

Prince George's County Juvenile Drug Court Process Evaluation



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Informing policy, improving programs

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EXECUTIVE SUMMARY

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

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

The Prince George's County Juvenile Drug Court (PGCJDC) began operating as a drug court in 2004, following 14 months of collaboration and training. The PGCJDC program's capacity is 60 participants. As of June 2007, there were about 37 participants, and 15 to 20 had graduated. The program has 20 to 25 new participants each year.

Information was acquired for this process evaluation from several sources, including observations of a drug court session and attendance at team and treatment group meetings during site visits, key informant interviews, focus groups, and a review of program documents, including a list of data elements collected by the program.¹ The methods used to gather this information from each source are described in detail in the main report.

The PGCJDC's program goals are to reduce substance abuse, reduce juvenile delinquen-

cy, increase public safety, increase individual functioning through school or work performance, and strengthen family system and functioning.

Process Results

Using the 10 Key Components of Drug Courts (as described by the National Association of Drug Court Professionals in 1997) and the 16 juvenile drug court strategies (as described by the National Drug Court Institute and the National Council of Juvenile and Family Court Judges) as a framework, NPC examined the practices of the PGCJDC program.

The PGCJDC fulfills many of the 10 key components and 16 juvenile strategies through its current policies and structure. It integrates alcohol and other drug treatment services with justice system case processing; uses a non-adversarial approach between prosecution and defense counsel; identifies eligible participants early and promptly places them in the drug court program; provides access to a continuum of alcohol, drug, and other related treatment and rehabilitation services; uses frequent drug testing to monitor abstinence; provides frequent contact between the judge and the drug court participants; and has excellent community connections.

There are several areas in which the PGCJDC has already made changes and improvements, including thorough training of team members and expanded use of alcohol testing. The program would benefit from an expanded use of the SMART data system, to be able to utilize electronic management information for program monitoring and evaluation purposes.

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

¹ Please see Appendix C for the list of data elements collected by the program.

SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

Continue to enhance community partnerships to bring resources into the program; utilize the steering committee to help develop new community partnerships.

SUMMARY OF AGENCY-LEVEL RECOMMENDATIONS

The program would benefit from gathering additional information about reasons for staff turnover and attempting to remedy them.

In the most recent year that data were available (2005)², Prince George's County had 404 drug-related arrests among juveniles (259 were possession-related and 145 were sales/manufacturing), so the need for drug court services in this county is high. Because the program has not yet reached its projected capacity of 60 participants, the steering committee should examine the referral process in order to identify and address any bottlenecks in that process, as well as new ways in which referrals may be increased. In addition, the steering committee could further promote the drug court through distribution of information pamphlets and referral forms to the appropriate members of their agencies. Expansions of the program would require support from all partnering agencies to ensure sufficient numbers of trained case managers were provided.

The program is encouraged to work on identifying options for sustaining services currently provided by Potomac Ridge, such as integrating those services into the PGCJDC program. The drug court team may want to look at sanctions over the past year to determine whether they were applied consistently and according to the program's graduated sanctions guidelines.

² These data can be found at http://www.cesar.umd.edu/cesar/county/princegeorge/UCR_PrinceGeorge_Numbers.pdf

Program policies and community partnership development should be discussed by a system or structure such as the steering committee. A forum with law enforcement would be of value by offering an opportunity to discuss the program's concerns, focus, and mission.

Training/information for staff and parents/guardians about behavioral theory is suggested, particularly regarding the greater impact of reinforcements over punishments. A respondent suggested that additional information about the participants' culture and environment would be valuable in helping team members understand the youth with whom they are working.

Additional resources for case management and alternative education would benefit participants and their families.

SUMMARY OF PROGRAM-LEVEL RECOMMENDATIONS

Families requested additional information about the program and their responsibilities early in the process of program participation, in particular about changes in responsibilities as phase changes (this information is not detailed in the manual). They, as well as the participants, could use additional explanation and information about the reason for and the value of rewards and sanctions so that they can understand the rationale for having these components in the program. While the program is providing them some general information in the manual, it is clear that they need additional explanation and reminders. It would be beneficial for staff to discuss this information, as well as parent/guardian and youth questions, early on and throughout the program, particularly at phase changes or if the youth or family is not meeting the program's expectations.

Parents/guardians also suggested that staff spend more in the community checking on attendance and peer interactions. They expressed a wish for additional male staff or mentors, particularly African American

males, to serve as role models. The program's drug testing process should be examined to see whether testing frequency can be reduced for participants who have long

periods of abstinence, to consider expanding testing beyond the initial drug of choice, to test more regularly for alcohol, and to implement randomized drug testing.

BACKGROUND

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

In the typical drug court program, participants are closely supervised by a judge (or master) who is supported by a team of agency representatives who operate outside of their traditional roles. The team typically includes a drug court coordinator, addiction treatment providers, prosecuting attorneys, defense attorneys, law enforcement officers, and parole and probation officers who work together to provide needed services to drug court participants. Prosecuting attorneys and defense attorneys hold their usual adversari-

al positions in abeyance to support the treatment and supervision needs of program participants. Drug court programs can be viewed as blending resources, expertise and interests of a variety of jurisdictions and agencies.

Drug courts have been shown to be effective in reducing recidivism (GAO, 2005) and in reducing taxpayer costs due to positive outcomes for drug court participants (Carey & Finigan, 2003; Carey, Finigan, Waller, Lucas, & Crumpton, 2005). Some drug courts have even been shown to cost less to operate than processing offenders through traditional (business-as-usual) court processes (Carey & Finigan, 2003; Crumpton, Brekhus, Weller, & Finigan, 2004; Carey, Finigan, Waller, Lucas, & Crumpton, 2005).

This report contains the process evaluation for the Prince George's County Juvenile Drug Court (PGCJDC).

METHODS

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

SITE VISITS

NPC evaluation staff members traveled to Prince George's County for site visits in October 2005, July 2006, and January 2007. In addition to meeting with the program's judge and coordinator during the initial site visits, during the 2007 visit NPC staff observed a PGCJDC session, a drug court staffing meeting, a treatment team meeting; met with staff at Potomac Ridge; and facilitated focus groups with current and former drug court participants and their parents/guardians. These observations, meetings, and focus groups provided information about the structure, procedures, and routines used in the drug court.

KEY STAKEHOLDER INTERVIEWS

Key stakeholder interviews, conducted in person or by telephone, were a critical component of the PGCJDC process study. NPC staff performed detailed interviews with individuals involved in the administration of the drug court, including the drug court director, drug court associate director, drug court coordinator, judges, assistant state's attorney, public defender, treatment counselor (case manager for mental health), and court liaison for Prince George's County Public Schools.

NPC has designed a Drug Court Typology Interview Guide³, which provides a consis-

tent method for collecting structure and process information from drug courts. In the interest of making the evaluation reflect local circumstances, this guide was modified to fit the purposes of this evaluation and this particular drug court. The information gathered through the use of 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 PGCJDC.

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

FOCUS GROUPS

NPC staff conducted two focus groups during the January 2007 visit. Current drug court participants and graduates were included in one group, and parents/guardians comprised the second group. The focus groups provided current/former participants and parents/guardians with an opportunity to share their experiences and perceptions regarding the drug court process. A summary report from these focus groups can be found in Appendix B.

tice Assistance and the Administrative Office of the Courts of the State of California. A copy of this guide can be found at the NPC Research Web site at www.npcresearch.com/materials.php (Drug Court Materials section). Please see Appendix A for more information about the Guide.

³ The Typology Guide was originally developed by NPC Research under a grant from the Bureau of Jus-

DOCUMENT REVIEW

In order to better understand the operations and practices of the PGCJDC, the evaluation team reviewed the Prince George's County Juvenile Drug Court Program Manual as well as the list of data elements collected by the program.⁴

⁴ Please see Appendix C

RESULTS

Prince George's County Juvenile Drug Court Process Description

The following information was gathered from interviews; focus groups; the Prince George's County Juvenile Drug Court Program Manual; and observations of a drug court session, a staffing meeting, and a treatment team meeting. The majority of the information was gathered from the interviews and, as much as possible, the evaluators have attempted to represent the information as it was provided.

PRINCE GEORGE'S COUNTY, MARYLAND

Prince George's County consists of 484 square miles, and is located in western Maryland. According to the U. S. Census Bureau, this county had an estimated population of 828,834 in 2005, with 73% of the population over the age of 18 (with a median age of 35). The racial composition of the county is 22% White, 66% African American, and 12% other races. The median household income was estimated at \$63,365 and the median family income was \$74,767.⁵

PRINCE GEORGE'S COUNTY JUVENILE DRUG COURT OVERVIEW

Prince George's County juvenile and adult drug courts are unusual in that they have additional administration staff members that are not found in other Maryland drug courts. These administrators (a drug court director and an associate director) oversee the three drug court programs in the county. These roles were established in 2006, as a way for the county to demonstrate its high level of

commitment to the drug court model, according to an administrator.

The Prince George's County Juvenile Drug Court (PGCJDC) serves young persons who are on probation, and who are involved with substance use. The program provides treatment, counseling, case management, and court supervision for an average program duration of 1 year in order to assist participants in overcoming substance abuse challenges and related delinquent criminal behavior. The program focuses on the family, and the major role family life plays in the lives of the young people in the program.

IMPLEMENTATION

The PGCJDC, located in Upper Marlboro, Maryland, began operations in 2004, following 14 months of collaboration and training. In addition to the judge, the drug court team at that time consisted of representatives from the Department of Juvenile Services (DJS), Office of the Public Defender (OPD), Prince George's County Public Schools, Health Department, and State's Attorney's Office (SAO). Although most of the individuals representing those organizations on the drug court team have changed since 2004 (with the exception of the judge, school board representative, and the assistant state's attorney), the same organizations are still part of the team today.

At implementation, the juvenile drug court did not have its own coordinator, but was overseen by the adult drug court coordinator. Following receipt of a grant from the Governor's Office of Crime Prevention and Control (GOCCP) in August 2004, a coordinator was hired for the juvenile drug court, and this position has remained to the present.

