

# Greene County Adult Drug Court Springfield, Missouri *Process Evaluation Report*

*Submitted to:*

**Office of the State Court  
Administrator**

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Jefferson City, MO 65109

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**Greene County Adult Drug Court  
Springfield, Missouri**  
*Process Evaluation Report*

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*Informing policy, improving programs*

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## BACKGROUND

**D**rug courts are designed to guide offenders identified as drug-addicted into treatment that will reduce drug dependence and improve the quality of life for the offenders and their families. Benefits to society include substantial reductions in crime and decreased drug use, resulting in reduced costs to taxpayers and increased public safety.

In the typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives operating outside of their traditional roles. The team typically includes a treatment court administrator, case managers, substance abuse 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 and defense attorneys modify their traditional adversarial roles to support the treatment and supervision needs of program participants. Drug court programs blend the resources, expertise and interests of a variety of jurisdictions and agencies.

Drug courts have been shown to be effective in reducing criminal recidivism (GAO, 2005), improving the psycho-social functioning of offenders (Kralstein, 2010), and reducing taxpayer costs due to positive outcomes for drug court participants (including fewer re-arrests, less time in jail and less time in prison) (Carey & Finigan, 2004; Carey, Finigan, Waller, Lucas, & Crumpton, 2005). Some drug courts have been shown to cost less to operate than processing offenders through business-as-usual in the court system (Carey & Finigan, 2004; Carey et al., 2005).

More recently, research has focused not just on *whether* drug courts work but *how* they work, and *who* they work best for. Research based best practices have been developed (e.g., Volume I of NADCP's Best Practice Standards was published in 2013 and Volume II will be released in July 2015). These Best Practice Standards present multiple practices that have been associated with significant reductions in recidivism or significant increases in cost savings or both. The Standards also describe the research that illustrates for whom the traditional drug court model works best, specifically, high-risk/high-need individuals. The Standards recommend that drug court programs either limit their population to high-risk/high-need individuals, or develop different tracks for participants at different risk and need levels (i.e., follow a risk-need responsivity model). That is, drug courts should assess individuals at intake to determine the appropriate services and supervision level based on their assessment results (e.g., Andrews, Bonta, & Wormith, 2006; Lowenkamp & Latessa, 2005). This research has led to the development of more sophisticated drug court programs, including programs that have implemented multiple tracks for their offenders based on the four "quadrants" of risk and need (high-risk/high-need, high-risk/low-need, low-risk/high-need, and low-risk/low-need). The first known programs to implement all four tracks, or quadrants, were the drug courts in Greene County and the City of St. Louis, Missouri where the judicial officers/commissioners and coordinators worked with their teams and with community organizations to develop appropriate supervision, treatment and other complementary services for participants at each risk and need level.

In October 2014, the Office of State Courts Administrator (OSCA) in Missouri, in partnership with NPC Research, received a grant from the Bureau of Justice Assistance, to perform a process evaluation of two

drug courts operating in Missouri that are using the 4-track model, the 4-track program in Greene County (Springfield) and in the City of St. Louis. Both programs are using a specialized screening tool, the Risk and Needs Triage (RANT<sup>®</sup>), a scientifically validated screening tool developed by the Treatment Research Institute (TRI), to place offenders in one of the four risk-need quadrants (See Table 1). The programs both have separate treatment and supervision requirements according to participants’ risk and need levels. The 4-track model implemented in Greene County and the City of St. Louis is an effort to tailor the drug court program to the risk and needs of participants in each quadrant with the expectation that this will improve effectiveness and be more cost and resource efficient.

**Table 1. The Risk and Need Quadrants**

	<b>High Risk</b>	<b>Low Risk</b>
<b>High-need</b>	Quadrant 1 (Q1) High-risk/high-need	Quadrant 2 (Q2) Low-risk/high-need
<b>Low-need</b>	Quadrant 3 (Q3) High-risk/low-need	Quadrant 4 (Q4) Low-risk/low-need

This report contains a description of the process, including the 4-track model, and the evaluation results for the Greene County Adult Drug Court. The recommendations resulting from the process evaluation are based on research performed by NPC in over 100 drug courts around the country and on the Best Practice Standards, as well as on practical experience working with individual courts and collaborating with the professionals who do this work.

### **Process Evaluation Description and Purpose**

Research has demonstrated that drug courts that have performed monitoring and evaluation and made changes based on the feedback have significantly better outcomes, including twice the reduction in recidivism rates and over twice the cost savings (Carey, Finigan, & Pukstas, 2008; Carey, Waller, & Weller, 2011; Carey, Mackin, & Finigan, 2012). A process evaluation considers a program’s policies and procedures and examines whether the program is meeting its goals and objectives. Process evaluations generally determine whether programs have been implemented as intended and are delivering planned services to target populations. To do this the evaluator must have criteria or standards to apply to the program being studied. In the case of drug treatment courts, some nationally recognized guidelines have been established and have been used to assess drug court program processes. The standards established by the National Association of Drug Court Professionals began with the “10 Key Components of Drug Courts” (NADCP, 1997) and expanded based on a prodigious amount of research in the field to include (as described earlier) the Adult Best Practices Standards Volume I (2013) and Volume II (2015). Good process evaluation should provide useful information about program functioning in ways that can contribute to program improvement. The main benefit of a process evaluation is improving program practices with the intention of increasing program effectiveness for its participants. Program improvement leads to better outcomes and impacts and in turn, increased cost-effectiveness and cost-savings. In addition, and particularly relevant to this study, a process evaluation should include a

detailed description of the program that can be used to assist other jurisdictions in implementing the same program model.

