Programs published.
- NCJRS (1992). Multicultural Awareness: Developing Cultural Understanding in the Juvenile Justice System. *Juvenile Probation Tricks of the Trade*. 1:1.
- National Center for Mental Health and Juvenile Justice. (2009). Models for Change: Evidenced-based Practice Recommendations for Juvenile Drug Courts.
- National Center for State Courts. (2000). Klaversma, L. G., Meyer J. W., Tapley D. A., & Jones, A. M. *Evaluation of the City of Wichita Treatment-Based Drug Courts (Appendix A)*.

- National Drug Court Institute (2003). *Juvenile Drug Courts: Strategies in Practice*. Retrieved November 2009 from <http://www.ncjfcj.org/content/blogcategory/88/117>
- National Drug Court Institute (2006). *Drug Court Case Management: Role, Function, and Utility*. Monograph Series 7.
- National Development and Research Institutes (NDRI). *Drug Court Practitioner Course Catalog*. Retrieved December 2009 from: <http://training.ndri.org/catalogs/docs/drugcourt.pdf>
- NIDA (2009). Principles of drug addictions treatment. Retrieved November 2009 from <http://www.nida.nih.gov/podat/PODATIndex.html>
- NIDA (2008). Info Facts: Treatment for Drug Addiction. Retrieved December, 2009 from: <http://www.nida.nih.gov/PDF/InfoFacts/Treatment08.pdf>
- Nissen, L. (1998a) *Promising systemic and programmatic approaches for working with substance-abusing juvenile offenders*. Paper presented at the Juvenile Justice and Substance Abuse National Planning Meeting, Robert Wood Johnson Foundation, Annapolis, MD.
- Nissen, L. (1998b). *Strengths Bill of Rights for youth in the juvenile justice system*. Oregon Commission on Children and Families, Oregon Positive Youth Development Initiative.
- Nissen, L., Mackin, J. R., Weller, J. M., & Tarte, J. M. (2005). Identifying strengths as fuel for change: A conceptual and theoretical framework for the Youth Competency Assessment. *Juvenile and Family Court Journal*.
- NSDUH (2007). United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Office of Applied Studies.
- OJJDP (1998). Drug Testing and Identification in the Juvenile Justice System.
- OJP (1998). *Juvenile and Family Drug Courts: An Overview*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Drug Court Program Office (1998).
- Reilly, D. (2007). Building Supportive Services in Drug Courts. In James E. Lessenger and Glade F. Roperd, *Drug Courts: A New Approach to Treatment and Rehabilitation*, (p.206) Springer: New York.
- Reviere, R., Berkowitz, S., Carter, C., & Ferguson, C. (1996). *Needs assessment: A creative and practical guide for social scientists*. Washington, DC: Taylor & Francis.
- Robinson (2000). Drug Testing in a Drug Court Environment: Common Issues to Address. Drug Court Clearinghouse and Technical Assistance Project.
- SAMHSA (2007). National Registry of Evidence-Based Programs and Practices: Retrieved December 2009 from: http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=183#ratings
- SAMHSA/CSAT Treatment Improvement Protocols. Intensive outpatient treatment for alcohol and other drug abuse. Series 8.
- SAMHSA/CSAT Treatment Improvement Protocols. Treatment of Adolescents with Substance Abuse Disorders: Series 32.
- SAMHSA/CSAT Treatment Improvement Protocols. Substance Abuse Treatment and Family Therapy: Series 39.

- SAMHSA/CSAT. Treatment Improvement Protocols. Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System: Series 21.
- SAMHSA, Office of Applied Studies (2008). *Results from the 2007 National Survey on Drug Use and Health: National Findings* (NSDUH Series H-34, DHHS Publication No. SMA 08-4343). Rockville, MD.
- Saleebey, D., (1992). *The strengths perspective in social work practice*. New York: Longman Publishing.
- Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work, 41*(3), 296-305.
- Saleebey, D. (2002). *The strengths perspective in social work practice*. Boston, MA: Allyn and Bacon.
- Sanford, J., & Arrigo, B. (2005). Lifting the cover on drug courts: Evaluation findings and policy concerns. *International Journal of Offender Therapy and Comparative Criminology, 49*, 239-259.
- Stitzer, M. L. (2008). "Motivational Incentives in Drug Courts" in Quality Improvement for Drug Courts: Evidence-Based Practices, Monograph Series 9. Hardin, Carolyn and Jeffrey N. Kushner, Eds. Virginia: National Drug Court Institute, 97-105.
- Stanton, M. D., & Shadish, W. R. (1997). Outcome, attrition, and family-couples treatment for drug abuse: A meta-analysis and review of the controlled, comparative studies. *Psychological Bulletin, 122*(2), 170-191.
- Terry, C. W. (2000). Opening the Courts to the Community: Volunteers in Wisconsin Courts. *Bureau of Justice Assistance Bulletin*.
- Tyler, T. (1990). *Why People Obey the Law*. New Haven: Yale University Press.
- Winters, K. C. (1999). Treatment of adolescents with substance use disorders. Rockville, MD: Center for Substance Abuse Treatment.
- Zhang, D., Katsiyannis, A., Barrett, D. E., & Willson, V. (2007). Truancy offenders in the juvenile justice system: Examinations of first and second referrals. *Remedial and Special Education, 28*(4), 244-256.

APPENDIX F: EXAMPLES OF INCENTIVES AND REWARDS

Rewards

No cost or low cost rewards

- Applause and words of encouragement from drug court judge and staff.
- Have judge come off the bench and shake participant's hand.
- Photo taken with Judge.
- A "Quick List." Participants who are doing well get called first during court sessions and are allowed to leave when done.
- A white board or magnetic board posted during drug court sessions where participants can put their names when they are doing well. There can be a board for each phase so when participants move from one phase to the next, they can move their names up a phase during the court session.
- Decrease frequency of program requirements as appropriate – less frequent court hearings, less frequent supervision check-ins, etc.
- Lottery or fishbowl drawing. Participants who are doing well have their names put in the lottery. The names of these participants are read out in court (as acknowledgement of success) and then the participant whose name is drawn receives a tangible reward (candy, tickets to movies or other appropriate events, etc.).
- Small tangible rewards such as bite size candies.
- Key chains, or other longer lasting tangible rewards to use as acknowledgements when participants move up in phase.

Higher cost (generally tangible) rewards

- Fruit (for staff that would like to model healthy diet!).
- Candy bars.
- "The Basket" which is filled with candy bars – awarded drug court session when participant is doing *everything* "right."
- Coffee bucks.
- Gift certificates for local stores.
- Scholarships to local schools.
- Tokens presented after specified number of clean days given to client by judge during court and judge announces name and number of clean days.
- More visitation with children.
- Swimming pass to local pool.