⁵ Retrieved on June 2007 from the U. S. Census Bureau Web site: <http://factfinder.census.gov>

PARTICIPANT POPULATION AND PROGRAM CAPACITY

Program capacity for PGCJDC is 60 participants. As of June 2007, there were about 37 participants, with 15 to 20 having graduated. The number entering the program varies year by year, with an average of 20 to 25 new participants each year. The most commonly used drugs among program participants are marijuana and marijuana laced with PCP. Most participants have also been using alcohol. The majority of participants are African American, with a small proportion being Hispanic/Latino and one who is Caucasian. Of 30 current participants, 2 are female. Ages range from 14 to 17. A few individuals turned 18 while in the program.

DRUG COURT GOALS

The PGCJDC program's goals are to create successful people by using strength-based community services to help individuals with drug-related problems, and to provide safer communities by doing so.

According to the PGCJDC program manual, the goals of the program are to:

1. Reduce substance abuse
2. Reduce juvenile delinquency and increase public safety
3. Increase individual functioning through school or work performance
4. Strengthen family system and functioning

ELIGIBILITY CRITERIA

Juvenile offenders are eligible for the PGCJDC if they:

- Reside in Prince George's County
- Are between 14 and 17 years of age
- Have a non-violent offense (and no prior history of adjudication for violent offenses)

- Have a documented substance abuse problem (determined by substance abuse counselors based on the substance abuse assessment), are amenable to treatment and are suitable for available services (determined by substance abuse counselors based on the substance abuse assessment)
- Sign forms (e.g., consents for services and drug testing, release of information). Youth and parent/guardian sign the forms
- Have a family member willing to participate with them

For the most part, all juvenile offenders who are eligible are referred to drug court. Referrals are made by:

- The master at arraignment. A drug court counselor sits at the arraignment, in order to be available to explain drug court to individuals who are referred to it by the master
- Department of Juvenile Services
- State's Attorney
- Office of the Public Defender
- Any other member of the drug court team
- Parent/guardian
- Youth self-referral

However, some juvenile court judges are more diligent than others in referring individuals to drug court. Also, it was reported that the Department of Juvenile Services is reluctant to give up particular cases (usually higher-end, longer-term cases that may not work as well in a community setting as they would in residential care), which limits the number of offenders that they refer to drug court.

Participation in PGCJDC is voluntary. Individuals who decline participation in drug court do so not necessarily because they do not want treatment, but because of other reasons, such as transportation difficulties, a

school schedule that conflicts with drug court program participation requirements, or a reluctance to experience the strict supervision that is part of the drug court program.

DRUG COURT PROGRAM SCREENING

The following description explains the process that PGCJDC participants go through before entering the program. A visual outline of this process is provided in the PGCJDC flow chart on page 8.

Following an arrest, an individual may be referred to drug court by the state's attorney, the master at arraignment, the public defender, Department of Juvenile Services staff, a parent/guardian, or by the youth her/himself.

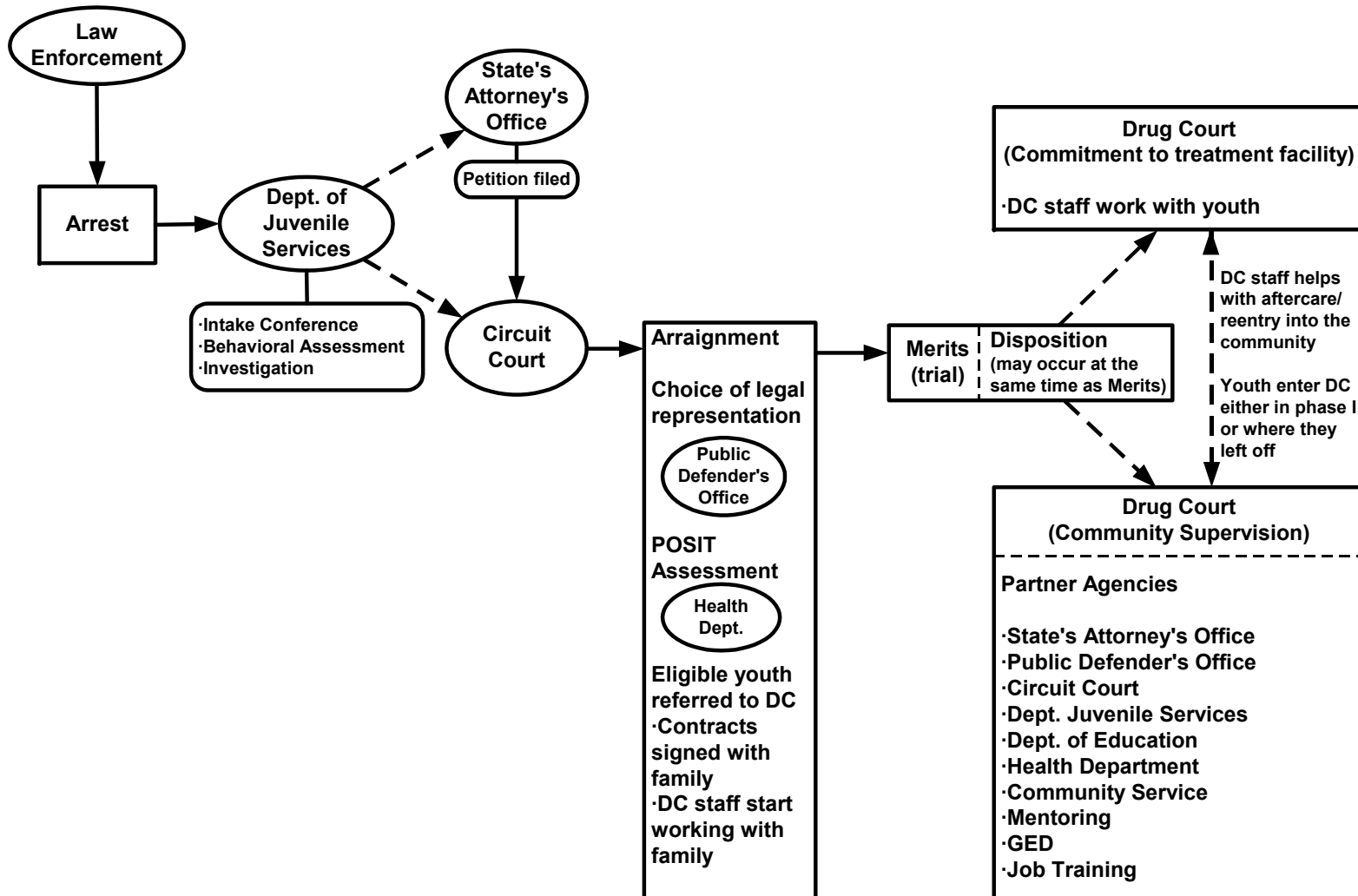
The drug court coordinator usually receives the referral and forwards it to DJS staff who conduct eligibility assessments (e.g., the POSIT⁶ for entry into drug court, a court-ordered urinalysis, and a psychological assessment). Depending on who makes the referral, assessments are sometimes completed before the coordinator is involved.

For individuals who are referred to the drug court at arraignment, the eligibility process for those who appear to fulfill the drug court eligibility criteria is to meet with the addictions counselor, who sits in on the arraignment and meets the potential participants and their families. The addictions counselor sets up interviews with the parent/guardian and the youth, and arranges for the POSIT assessment, which takes place within a few days of arraignment. At that time, individuals complete all of the paperwork associated with drug court, and are informed about all that is involved in drug court participation.

Referral to drug court usually takes place less than 30 days following arrest, depending on who makes the referral and at what point in the youth's juvenile justice involvement the referral occurs. Time from referral to entering drug court ranges from as few as 2 weeks to as many as 8, with a goal of entering youth in drug court within 4 to 6 weeks of arrest.

⁶ Problem Oriented Screening Instrument for Teenagers

Prince George's County Juvenile Drug Court



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

The PGCJDC is a post-adjudication program. Upon a participant's successful completion of the program, the charge that led to participation in drug court is expunged from the youth's juvenile justice record. However, several individuals in the participant/graduate focus group expressed the belief that their records would continue to show the charge and the fact that they completed drug court, even after they turned 18.

DRUG COURT PROGRAM PHASES

PGCJDC program requirements include participating in pro-social activities during phases I through IV. Some of the pro-social activities that satisfy that requirement are participating in theatrical productions, organized sports, family reunions, community service, attending book signings or readings, or walking for illnesses (cancer, diabetes).

PHASE I (Minimum of 30 days)

Requirements

- 15 days clean
- Weekly court
- Weekly case management
- 1 pro-social activity

PHASE II (MINIMUM OF 60 DAYS)

Requirements

- 30 days clean
- Bi-weekly court
- Weekly case management
- 2 pro-social activities

PHASE III (MINIMUM OF 90 DAYS)

Requirements

- 60 days clean

- Monthly court
- Weekly case management
- 3 pro-social activities

PHASE IV (MINIMUM OF 180 DAYS)

Requirements

- 90 days clean
- Monthly court
- Weekly case management
- 4 pro-social activities

TREATMENT OVERVIEW

The PGCJDC has a treatment group that is distinct from, but supports, the drug court team. This group meets weekly to discuss drug court participants' treatment plans and issues. The treatment group includes addictions counselors from the Health Department, DJS/probation, circuit court case manager, coordinator, mental health case manager, case worker, and a new treatment social worker. Information that the treatment team shares with the court may include missed treatment sessions, groups attended, urinalyses (UAs) conducted, and drug test results.

The Health Department addictions counselors provide individual substance abuse counseling to drug court participants. Family counseling is provided through DJS, which contracts out to private agencies for services. Group substance abuse treatment sessions are provided by Potomac Ridge, which has an outpatient substance abuse treatment program (they are also a residential treatment facility for mental health clients). The frequency with which individuals in the program come to group sessions depends on their phase level in the program. Therefore, weekly groups are not made up of the same individuals each week and contain individuals who are in different phases of the program, which presents a challenge to the counselors. Groups are structured to feature a motivational enrichment component that in-

cludes a mandatory 5 continuous sessions, with 6 to 12 additional sessions offered as an option. Topic areas include drug refusal skills, identifying social supports, physical health, and other relapse prevention strategies. Other areas of focus include anger management (specifically as it relates to drug use) and effective communication.