## **Process Evaluation Methods**

The information that supports the process evaluation was collected from an online program assessment, staff interviews, participant focus groups, observations of drug court staffings and court sessions, and program documents such as the policy and procedures manual and staffing sheets. The methods used to gather information from each source are described below.

### **ELECTRONIC PROGRAM SURVEY**

An electronic survey was used to gather program process information from the drug court team. This survey, which provides a consistent method for collecting structure and process information from drug courts, was developed based on four main sources: NPC's extensive experience with drug courts, the American University Drug Court Survey, a published paper by Longshore et al. (2001), which lays out a conceptual framework for drug courts, and the 10 Key Components established by the NADCP (1997). The survey covers a number of areas, particularly areas related to the 10 Key Components and the Best Practice Standards—including eligibility guidelines, specific drug court program processes (e.g., phases, treatment providers, urinalyses, fee structure, rewards/sanctions), graduation, continuing care, identification of drug court team members and their roles, and a description of drug court participants (e.g., general demographics, drugs of use). The use of an electronic survey allows NPC and OSCA evaluators to begin building an understanding of the program, as well as to collect information that will support a thorough review of the data collected about the site.

### **OBSERVATION**

The process evaluation was a collaborative effort by NPC and OSCA research staff. A team of three NPC staff and two OSCA research staff members visited the Greene County Adult Drug Court (GCDC) in March 2015 to observe the program judicial officer preside over multiple court dockets, interview all staff members, and conduct focus groups with program participants from different quadrants. OSCA staff returned in April to conduct focus groups with participants from additional quadrants.

These observations, team member interviews, and focus groups provided information about the structure, procedures, and routines used in the drug court.

### **KEY STAKEHOLDER INTERVIEWS**

Key stakeholder interviews, conducted in person, were a critical component of the process study. NPC staff conducted detailed interviews with individuals involved in the administration of the drug court, including the judicial officer, the treatment court coordinator/administrator, probation officers, attorneys, social worker, and treatment representatives.

Interviews were conducted to clarify and expand upon information gained from the online assessment and to obtain a deeper and more comprehensive understanding of the GCDC process. NPC's Drug Court



Typology Interview Guide<sup>1</sup> was referenced for detailed questions about the program. This guide was developed from the same sources as the online survey and provides a consistent method for collecting structure and process information from different types of drug courts. 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 drug court.

## **FOCUS GROUPS**

NPC and OSCA staff conducted focus groups with program participants. The groups were separated by gender and by quadrant and were comprised of individuals in different phases within each quadrant. The focus groups, which took place during March and April 2015, provided participants with an opportunity to share their experiences and perceptions regarding the drug court process. The focus groups were performed separately for Q1 men, Q1 women, Q 2 mixed gender, Q3 men, Q3 women, and a Q4 mixed gender groups. Focus groups were comprised of 8 to 15 participants.

## **DOCUMENT REVIEW**

In order to better understand the operations and practices of the GCDC, the evaluation team also reviewed program documents including the program policy and procedure manual, staffing notes, staffing summaries/forms, participant handbook, and other documents related to the requirements of the four different quadrants.

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<sup>1</sup> The Typology Guide was originally developed by NPC Research under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. A copy of this guide can be found at the NPC Research website at <http://npcresearch.com/wp-content/uploads/Drug-Court-typology-guide-NPC-Research-01-26-04-copyrighted.pdf>

## GENERAL SUMMARY OF FINDINGS AND RECOMMENDATIONS

**T**his section includes brief background information about the Greene County Adult Drug Court and then a summary of the key results and recommendations. The section following this summary provides the detailed results and recommendations for each key component. *Please note that the commendations and recommendations in this summary do not include all commendations and recommendations and do not include the detailed information available in the main text of the report. Please see the main report later in this document for full information.*

The Greene County Adult Drug Court (GCDC) was established in 1998 to address the substance abuse and the associated lifestyle of felony offenders by providing a structured program designed to hold the offenders accountable, help the offenders gain control over the addiction or abuse, and assure that they develop responsible living skills. The goals of the GCDC are to determine the best options for treatment and supervision for each participant that will optimize outcomes at the least cost to taxpayers and with the least threat to public safety, stop the revolving door of incarceration and criminal activity, and to return offenders to their families and the community as productive citizens. In July 2012 GCDC began using the RANT<sup>®</sup> to place participants into quadrants based on prognostic risk and criminogenic need with the objective to use resources more efficiently by targeting the specific risks and needs of the participants. As of June 2015 there were 296 active participants with RANT<sup>®</sup> scores, 174 participants in Quadrant 1 (high-risk/high-need), 10 participants in Quadrant 2 (low-risk/high-need), 78 in Quadrant 3 (high-risk/low-need) and 33 in Quadrant 4 (low-risk/low-need). (Note that some participants active in June 2015 started in the program before the use of the RANT<sup>®</sup> was implemented. Those participants are not included in these numbers).