With assistance from Potomac Ridge staff, drug court participants complete a Global Appraisal of Need (GAIN)⁷ on the computer. It is a 1 ½ to 2-hour assessment that gathers in-depth psycho-social information, which is used to identify psychiatric/medication needs. Results of the GAIN are provided to the case manager; the court/judge also has access to those results. This assessment, along with the group treatment sessions, is funded as part of a study through SAMHSA⁸. The study's process is incentive-based (providing gift cards), so it is compatible with the goals and model of PGCJDC.

Home visits by a probation officer, case manager, and mental health provider occur for all participants, who are slated to receive one or two home visits each month. The mental health provider is a licensed social worker who meets with youth and their families individually during the evening hours to provide counseling.

THE DRUG COURT TEAM

Drug Court Director

A drug court division was created in 2006 in Prince George's County, in order to raise the level of potential institutionalization of the drug court programs. The Drug Court Division is expected to evolve into a problem-solving division. The drug court division falls under the auspices of the Court Admin-

istrative Office, and includes a drug court director and an associate director.

The drug court director has been in her position since the later part of 2006, and is the first person to have that role. She has under her authority the adult and juvenile drug courts. This level of drug court administration relieves the juvenile drug court coordinator of some duties, such as looking for and administering grants, and hiring and disciplining personnel. The director also works to keep the collaborative partners vested and presents information about the effectiveness of drug courts to the judges. The drug court director and associate director are part of the juvenile drug court team and attend team meetings and court sessions.

Drug Court Associate Director

The Drug Court Associate Director's role is to assist with juvenile and adult drug courts. She attends most juvenile sessions and staffings. Her day-to-day duties are primarily focused on the juvenile drug court program. She began working with the drug court in February 2006.

Judges

The current primary drug court judge started working with the drug court prior to its implementation. She was assigned to drug court by the administrative judge, and is now in her third year of a 4-year rotation.

The judge is a juvenile court judge who has five dockets per week in addition to drug court. She finds her role with drug court to be different from her role in non-drug court, in that she is more involved with individual youth and in shaping what they will do as part of their court involvement. She gives the participants ample opportunity to correct behavior. If the youth do not change their negative behaviors, she imposes sanctions. She sees her role/responsibility as ensuring that the drug court has appropriate services that meet the needs of clients, and she is active in referring individuals to drug court.

⁷ The GAIN is a semi-structured assessment (a cross between a clinical interview and a structured, standardized instrument)

⁸ Substance Abuse and Mental Health Administration, U. S. Department of Health and Human Services

A second judge substitutes for the primary drug court judge when necessary (about 25% of the time). He has been involved with the drug court since January 2007, and is slated to become the next primary drug court judge for this drug court. He has a different style from the primary judge, who has a “parental feel,” according to one team member. Comments by a parent and some team members implied that the substitute judge is more firm with participants (“He didn’t play with them.”), and that they listen to him. According to a respondent, one judge does not seem to have a different overall impact than the other, rather some participants respond better to one style and some respond better to the other. This difference in drug court judges may be seen as a balance and as a strength, according to a team member.

The substitute judge attends as many staffing meetings as possible, and has been meeting with the team in order to get to know them, understand their concepts, and what they are working to accomplish with each participant and with the program itself. In dealing with drug court participants in court, he believes in engaging each young person in a 10 to 25 minute conversation (or longer, if necessary), in order to get to know each of them—their educational level, if they are employed, what they are doing in the daytime.

Drug Court Coordinator

The juvenile drug court coordinator works full time for the Prince George’s County Circuit Court. She oversees daily operations of the drug court, creates community partnerships to enhance the program, maintains community collaborations and connections, and sees herself as gatekeeper to the program. She gets all of the participants who are supposed to be reviewed on the docket weekly (for example, if a participant has a violation such as a positive UA, she will put that person on the docket), and supervises drug court staff (Health Department workers—two substance abuse counselors, mental health

counselor, and case manager). The coordinator keeps the director and associate director informed about the needs of the drug court program. A team member said, “The coordinator is really good at reminding us what drug court is about.”

Juvenile Court Coordinator

The juvenile court coordinator works with all juvenile courts, and has been involved with the juvenile drug court since it began. She keeps statistical records (including dates when participants enter and complete phases). She also attends staffings and court sessions when possible. She reviews cases with the juvenile drug court coordinator and helps make decisions about participant progress.

Treatment Providers

The *treatment counselor* (case manager for mental health) provides evening case management for participants diagnosed with mental health issues, which is about 50% of the drug court participants. She works part-time with the drug court, 3 to 4 days per week. She visits the homes of participants to assist them with mental health issues or other family dynamics. During the home visits, she works with the families to help them live with and deal with their child who has a mental health issue, and helps them to understand substance abuse as it relates to mental health. She sees if participants are taking their medications, and explains why they need to take their medication. The case manager also does some family therapy, such as how to prevent their other children from involvement in criminal activities, and what to expect from the criminal justice system. She also explains how drug court is different from the juvenile court. Parents/guardians can call the case manager any time. For example, if the participant does not return home by her/his curfew, the case manager will work with the parent/guardian to try to get the participant to stay compliant with curfew requirements.

Every time the treatment counselor makes home visits, she also conducts drug testing, especially if the individuals have been testing positive. She is authorized to conduct both urine and saliva tests. The treatment counselor also makes telephone calls to coordinate services. She does not attend the drug court staffings or sessions, because they are held during the day, and she starts work at 4:30 or 5:00 p.m.

The *drug court case manager*, who works during the daytime hours, works closely with, and provides extra support for, the probation officer (PO).

The *addictions counselor*, who works for the Health Department, provides treatment, counseling, and drug testing for drug court participants. She works with participants on an individual basis, and leads a treatment group as well. Part of the addictions counselor's role is to do pre-assessments to see if defendants would be candidates for drug court. The addictions counselor has been working with the juvenile drug court since 2005.

Probation

All drug court participants are on probation, which is supervised through the Department of Juvenile Services (DJS). There are two probation officers (POs) designated through DJS to work with drug court. Youth who are already on probation are transferred to a drug court PO when they enter drug court. The role of the probation officer is to ensure that participants are compliant with court requirements. DJS probation officers monitor whether the individuals are attending school and drug court sessions; they make home, school and inpatient visits if needed; and they communicate with the parents/guardians about the youth's compliance with the terms of their probation. They provide weekly status reports to the court either through e-mail; at a weekly meeting of the judge, state's attorney and public defender; or at the weekly staffing meeting.

Although DJS and the drug court have different supervision requirements (the drug court requirements are based on the program's phases; probation requirements are imposed by the judge), they work together to coordinate those requirements.

Public Defender

The assistant public defender's (APD) role is to represent clients, to steer them through the court process (explaining it to the young people and their families), to stand up for them in court, and to make sure that the drug court staff do not lose sight of the good things the youth are doing.

PGCJDC has a lead APD working with drug court, and a backup APD.

The APD believes that her mission of advocating for youth has been upheld in drug court because, in addition to representing people in court, much of her role is "damage control," meaning that she is looking proactively at all of the details of the circumstances under which youth may be exhibiting negative behaviors, to establish a context for understanding the youth and helping her/him receive the supports and services he/she needs to be successful, rather than responding reactively only when something happens.

The biggest difference between the public defender's role in drug court compared to other juvenile court work is that with drug court the APD works as part of a team. The entire team meets to talk about the participants' progress. The PGCJDC APD would not sit down with prosecutors on a routine case and talk about a client's progress, because they are on different sides of the case. When working with drug court participants, however, they are supposed to be collaborating in the best interest of the youth and the larger community.

It is not unusual for the state's attorney and the public defender to disagree, however. For example, prosecution asks for sanctions more quickly and more often than the APD would.

Disagreements such as these are discussed at meetings with the other team members. Debates and discussions also take place in court.

The APD attends drug court sessions and staffings. She represents all of the drug court youth. In addition to drug court, she has a juvenile docket, and handles the child support contempt cases.

Law Enforcement Agencies

Law enforcement agencies are not involved with the drug court program, except in a minor way. The local sheriff is present in the courthouse, and the sheriff will serve writs⁹. The PGCJDC team is discussing whether or not law enforcement should have a larger role in the drug court program.

State's Attorney

The Assistant State's Attorney (ASA) represents the state at meetings and in court when cases come up for hearings. She also gives input about treatment for drug court participants, and works as part of the drug court team. She sees her role in drug court as being different from that in other courts because she would be less "soft" in non-drug court settings. Generally, she would not go along with many recommendations that defense counsel makes when not in drug court. When they do not agree, they discuss their differences during the team meeting, and sometimes during the drug court sessions.

The ASA and the APD have a good relationship—they both advocate appropriately, but know how to compromise. In drug court, the ASA tries to be strength-based and have a positive attitude. (Those things are not required in non-drug court cases.)

The ASA has been involved with the juvenile drug court from its inception. She attended training sessions to prepare for drug court. She makes drug court referrals periodically. In her role she is responsible for the safety of

the community, so she must balance that responsibility with her concern for individual drug court participants.

Court Liaison for Prince George's County Public Schools

The court liaison, one of eight in the state, works as a go-between for the court and the school system. He is the only court liaison working with the PGCJDC drug court, and he does so on a voluntary basis (it is not part of his job description). He was involved with the planning for the juvenile drug court, and has been part of the team from the beginning.

The court liaison's role is to be a resource. He provides school records, such as attendance, discipline, and grades (which he can send electronically from his office database to the court) to the drug court, and is the liaison between the court, the school, and the drug court participants. He sees his role in part as working with young people who are trying to get their lives together. For example, he helps transition young people back to school after they are expelled, and he is working with the drug court coordinator to get GED services in place for some of the participants. He also provides incentives and raises money from the community (e.g., from attorneys, fraternal organizations) for graduation and other social activities.

The court liaison works closely with the drug court coordinator, who keeps him informed about meetings that he needs to attend, or if there are individual cases that need his immediate attention. He communicates with drug court team members (including the director, assistant director, and coordinator) daily, usually by e-mail; and attends team meetings every week and treatment team meetings every 3 weeks.

DRUG COURT TEAM TRAINING

Key drug court team members attend the National Association of Drug Court Professionals (NADCP) national conferences every year. The PGCJDC judge is the training

⁹ Writs are served on juveniles—they are called warrants for adults.

coordinator for the Maryland Office of Problem-Solving Courts. The team attends the Office of Problem-Solving Courts' annual drug court symposium. This training offers a great deal of information about teamwork and the basic concepts of drug court, such as the importance of being strength-based, not punitive.

The Office of Problem-Solving Courts also offers "Drug Court 101" quarterly, which gives providers hands-on information about drug court. New staff members have the opportunity to attend this training.

TEAM MEETINGS

For PGCJDC, the drug court staffings are also considered to be their team meetings, and they are attended by the treatment/case management group (which also meets separately from the staffing meetings each week), assistant state's attorney, assistant public defender, drug court director, drug court associate director (if her schedule allows), coordinator, and the judge (unless the morning cases ran late). The court liaison to the school district attends if asked to provide information to the group. The staffings occur each week prior to the drug court session (both occur on Wednesdays), and include discussion of each participant who is on the docket that week. The team also discusses policy issues. The drug court team fosters collaborative partnerships and relationships between team members, as well as communication between agencies and team members, who are working together for the best interests of the team.

The treatment group includes the addictions counselor, DJS/probation staff, circuit court case manager, drug court coordinator, and mental health case manager. This group's purpose is to discuss treatment issues separate from staffing meetings.

The judge calls a meeting of the steering committee approximately every 6 months to discuss policy (e.g., whether any changes

have occurred in the program's direction which warrants a change in policy). The steering committee includes the coordinator, drug court director, judge, public defender, and the state's attorney (a subgroup of the drug court team).

A drug court advisory committee meets every 6 months to address general adult and juvenile drug court issues in the county. This meeting is attended by high-level officials from Parole and Probation, the Health Department, and other collaborative partners with a stake in drug court, such as priests, judges, court administrators, the juvenile and adult court coordinators, and the drug court director and associate director. The purpose of this group is to provide a forum for sharing information (what their divisions are doing, any new programs they have) that may lead to tapping into each other's resources.

Policy decisions and recommendations about participant termination are made by consensus of the drug court director, associate director, judge, and coordinator.

TREATMENT PROVIDER AND TEAM COMMUNICATION WITH COURT

The drug court team communicates with the judge when she attends staffings prior to the drug court sessions. If the judge has a question in the courtroom, she will call the drug court team to the bench to be sure that they are all in agreement before she makes a decision. The judge usually goes along with recommendations from the team, but also retains the authority to make final decisions that may be different from team recommendations. The substitute judge tends to make his own decisions, rather than relying primarily on the team approach, according to a respondent.

Information that the treatment group shares with the court is provided by one of the treatment group members to the drug court team (all treatment group members attend

these meetings, and are part of the drug court team). The treatment group shares the following information with the court: reports of missed sessions, groups attended, UAs conducted and results, progress toward goals, and attitude toward/ engagement in treatment. Such information is helpful to aid the drug court team in gauging whether or not they are being effective and in determining which changes they need to make in how they proceed.

The (evening) case manager for mental health shares information with the court about compliance on the part of the participants that she has on her caseload. She e-mails weekly updates and recommendations so that her input is available for the weekly treatment group meetings. The evening case manager and the case manager for drug court who works during the day communicate with each other by e-mail and by telephone.

DJS/probation has close contact with the drug court participants, and will tell the team at staffings who is doing well and/or who is having problems; the team will then decide what to do in each situation.

DRUG COURT SESSIONS

PGCJDC sessions are held weekly, and take place at 4:00 p.m., which is after school for most of the participants and better accommodates working family members. They are usually attended by the judge, coordinator, treatment/case management group members, and attorneys. All team members, participants, and families stand when they address the judge.

FAMILY INVOLVEMENT

One requirement for individuals coming into the drug court program is that they need a family member to participate with them. Parents/guardians and their child sign a drug court contract, agreeing to be supportive and to participate in the program. Parents/guardians attend court every week that

their child does, if possible. They are expected to provide transportation to and from the court, and to make sure that their children are available for testing and counseling. They follow up with the case manager, addictions counselor, and probation officer on an as-needed basis. The drug court staff members talk with the parents/guardians frequently because they need parental input in decision-making regarding the supports and services being provided to the youth. Families are a key component of drug court because young people with addictions need support. In the PGCJDC, it is rare that a parent/guardian is not involved.

Under Maryland statute, the judge could place expectations/sanctions on the parent/guardian, but so far this has not been necessary. Most families are very cooperative.

Some drug court services are for the entire family. The judge may recommend counseling to parents/guardians if it is needed. To date, none of the families have declined recommended services. The case manager for mental health works extensively with families that require additional help.

DRUG TESTING

Probation officers and case managers are authorized to conduct drug tests, and do so by a rapid testing method, with the use of a 6 or 8 panel test kit (testing for amphetamines, cocaine, opiates, cannabinoids and PCP). The option to send the sample out to a lab is also available. The PO or addictions counselor tests participants for drug use every time they come in to the court; the case manager or PO tests them during school visits, and they are tested during home visits by the case manager for mental health. Testing is not randomized; a respondent said that treatment staff members complain that participants can predict when they will be tested.

An interview respondent reported that participants are not tested for alcohol use unless such use has been reported or suspected,

though the program reports beginning to use the saliva tests more frequently, and contracting with SCRAM (Secure Continuous Remote Alcohol Monitor; to test for alcohol use transdermally) since the data were collected for this evaluation. Parents/guardians reported concerns that their children can use alcohol on weekends because they know it will not show up once they are tested.

All drug court staff are certified to perform drug tests (drug testing training and certification is obtained over the Internet through Varian, Inc.).

SUBSTANCE ABUSE TREATMENT FEES

There are no costs to participants for substance abuse treatment fees or other services received through participation in the juvenile drug court program.

REWARDS

This drug court has recognition ceremonies often, as they found that some participants respond best to positive reinforcement. Rewards are given to PGCJDC participants for behaviors such as attending school, being at home or at a job when they are supposed to be, and negative drug tests. Rewards are given during regular court sessions and during special ceremonies. Participants are rewarded in a variety of ways, such as being taken to movies or basketball games; or with applause, candy, movie tickets, or gift cards. The court liaison to the school district works to find incentives with which to reward individuals who are doing well. Participants also receive kudos from the judge—she talks about how proud she is of them. Sometimes the judge allows participants who have earned a reward to sit in the jury box and leave early from the session.

The judge usually administers rewards and sanctions, but the team decides who will receive them.

The case manager for mental health also offers prizes as rewards. For example, a prize

might be not having one home visit, not taking a drug test in a particular week, or having the home visit take place over the phone. Some of the participants have to check in with the case manager 5 days per week. When youth are meeting those requirements, doing assignments, following house rules, and testing negative, they are rewarded.

SANCTIONS

The length of time between non-compliant behavior and a response/sanction depends upon the sanction. If the sanction is that the judge is dissatisfied, then that information is shared with the youth at the next court session. Other sanctions are generally imposed within a week of non-compliant behavior, and take place the next time the participant attends a drug court session. Individuals in the first phase of the program attend drug court sessions every week, so they receive sanctions fairly quickly. Participants who are in Phase III attend drug court sessions once a month, so either their sanctions will not occur until they are due to appear, or they will be called in to court early.

The sanctions are graduated, and are listed in the drug court manual (as are rewards). Sanctions start with writing an essay or paper and progress through community service and electronic monitoring until they receive a day of detention/weekend of detention. PGCJDC tries not to get to the point of a detention sanction. The judge will let the individuals know what the issues are and what they need to rectify before they receive a detention sanction.

Staff can impose lower-level sanctions, for immediacy, and then report them to the team. The coordinator may also call everyone on the team and get input prior to giving a sanction.

One interview respondent and several parents/guardians who attended a focus group questioned whether the sanctions are strong enough to send the message that participants

need to be serious about drug court, and comply with its requirements. Training/information about behavioral theory could benefit the program by explaining the greater impact of reinforcements over punishments.

The case manager for mental health also has the authority to administer consequences. For the most part, she has not had to impose consequences, though she has requested arrest warrants for participants who failed to show up for court.

PROGRAM REMOVAL/TERMINATION

The drug court team makes decisions about who will be removed/terminated from the program. Reasons for termination include receiving an adult charge (the assignment of an adult charge is not determined by the age of the individual, but by the nature of the charge), leaving the drug court's jurisdiction (moving outside of the county; a participant may leave the state with permission from the judge), or being unwilling to meet the goals and objectives of the program. Participants may also be removed from the program if the drug court cannot provide the services that the individual needs (though this has never happened), or by their own request.

Participants have elected to leave the program just two or three times in the drug court's history, and one person was withdrawn from the program because he had adult charges, which meant that he was out of the juvenile drug court judge's jurisdiction. Individuals participate in drug court on a voluntary basis, so they may decide to leave the program if they prefer. In that case, they go back to supervised probation, where they are likely to have to stay on probation longer, and they retain their charge.

GRADUATION

According to the PGCJDC program manual, to be considered for graduation from the PGCJDC, participants must successfully

complete all phases of the program, complete MRT (Moral Reconciliation Therapy), be employed in vocational training or attending school, have an aftercare "clean and sober" plan (which includes pro-social activities that the youth will be involved in), and be at least 90 days drug-free at graduation. Prior to graduation, participants are asked to write a letter to the court explaining why they feel they are ready to graduate and what they have gained from the program.

The graduation consists of a small ceremony with a speaker. Participants who are graduating receive a completion award and a gift (usually a gift card and a t-shirt from the Health Department), and then have the opportunity to speak. Next, a dynamic speaker from one of the agencies (a 25-year-old recovered individual) speaks, and then the judge speaks. The drug court team members have an opportunity to talk about those participants who are graduating. The program staff then give recognition to parents/guardians, and gift bags are given to participants. Finally, there is a reception (including food), to which graduates and their families are invited.

The number of graduates varies depending upon who is ready, but the program tries to graduate at least 3 to 4 individuals at each quarterly graduation. If no one is ready to graduate at a particular quarter, then the graduation is delayed for a month.

The charge that brought the youth to drug court is erased from the juvenile justice records of those participants who successfully complete drug court.

DATA COLLECTED BY THE DRUG COURT FOR TRACKING AND EVALUATION PURPOSES

Part of the evaluation study for this drug court included a pre-evaluation process wherein the program provided NPC with a list of data elements that are collected, where the records are

located/who collects them, and when collecting began/will begin.¹⁰

Currently, both the coordinator and the director keep drug court statistics, though the judge did so in the beginning of the drug court. The coordinator has demographic and other information on hand-written documents, and it is kept in ACS, ASSIST, and the SMART data systems, according to the data elements list. The ASA also keeps handwritten records. The PD and every other team member also keep notes. The Health Department keeps information about counseling sessions and results of drug tests, and counselors keep their own notes about individual participants.

DJS uses the University of Maryland's Automated Tracking System (HATS). The drug court coordinator has worked with the Bureau of Government Research (BGR) and the University of Maryland to get people trained on using HATS. PGCJDC is transitioning to the SMART management information system.

PGCJDC has not previously experienced an outside evaluation.

DRUG COURT FUNDING

The Bureau of Justice Assistance (BJA) provided funding to PGCJDC to pay for the federal training that they received prior to starting the drug court, with the expectation that the drug court would apply for a grant to fund the program. The program then received a grant from the Governor's Office of Crime Control and Prevention (GOCCP), a federal grant that provides funds to pay for treatment services. This grant was slated to end in December 2007, but has been extended until March 2008. The Administrative Office of the Courts, Office of Problem-Solving Courts, provided the program with \$20,000 in funding for fiscal year 2008. Funding to pay Potomac Ridge for treatment comes from the "Effective Adolescent Treatment (EAT-2)" grant through SAMHSA. This grant ends

in September. Funding to pay Potomac Ridge for treatment comes from the "Effective Adolescent Treatment (EAT-2)" grant through SAMHSA. This grant ends in September 2007. Grants cover most costs of PGCJDC, although DJS and Health Department positions are funded by their own agencies. The coordinator, case manager, and mental health case manager are funded by the program.

COMMUNITY LIAISONS

The drug court program has been approached by a community arts group interested in working with drug court youth, and drug court staff and team members are trying to develop relationships with various faith-based organizations. The Health Department has an important role with the juvenile drug court because their case managers are part of the program. Several counselors are from Potomac Ridge (part of which is a treatment center), and they attend the staffings and the drug court sessions. The team has discussed increasing the presence of law enforcement in drug court, but some team members are reluctant to have this happen because of fear that law enforcement presence would mean that participants would not open up. In addition, there is concern that participants would be negatively singled out by law enforcement. The PGCJDC recently created a partnership with One Stop, a local agency that provides grant-funded assistance with employment and provides a GED program for those who are not in school, but need to finish their schooling.

¹⁰ See Appendix C

PRINCE GEORGE'S COUNTY JUVENILE DRUG COURT COMPARED TO 10 KEY COMPONENTS OF DRUG COURTS AND 16 JUVENILE DRUG COURT STRATEGIES

This section lists the 10 Key Components of Drug Courts as described by the National Association of Drug Court Professionals (NADCP, 1997). Following each key component are research questions developed by NPC for evaluation purposes. These questions were designed to determine whether and how well each key component is demonstrated by the drug court. Juvenile drug court strategies as described by the National Drug Court Institute and the National Council of Juvenile and Family Court Judges (NDCI and NCJFCJ, 2003),¹¹ are included as well. Within each key component, drug courts must establish local policies and procedures to fit their local needs and contexts. There are currently few research-based benchmarks for these key components, as researchers are still in the process of establishing an evidence base for how each of these components should be implemented. However, preliminary research by NPC connects certain practices within some of these key components with positive outcomes for drug court participants. Additional work in progress will contribute to our understanding of these areas.

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

¹¹ NPC felt that both the 10 Key Components and the 16 juvenile drug court strategies provided important perspectives on the operation of juvenile drug courts. We have retained the numbering of the juvenile strategies as they appear in the source document (NDCI and NCJFCJ, 2003), so the strategies are not numbered consecutively in this section. In addition, some juvenile strategies appear more than once, if they contribute to more than one key component.

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

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

Research Question: Has an integrated drug court team emerged?

Juvenile Strategy #1: Collaborative Planning

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

Juvenile Strategy #2: Teamwork

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

National Research

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

Local Process

All appropriate agencies are engaged in the drug court team, and buy in to the program goals. There is good communication across key agencies as well as longer-term relationships between some staff and agencies. Most

team members attend team/staffing meetings each week. A separate treatment group meets weekly, and all of its members are part of the drug court team and also attend the weekly staffing meetings.

Community partnerships, such as the relationship with Potomac Ridge that provides group treatment to drug court participants, enhance service delivery.

The large amount of staff turnover is a challenge for this drug court and its participants. Families recognized understaffing of the program, according to parents/guardians attending a focus group facilitated by NPC. There is also a need for additional case managers to work with the program, according to respondents. The case manager for mental health makes evening home visits, and respondents suggested that this staff person should not do so alone (which is now the case). The program reported having a safety plan in place for this case manager, including 1) carrying a cell phone, and 2) having other staff know her schedule, including where and when she is making visits. Despite these strategies, respondents indicated a need for additional measures to ensure staff safety and comfort in fulfilling the obligations of the position and to serve the program effectively.

Suggestions/Recommendations

- 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).
- 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).

- 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.
- Continue to enhance community partnerships to bring resources into the program to support existing staff resources.
- Consider the potential benefits of increased judicial involvement in team trainings.

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

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

Juvenile Strategy #1: Collaborative planning

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

Juvenile Strategy #2: Teamwork

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

National Research

Recent research by Carey, Finigan, & Puks-tas, under review, found that participation by the prosecution and defense attorneys in team meetings and at drug court sessions

had a positive effect on graduation rates and outcome costs.

In addition, allowing participants into the drug court program only post-plea was associated with lower graduation rates and higher investment costs. Higher investment costs were also associated with courts that focused on felony cases only and with courts that allowed non-drug-related charges. However, courts that allowed non-drug-related charges also showed lower outcome costs. Finally, courts that imposed the original sentence instead of determining the sentence when participants are terminated showed lower outcome costs (Carey et al., under review).

Local Process

Representatives from the State's Attorney's Office and the Office of the Public Defender get along well, although they do not necessarily present a united front during drug court sessions. Attorneys for the defense and prosecution, while recognizing the importance of a team approach in working with the drug court program, uphold their individual missions and do not always agree.

All team members agree with the philosophy of incarceration as a last resort, and increasing treatment/intervention services as needed in response to substance use and minor infractions. Respondents (team members and parents/guardians) thought that consequences need to increase in severity and consistency in order to increase compliance with the program. This point will be discussed further in Key Component #6.

Suggestions/Recommendations

The program appears to be successfully implementing this key component; there are no recommendations at this time.

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

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

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

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

National Research

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

Local Process

In the most recent year that data were available (2005)¹², Prince George's County had 404 drug-related arrests among juveniles (259 were possession-related and 145 were sales/manufacturing), so the need for drug court services in this county is high. PGCJDC's target population and program goals are clear. However, the program has not yet reached its projected capacity of 60 participants.

Drug court eligibility is determined by the time of arraignment, so that drug court staff can enroll individuals and begin working with them before disposition. Drug court youth have a quicker time to disposition than those not participating in drug court.

¹² These data can be found at http://www.cesar.umd.edu/cesar/county/princegeorge/UCR_PrinceGeorge_Numbers.pdf

A team member reported that in this county many youth receive multiple charges with a given incident. The charges often result in individuals who are ineligible for the program even though they have a drug problem fueling the criminality, and this program could be effective for them.

Suggestions/Recommendations

- 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.
- 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.
- 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.

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

Research Question: Are diverse specialized treatment services available?

Juvenile Strategy #7: Comprehensive treatment planning

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

Juvenile Strategy #8: Developmentally appropriate services

- Tailor treatment to the developmental needs of adolescents.

Juvenile Strategy #9: Gender-appropriate services

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

Juvenile Strategy #10: Cultural competence

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

Juvenile Strategy #11: Focus on strengths

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

Juvenile Strategy #12: Family engagement

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

Juvenile Strategy #13: Educational linkages

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

National Research

Programs that have requirements around the frequency of group and individual treatment sessions (e.g., group sessions 3 times per week and individual sessions 1 time per week) have lower investment costs¹³ (Carey et al., 2005) and substantially higher graduation rates and improved outcome costs¹⁴ (Carey, Finigan, & Pukstas, under review). Clear requirements of this type may make compliance with program goals easier for program participants and also may make it easier for program staff to determine if participants have been compliant. They also ensure that participants are receiving the optimal dosage of treatment determined by the program as being associated with future success.

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

The American University National Drug Court Survey (Cooper, 2000) shows that most drug courts have a single provider. NPC, in a study of drug courts in California

(Carey et al., 2005), found that having a single provider or an agency that oversees all the providers is correlated with more positive participant outcomes, including lower recidivism and lower costs at follow-up.

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

Research is mixed on the effectiveness of 12-step programs for adolescents. While most groups are not adolescent-specific, many treatment programs are beginning to offer AA/NA groups for teens and young adults (Deas & Thomas, 2001). The 12-step model appears to have some utility as a treatment approach for adolescents as long as the content of the group is geared for a younger audience and the composition of the group consists of mostly adolescents and younger adults (Kelly, Myers, & Brown, 2005). Family involvement has been found to be crucial to success of teens in 12-step programs (Hsieh, Hoffmann, & Hollister, 1998).

Local Process

The type and intensity of treatment and intervention services are individualized, with specific minimum treatment requirements. There is a range of services available to drug court participants, including a mental health counselor who works with families who need in-depth help.

Youth are required to be in school or working toward a GED. The court liaison for Prince George's County Public Schools is an important member of the drug court team.

The program sees families as key team members and sources of information. The program requires family involvement, including support for their child who is in the program, to be responsible for transportation

¹³ Investment costs are the resources that each agency and the program overall spend to run the drug court, including program and affiliated agency staff time, costs to pay for drug testing, etc.

¹⁴ 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.

to and from drug court, and to make sure that they are available for testing and counseling.

PGCJDC has an extensive aftercare program (8 weeks post drug court graduation) that focuses on transition to community-based services. Then the drug court case manager continues to contact the family for an additional 4 months.

Potomac Ridge's SAMHSA grant has incentive-based interventions focused on motivational enhancement. The program model states that youth be rewarded as frequently as possible, in order to reinforce positive behavior. Potomac Ridge group sessions focus on social supports, drug refusal skills, anger management, and other skill development. They are working on housing and respite support, including therapeutic foster care.

Families noted that staffing changes in the program have been disruptive to youth progress in therapy.

Originally, girls in the program were given treatment along with the boys. The program is working to develop a girls' treatment program as part of drug court that would offer treatment groups separately for girls. Currently, there are three girls in the PGCJDC, and they receive individual treatment.

The program is also working to add a re-entry group that will be offered to individuals coming from inpatient treatment. Those group members will be monitored by the drug court, even though they may not have been in drug court before going to inpatient care. They would not be mixed with the community-based individuals, but would have their own group. The thinking behind this model is that all young people who have drug charges, regardless of whether they are part of the drug court program or not, should be monitored by the drug court after they return from inpatient treatment.

Prince George's County's Health Department assigns case managers specifically to drug court and pays for all of their needs (e.g., computers). The case managers are housed in the drug court office, which makes them easily accessible to staff and participants.

Suggestions/Recommendations

- 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.
- Parents/guardians suggested that staff spend more time in the community, checking on attendance and monitoring peer interactions.
- 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.

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

Research Question: Does this court conduct random frequent drug tests?

Juvenile Strategy #14: Drug Testing

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

National Research

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

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

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

Local Process

Every time participants are seen, they are tested (home visits, school visits, court). Program policy specifies a minimum testing schedule. The program uses a rapid testing process with a 6 to 8 panel screen. It did not always test regularly for alcohol, but has started to increase this testing. Drug testing is not randomized.

The lab provides training in testing for team members.

Suggestions/Recommendations

- 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.

- Implement randomized drug testing, unless youth are being tested at least three times per week during Phase 1.
- 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.

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

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

Juvenile Strategy #15: Goal-oriented incentives and sanctions

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

National Research

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

Carey, Finigan, and Pukstas, under review, found that for a program to have positive outcomes, it is not necessary for the judge to

be the sole person who provides sanctions. However, when the judge is the sole provider of sanctions, it may mean that participants are better able to predict when those sanctions might occur, which might be less stressful. Allowing team members to dispense sanctions makes it more likely that sanctions occur in a timely manner, more immediately after the non-compliant behavior. Immediacy of sanctions is related to improved graduation rates.

Local Process

The program is working to be an incentives-based program. The PGCJDC team discusses participant progress, incentives, and rewards, and makes recommendations to the judge, who makes the final decisions and imposes the rewards and sanctions (although lower level sanctions can be imposed by staff, so that they may occur as quickly as possible after the behavior/infraction). Team members are available for consultation regarding sanctions.

Rewards are provided by court and treatment staff; the court liaison raises funds from the community for incentives and graduation expenses. A wide range of incentives and rewards are used, and the sanctions are graduated. Parents/guardians reported some inconsistency in the use of sanctions and consequences for negative behavior.

The treatment model of this program is to minimize sanctions to stay treatment focused. The program is goal-oriented in planning behavior modification approaches. Parents/guardians reported some confusion regarding the behavioral reinforcement model. It would be helpful to explain to parents/guardians why the program individualizes sanctions and incentives, but how the application of those responses to the youth's behavior occur consistently.

The program holds regular recognition ceremonies.

One interview respondent and several parents/guardians who attended a focus group questioned whether the sanctions are strong enough to send the message that participants need to be serious about drug court, and comply with its requirements.

Suggestions/Recommendations

- 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 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.
- 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.
- The drug court team may want to look at the sanctions that were meted out over the past year to see whether they were 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.

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

Research Question: Do participants have frequent contact with the judge? What is the nature of this contact?

Juvenile Strategy #4: Judicial involvement and supervision

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

National Research

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

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

Local Process

The primary drug court judge is in her 3rd year of a 4-year rotation. The 4-year rotation period encourages consistent relationships between the judge and the participants. Youth like the judge and feel comfortable with her. She is a parental figure, who pro-

vides ample opportunity for changing behavior. A substitute judge sits on the drug court bench about 25% of the time. Parents/guardians reported differences between the regular and substitute judges' responses to participants. They also reported appreciating when judges followed through with the actions they stated they would take with participants.

Judicial sessions occur with some inconsistency. In addition, the length of the sessions reportedly varies depending on the judge.

Suggestions/Recommendations

- Encourage discussions between judges to determine whether a program model can be established for greater consistency in judicial decisions between judges.
- Hold drug court sessions regularly and consistently; model consistency and dependability for youth.
- 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.

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

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

Juvenile Strategy #5: Monitoring and evaluation

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

Juvenile Strategy #16: Confidentiality

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

National Research

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

Local Process

The drug court maintains records by hand; while some data are available electronically, many records are not. (See Appendix C for a list of data elements and where they are kept.)

There are clear guidelines for participation, including consent/confidentiality forms.

Suggestions/Recommendations

- 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.

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

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

National Research

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

Local Process

Trainings are offered in the community (e.g., county) and at state and national levels related to drug courts, cultural competency, drug testing, time management, etc. Team members have attended a variety of trainings and conferences, including NADCP trainings and Maryland Office of Problem-Solving Courts symposia and quarterly trainings.

The coordinator keeps a log of the trainings that team members attend and the County also maintains this information in personnel files.

At the time of original data collection, there was a key team member who had not been fully trained. This person has since received training and the program reports that new staff are all routinely receiving the Drug Court 101 training.

Suggestions/Recommendations

- 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.

- 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.

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.

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

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

Juvenile Strategy #6: Community partnerships

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

National Research

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

Local Process

The program includes connections with GED programs, tutoring, and job training.

The court liaison to Prince George's County Public Schools generates community support for the program. The PGCJDC program benefits in many ways from his involvement as a team member and supportive resource.

The coordinator, director, and associate director have excellent connections with community partners.

The PGCJDC team is discussing whether or not law enforcement should have a larger role in the drug court program.

Respondents suggested connecting with someone specifically from social services, so that participants and their families have access to assistance with some of their other issues (for example, a youth whose parents are about to be evicted from their home). One of the suggestions was for more community resources to help parents/guardians who are trying to help their children who are drug-involved, will not listen, or are incorrigible, as the county has very little to offer to deal with these situations. Another suggestion was for community collaborations that could help address the needs of young people and their families who are dealing with language barriers (for example, those of Spanish-speaking families), such as providing a mentor from the Latino community.

Transportation was also brought up by staff as an issue for families and one that makes it difficult for the youth to get to required appointments. The Health Department provides tokens so that youth can take the bus to treatment sessions and parents/guardians often attend court sessions so they bring their children with them.

Suggestions/Recommendations

- 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.

- 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.
- Continue to build community partnerships to enhance existing program re-

sources, such as relationships with the Latino community.

- 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 and families), who would see law enforcement staff in a helping/supportive role.

PRINCE GEORGE'S COUNTY JUVENILE DRUG COURT: A SYSTEMS FRAMEWORK FOR PROGRAM IMPROVEMENT

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

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

Community Level

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

Social service and criminal/juvenile justice systems respond to community needs. However, to be most effective, they need to clearly understand those needs. They need to analyze and agree on the problem to be solved, what the contributing factors are, who is

most affected, and what strategies are likely to be most successful at addressing the problem. An analysis of need will begin to define what programs and services should look like, what stakeholders exist, and what role each will play.

SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

Continue to enhance community partnerships to bring resources into the program; utilize the steering committee to help develop new community partnerships.

Agency Level

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

This level of analysis is a place to be strategic, engage partners and advocates, leverage resources, establish communication systems (both with each other and with external stakeholders, including funders), and create review and feedback loop systems (for program monitoring and quality improvement activities). Discussions at this level can solidify a process for establishing workable structures for programs and services, as well

as identify key individuals who will have ongoing relationships with the program and with other participating agencies and key stakeholders.

SUMMARY OF AGENCY-LEVEL RECOMMENDATIONS

The steering committee should look at the referral process in order to identify bottlenecks that need addressing and additional ways in which the program can increase the number of referrals to the program, with the goal of reaching or exceeding the program's capacity of 60 participants. Expansions of the program would require support from all partnering agencies to ensure sufficient numbers of trained case managers were provided.

The program would benefit from gathering additional information about reasons for staff turnover and attempting to remedy them. The program is encouraged to work on identifying options for sustaining services currently provided by Potomac Ridge, such as integrating those services into the PGCJDC program. The drug court team may want to look at sanctions over the past year to determine whether they were applied consistently and according to the program's graduated sanctions guidelines.

Program policies and community partnership development should be discussed by a system or structure such as the steering committee.

A forum with law enforcement would be of value by offering an opportunity to discuss the program's concerns, focus, and mission.

All staff should continue to be trained on the drug court model and their roles in drug court. In addition, training/information about behavioral theory is suggested, particularly regarding the greater impact of reinforcements over punishments. A respondent suggested that additional information about the participants' culture and environment would

be valuable in helping team members understand the youth with which they are working.

Drug court sessions should be held regularly and consistently. Outgoing judges should be available for training incoming judges in the drug court model and skills with the drug court participant population learned through experience. Communication between current judges with a goal of establishing greater consistency in judicial sessions and decisions is encouraged.

Program Level

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

The recommendations provided at the community and agency levels already have program level implications; however, there are a few additional areas where program-specific adjustments might be considered.

SUMMARY OF PROGRAM-LEVEL RECOMMENDATIONS

Families requested additional information about the program and their responsibilities early in the process of program participation, in particular about changes in responsibilities as phases change (this information is not detailed in the manual). They, as well as the participants, could use additional explanation and information about the reason for and the value of rewards and sanctions so that they can understand the rationale for having these components in the program. While the program is providing them some general information in the manual, it is clear that they need additional explanation and reminders. It would be beneficial for staff to discuss this

information, as well as parent/guardian and youth questions, early on and throughout the program, particularly at phase changes or if the youth or family is not meeting the program's expectations.

Parents/guardians also suggested that staff spend more in the community checking on attendance and peer interactions. They expressed a wish for additional male staff or mentors, particularly African American

males, to serve as role models. The program's drug testing process should be examined to see whether testing frequency can be reduced for participants who have long periods of abstinence, to consider expanding testing beyond the initial drug of choice, to test more regularly for alcohol, and to implement randomized drug testing for youth not receiving at least three tests per week early in their program participation.

SUMMARY AND CONCLUSIONS

The Prince George's County Juvenile Drug Court seems to have a thorough understanding of the 10 key components and has been successful at implementing their drug court program.

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

- Good communication across key agencies; long term relationships between some staff/agencies.
- All team members agree with the philosophy of incarceration as a last resort, and increasing treatment/intervention services as needed as a response to substance use and minor infractions.
- Drug court youth have quicker time to disposition than youth not participating in drug court.
- Many youth receive multiple charges within a given incident, often resulting in youths who are ineligible for the program, even though the drug problem is fueling the criminality, and this program could be effective for them.
- Type and intensity of treatment and intervention services are individualized.
- Treatment perspective is the program's primary focus.
- A wide range of services is available.
- Youth are required to be in school or working toward a GED.
- Program requires family involvement and sees families as a key team member and source of information.
- Mental health counselor works with families who need in-depth help.
- Extensive aftercare program.
- Working on housing and respite support, including therapeutic foster care.
- Program model states that youth be rewarded as frequently as possible, to reinforce positive behavior.
- Program working to develop a girls' treatment program and to add a re-entry group for individuals coming back from inpatient treatment.
- Case managers are housed in the drug court office, making them easily accessible.
- Every time a participant is seen he/she is tested for drug use (home visits, school visits, etc.).
- Program has not regularly tested for alcohol, but is starting to increase this testing.
- Drug testing is not randomized.
- Program holds regular recognition ceremonies.
- A wide range of rewards and incentives are used; sanctions are graduated and a wide variety is available.
- Parents/guardians reported some inconsistency in the use of sanctions and consequences for negative behavior.
- Youth liked the (prior) judge, and felt comfortable with her.
- Judge rotation is every 4 years (encourages consistent relationships between judge and participants).
- Judge is a parental figure. Provides ample opportunity for changing behavior.
- Parents/guardians reported differences between the regular (prior) and substitute (now current) judges' responses to participants. They also reported appreciating when judges followed through with the actions they stated they would take with participants.

- Drug court maintains records by hand; while some data are available electronically, many records are not yet electronic.
- Clear guidelines for participation, including consent/confidentiality forms.
- All staff members have been fully trained; all new staff members routinely receive the Drug Court 101 training.
- Program includes connections with mentoring and GED programs, tutoring, job training.
- Education liaison generates community support for program; coordinator, director, and associate director have excellent connections with community partners.
- Program is considering whether law enforcement's role in the drug court program should increase.

This program has a unique additional layer of administration that is not commonly found in other drug courts: the addition of a Drug Court Director and an Associate Director who oversee the PGCJDC and two other drug courts. Whether the addition of these roles provides benefits to the programs that outweigh the costs remains to be seen.

There were several findings that suggest areas for program improvement:

- Families and staff recognize understaffing of the program; additional case managers are needed.
- The program has not reached its projected capacity of 60 participants, and needs to identify ways to increase referrals and address any bottlenecks that have prevented capacity from being reached. The need for this program in Prince George's County appears to be great based on drug-related juvenile arrests.
- The steering committee could further promote the program by distributing informational pamphlets and referral forms to appropriate members of their agencies.

- The case manager for mental health making home visits needs additional safety support.
- Transportation issues make it difficult for some youth to get to required appointments.

In regard to enhancements, some of the recommendations (also included in the 10 key component summary) are:

- Gather additional information about staff turnover.
- Increase the types of training offered to include participants' culture and behavioral theory as topics.
- Identify options for sustaining services currently provided by Potomac Ridge.
- Examine sanctions for consistency and compliance with graduated sanctions guidelines.
- (Steering committee) Discuss program policies and enhanced community partnership development, and convene a forum with law enforcement to increase understanding about the program.
- Greater consistency in judicial sessions and decisions is encouraged.
- Families would like to receive program information earlier in the process, for staff to increase time in the community checking on attendance and monitoring peer interactions, additional male staff or mentors (particularly African American males), and that the program test for alcohol use more regularly.
- Some of the parent requests are, per staff, indications that they do not understand the program model or program procedures, and thus need staff to clarify this information with them.

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

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APPENDIX A: DRUG COURT TYPOLOGY INTERVIEW GUIDE

Drug Court Typology Interview Guide

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

Although the typology guide is modified slightly to fit the context, process and type of each drug court (e.g., juvenile courts, adult courts), a copy of the generic drug court typology guide can be found at [www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_\(copyrighted\).pdf](http://www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_(copyrighted).pdf)

APPENDIX B: FOCUS GROUP RESULTS

Focus Group Summary

As described in the methodology section of this report, NPC conducted two focus groups in the offices of the Prince George's County Juvenile Drug Court in January 2007. The 10 focus group participants included 3 people in Phase I, 1 in Phase II, 4 in Phase III, 1 graduate, and 1 person for whom phase information wasn't available (arrived late). The 6 parents taking part in the parent focus group included 1 parent of a participant in Phase I, 1 parent of a participant in Phase II, 3 parents of participants in Phase III, and the parent of 1 graduate. The focus groups provided the current and former participants and parents/guardians with an opportunity to share their experiences and perceptions regarding the drug court process.

The topics discussed during the interviews and focus groups included what participants liked about the drug court program, what they disliked, general feedback about the program (including program staff), the program's effect on personal relationships, why youth were referred to the program, (for parents/guardians) how the participant had changed since starting the program, and recommendations for the program.

What they liked/what worked

Active/graduated participants:

- They try to help you stay clean. You know you're going.
- I like the staff. I'm open; I don't mind sharing things.
- Judge Geter is cool. She listens and is pretty fair.
- One person is 2-faced. She tries to be your friend, and then she tries to get you locked up. Everybody else tries to help you. I don't know what you got drug court for if it's going to get us locked up.
- It [drug court] works alright for me. If you don't smoke, you're good. I'm supposed to graduate soon.
- I'd rather be here than in jail.
- (another participant) I'd rather be locked up.
- You get gift cards, but not because you were good; everybody gets them.
- This program is the best of all options.

Parents/Guardians:

- The drug testing is good.
- Drug testing is the one big thing.
- There needs to be a certain number of threats before they get a consequence.
- If Judge Geter says she needs something to get done, it gets done.
- I've noticed in the past couple of weeks...I've noticed them doing a bit more on a more consistent basis.
- My threats will be backed up; but I don't want to have to threaten him.

What they didn't like

Active /graduated participants:

- I just want to get done and get out of here.
- (Response from graduate) I know how you can do that: Stop doing dumb s%#*.
- All we're learning is about how the system works.

- They say it's a 6 to 9 month program, but it's longer than that. I've done what I had to do for 3 months and haven't (been moved up).
- All they do is try to keep you in school, or get work if you're not in school. There are certain people they do help stop smoking, but there are some who know how to get around it.
- When I got lower grades (in school), they didn't do nothing about it.
- I'm in the wrong program. I haven't used since being in the program, and only used once before. The only reason I'm in this program is to get my record expunged. The only problems I have are family problems [drug court hasn't really helped in this area, according to the participant]. I do well in school and volunteer.

Parents/Guardians:

- There are challenges related to getting kids into school. The Green Valley Alternative School is a good one. The doors are locked so they can't leave¹⁵ [parent/guardian liked this feature]. They don't have lockers.
- All kids need to get into the alternative schools. They wouldn't take my daughter. Once they turn 16, kids don't have to go to school. There's nothing that you can do but put them out.

General feedback regarding the program (including drug court staff)

Active /graduated participants:

- It doesn't help.
- In order for us to stop using drugs, they're going to have to follow us around every day, every single moment of our lives. They don't know when we smoke weed and when we drink. It doesn't help when you get out.
- I started doing good for a while; but after I got locked up, I came out and started smoking and stopped going to school. I should have been at level 3 or 4 by now.
- I believed in drug court in the beginning, before they lied to me. They told me it was going to be about 12 months; I've been here a lot longer than that.
- [Several participants reported being told different things in terms of the amount of time they were expected to be in drug court.]
- [There needs to be more consistency in terms of following through with program expectations/promises (e.g., when someone will be moved from one phase to the next)]
- [There were some concerns raised about the accuracy of test result readings.]
- I don't trust anyone in drug court.
- The only person who is truthful is Judge Geter.
- I told the counselor about something that I thought was confidential, and she told the judge. I got locked up that same day.
- In the office they talk about people behind their backs. They talked about another girl who had a baby and told me, "Don't be like that."
- Every time I'm sent home after detention, I feel like I want to run. I don't because I'm on home detention.

¹⁵ The evaluation team made multiple efforts to contact school administration to verify this contention made by parents/guardians, but did not receive any return calls.

Parents/Guardians:

- I'm here today and my daughter (who graduated) is not. I left money for her to come here, but it was too easy for my daughter to call here and say, "I don't feel like coming." I put forth the effort. Nothing has changed since she left drug court. I was told that since she used drugs, she doesn't need the program.
- They (the drug court) need to let kids know that they're not playing and punish them a little stronger. Don't just keep slapping them on the hands. Let them know, "We're not playing with you."
- They shouldn't get something if they don't deserve it.
- [Several parents felt that there needed to be more consistent and punitive/harder consequences.]
- There was a substitute judge (Judge Dawson) who didn't take anything from the kids; they had to tuck their shirts in and sit up straight. He didn't play with them. They listen to him. Judge Geter, she's nice enough, but she's too meek and mild. They need to have the tenaciousness.
- They (staff) needs to spend more time out there (schools, etc.), creeping up on kids, to see what they're really doing.
- Outside of drug court, under the age of 18 the kids can do whatever they want (there is no police support). It's the same with other community corrections agencies.
- My daughter was doing well in the beginning, but now she's slacking off. Nobody is really going to the school that frequently to see if she's skipping, and she is.
- The drug court helps them not to smoke pot, but then they try other stuff, like drinking. They need to check for everything and tell them to do nothing. If they got drunk this weekend, they wouldn't get tested until next week, and would be clean by then—they know that.
- There needs to be more activities to go to. Even if it's a fun trip, it should be mandatory.
- [school staff member] is back; he works well with the children.
- They told us up front about the time it was going to take. My son is doing 4 things a week pertaining to drug court. It's very time intensive.
- They were very clear, telling us the program could be a year or longer and that it would require a lot (it's somewhat different depending on the child and the phase).
- It would be helpful for the parents to know ahead of time how things will change in terms of responsibilities (as the children move from one phase to the next); it would be very helpful to know what to expect.
- Whatever they ask, I will have my daughter do (she's in Phase II).
- Have to make sure that we get the kids to appointments. Where we live there is no public transportation, so it has been a big adjustment (because appointments are during work hours). But my husband and I have made that commitment.

Drug court's effect on personal relationships

Active /graduated participants:

- My people (family) hate it. My mother hates this program; she wants me out right now. She thinks it's not doing nothing.

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

Parents/Guardians:

- He has better manners. He's not a bad kid, he just done dumb things.
- The crowd my son hangs out with is changing.

Why they decided to participate in drug court

Active /graduated participants:

- I had to go; they made me.
- I had to take drug court or get locked up.
- We're the only one that's stopping us from doing what we trying to do. You got a game plan, you get this off your back, and you can do what you want to do. They still call me in (to do the focus group); I'm not going to trip, I'm going to come.
- [Several participants believed that even if they completed drug court successfully, their record would still show the charge (and that they completed drug court), even after they turned 18.]
- If you go out and try to get a low-key job (like fast food)—after drug court—it might not show up. But if you try to get a (higher level) job or get arrested again, it's going to pop up.
- The judge told me they could keep you here until you're 21.

Recommendations for the program

Active /graduated participants:

- Nothing I would change.
- I'd rather just do the urine tests rather than coming to court all the time.
- I've got school. They need to work the drug court schedule around school schedule.
- I would like to have mixed groups (not just separate for females and males)
- Instead of going to jail for a dirty urine, they should extend your time in the program.

Parents/Guardians:

- It would be nice if there was a shuttle bus available (she knows that would be hard to do).
- It would be nice if there was a mentor program. If you noticed, there are no men working in drug court. They would be more open to men than women in some cases.
- There's a Mentoring Matters program; it's only for males. I believe that drug court is trying to get it together.
- Need more men in the program.
- The kids need to be made accountable for their actions (spend some time in jail or on electronic monitoring)
- If they had more staff to stay on top of the kids, that would help keep them on track. I know there's been a lot of turnover. There are a lot of kids, and I know it's hard given the number of staff.
- If they (staff) stay on the kids, they'll do well. If they are around less often, the kids will slack off.
- There should be more counseling to get to the root of the problem (why they're using and can't stop).
- Maybe get them into rehab.
- I wish that they would tell them they can't hang out with other people who use.

APPENDIX C: LIST OF DATA ELEMENTS

Data Elements Needed in Maryland Juvenile Drug Courts Performance Analysis

Prince George's County Circuit Court Juvenile Drug Court

Notes:

- DJS does predisposition investigation (PDI) and enters data into ASSIST
- PG juvenile drug court has a Word document with their participants (current youth only)
- Files for youth who were either never in the program or are no longer participating are kept in a manila folder in the program office
- There is a court computer system (ACS) but the program does not get reports from it
- Identifiers are entered into ASSIST and they are updated throughout the case (no historical record)
- The type of information and where it is located depends on whether the progress record is completed by DJS or the Health Dept.
- POSIT is entered by Health Dept. into SMART

RECOMMENDED DATA ELEMENTS FOR PROGRAM (OR PROGRAM PARTNERS) TO COLLECT:

	Variable/Data element	Where located/who collects? (electronic/written records?)			When began collecting or plans to begin?	Notes
		ACS	ASSIST	Other		
1	Identifiers (Name, social security number)	X	X		Since program began	Updated throughout case
2	Demographics					
2a	○ Birth Date	X	X	SMART	Since program began	
2b	○ Gender	X	X	SMART	Since program began	
2c	○ Race/Ethnicity	X	X	SMART	Since program began	
2d	○ Employment status at drug court entry			Case notes	Since program began	
2e	○ Employment status at drug court exit					Not collected at exit
2f	○ Highest grade of school completed at time of drug court entry			Program referral form, SMART	Since program began	
2g	○ Student status at entry (is participant enrolled in school/educational program and what type?)			Program referral form, SMART	Since program began	Collected at program entry
2h	○ Student status at exit (is participant enrolled in school/educational program and what type?)					
2i	○ Student attendance record (if applicable) at entry			Case file, SMART	Since program began	
2j	○ School attendance record (if applicable) at exit			Case file, SMART	Since program began	Staff brings information to drug court meetings Contact person: Len
2k	○ Number and ages of children		X		Since program began	
2l	○ Housing status at entry		X		Since program began	
2m	○ Housing status at exit		X		Since program began	
2n	○ Income at entry (if self-supporting)		X		Since program began	Household income
2o	○ Income at exit (if self-supporting)		X		Since program began	Household income

	Variable/Data element	Where located/who collects? (electronic/written records?)			When began collecting or plans to begin?	Notes
		ACS	ASSIST	Other		
2p	○ Other demographics		X			Parent information, household members, pregnancy (SMART)
3	Drug court entry date	X	X		Since program began	
4	Drug court exit date	X	X		Since program began	
5	Date of drug court eligible arrest		Date of arrest ("State's version – from police report)		Since program began	
6	Court case number for case leading to drug court participation	Court case # = JA			Since program began	JA = juvenile action number
7	Date of referral to drug court program			Program referral form	Since program began	Program plans to create a form that includes all of the relevant drug court program information
8	Drug court status on exit (e.g., graduated, revoked, terminated, dropped out)		X = court case closed		Since program began	Youth are not dropped from the program. If the youth gets a new violent charge, the dc case is closed and the court opens a regular court case.
9	If participation in drug court is revoked or terminated, reason			Case notes	Since program began	

	Variable/Data element	Where located/who collects? (electronic/written records?)			When began collecting or plans to begin?	Notes
		ACS	ASSIST	Other		
10	Dates of entry into each phase			Program form in Word and in individual case notes in file	Since program began	Program has 4 phases
11	Criminal/Juvenile justice status on exit (e.g., on probation, charge expunged, etc.)	X	X		Since program began	
12	Dates of UAs			Hard copy has running log; also kept in program's Word table	Since program began	Program uses instant tests. Uses lab tests if there is a discrepancy or if staff want to know levels.
13	Dates of positive UAs			Hard copy has running log; also kept in program's Word table	Since program began	
14	Dates of other drug tests			Hard copy has running log; also kept in program's Word table	Since program began	Breathalyzers
15	Dates of other positive drug tests			Hard copy has running log; also kept in program's Word table	Since program began	
16	Drugs of choice (primary and secondary)			POSIT and GAIN assessments in case file	Since program began	Not electronic
17	Dates of drug court sessions	X		Case file	Since program began	

	Variable/Data element	Where located/who collects? (electronic/written records?)			When began collecting or plans to begin?	Notes
		ACS	ASSIST	Other		
18	Attitude toward treatment/readiness to change at entry			Case file	Since program began	Unsure of location – possibly POSIT or GAIN. Because of being part of program eligibility, it is in file somewhere.
19	Dates of services received with types of service received (see examples below) [Note: If dates are not available, then we would at least need the different types of services received and approximate time periods or the number of times the individual received a particular service].				Since program began	
19a	○ Group A&D sessions			Treatment Provider sign-in (attendance) sheets		Treatment: Potomac Ridge. Info. not electronic
19b	○ Individual A&D sessions			Case file	Program plans to keep these data electronically in the future.	Ms. Kurtz keeps record, youth have set appointments.
19c	○ Mental health services		X, if service provided by DJS	SMART if services provided by Health Dept.		Service provided by DJS, with other resources utilized as needed
19d	○ Anger management classes			Case file, sign-in sheets (hard copy only)	Just starting (July 06) to keep track of this information	Cognitive/life skills.
20	Mental health or A&D diagnoses			Copies of MH evals in case file. Health Dept. may have A&D diagnosis.		MH diagnosis not applicable – not recorded. Program brings in other health professionals. Program plans to begin a MH component in the future.

	Variable/Data element	Where located/who collects? (electronic/written records?)			When began collecting or plans to begin?	Notes
		ACS	ASSIST	Other		
21	Aftercare services (dates and types), if applicable			Case file	Since program began	
22	Dates of re-arrests/re-referrals during program participation	X	X		Since program began	
23	Charge(s)/allegation(s) associated with re-arrests/re-referrals during program participation					
24	Outcome(s) of re-arrests/re-referrals (conviction, dismissed, etc.) during program participation					
25	Other noncompliant behavior (types, dates) during program participation			Case notes	Since program began	
26	Probation violations during program participation	X	X		Since program began	
27	Rewards and sanctions (dates, types, and duration)		Detention information	Case file	Since program began	
27a	Detention/jail time as a sanction		X		Since program began	

OPTIONAL PROGRAM DATA –OR– DATA COLLECTED BY OTHER AGENCIES:

28	Health care use		X	Health Dept. (SMART)	Since program began	
29	Social service use		Possibly collected by DJS, e.g., case #s for work with other agencies		May begin when social worker piece starts	
30	Child Welfare involvement				Since program began	Family Court
30a	○ Out of home placements (placement and return dates)	X	X			Social worker for foster care youth is part of drug court team
31	Subsequent treatment episodes			Health Dept. has this information	Since program began	Contact person: George
31a	○ Start and end dates/Dates of sessions					
31b	○ Modality					
31c	○ Name of provider(s)					
32	Criminal/juvenile justice system involvement [we will look at time before, during, and after program participation] {Note: for juvenile courts, we will still request data from adult criminal justice system}				Since program began	Different ID# used (CT# = criminal tracking number) in ACS as an adult – use Name and DOB for match.
32a	○ Dates of arrests	X	X			
32b	○ Charges/allegations	X	X			
32c	○ Number/Dates of new court cases	X	X			
32d	○ Probation start and end dates	X	X			
32e	○ Levels and changes in levels of supervision		X			
32f	○ Convictions					
32g	○ Detention/jail entry and exit dates		X for detention			
32h	○ Prison entry and exit dates					