Overall, the GCDC follows the guidelines and best practices within the 10 Key Components of Drug Courts. Among its many positive attributes, the program should be specifically commended for the following practices:

- **Representatives from all key agencies attend staffing and court sessions.** Research shows that each team member contributes an important perspective and can improve participant outcomes by being a part of the team (Carey et al., 2012). Although the defense attorney and treatment court administrator do not attend all staffing and court sessions due to conflicts with other work they are required to perform, they are present as much as possible, and actively contribute to the team approach when present.
- **Excellent team member communication.** During observations the team exhibited excellent communication skills, generally speaking openly and working toward consensus on recommendations for each participant. Although there are different probation officers and treatment providers at each quadrant staffing session, team members actively collaborate across staffing sessions, which resulted in productive conversations focused on participant needs.
- **Regular email communication.** Drug courts that shared information among team members through email had 65% lower recidivism than drug courts that did not use email (Carey et al., 2012). Team members noted that updates occur regularly via email regarding participant

behavior and court responses. It was also noted that daily phone calls occur among many team members to discuss ongoing or urgent matters related to participants.

- **GCDC has a dedicated prosecuting attorney and defense attorney assigned to the program.** Best practices research indicates that this results in more positive participant outcomes including significantly lower recidivism and increased cost savings (Carey et al., 2008). Both attorneys have a non-adversarial and treatment-based team approach while participating in the drug court proceedings. They are clearly supportive of the drug court concept.
- **The program admits participants with a wide range of charges.** Allowing charges in addition to drug offenses, including some types of violence, allows drug court services to be available to a large group of offenders that need them. Research shows that courts where charges in addition to drug charges are eligible for participation had lower recidivism and higher cost savings (Carey et al., 2008, 2012; NADCP, 2013).
- **Once they have entered the program, participants are connected with treatment services swiftly.** One of the goals of the drug court is to connect individuals to services expeditiously and limit their time in the criminal justice system, so the program works to get participants into treatment within one week (or sooner) of their first drug court session.
- **The program assesses offenders to determine level of risk and need.** Identifying whether participants are substance users or abusers (or whether their substance abuse disorder is mild or severe or somewhere in between) and the level of risk ensures appropriate care is provided and expectations are commensurate with participant risks and needs. The GCDC is one of the very first programs to fully implement all four tracks within a drug court. Team members spoke highly of its effectiveness, noting that very distinct differences exist with the participants related to their assigned quadrant. The program is also commended for being flexible and reclassifying participants when necessary.
- **Treatment agencies are assigned to quadrants according the typical services needed by participants in that quadrant.** The separation of some treatment providers by quadrant allows treatment providers to focus on the specific population(s) they are treating and to understand the importance of risk and need levels. This also creates some efficiencies in that providers can attend staffings just for their relevant quadrant and have the important information about their assigned participants prepared to give to the team.
- **The program provides relapse prevention education while participants are active in the program and continuing care options following graduation.** Drug courts that provide relapse prevention education and continuing care have significantly improved participant outcomes (Carey et al., 2012). Continuing care is also a clinical best practice, supporting individuals in their transition to a drug-free lifestyle.
- **Drug testing occurs at least twice per week.** Research indicates that testing two or more times per week leads to lower recidivism rates. This program is recognized as following best-practices by requiring at least two weekly UAs and maintaining this level of testing for all participants throughout the program.
- **Rapid results from drug testing.** Research has shown that obtaining drug testing results within 48 hours of submission is associated with higher graduation rates and lower recidivism (Carey et al., 2012). The GCDC is commended for adhering to this best practice by receiving all drug test results within 24 hours.

- **Sanctions are imposed swiftly after non-compliant behavior.** In order for behavior change to occur, there must be a link between the behavior and consequences. Scheduling the non-compliant participant for the next upcoming court session (or the non-compliance docket) rather than waiting until the participant's next scheduled session is optimal. The team understands that if a participant has engaged in a behavior that requires a sanction, they need to ensure that the sanction occurs as close to the behavior as possible.
- **The GCDC has developed specific guidelines on program responses to participant behavior and given a printed copy to each team member.** Drug courts that have written guidelines for incentives and sanctions and provide these guidelines to the team have double the graduation rate and three times the cost savings compared to drug courts that do not have written guidelines (Carey et al., 2008, 2011). These guidelines are considered a starting point for team discussion during staffing sessions, not hard and fast rules. They help the team maintain consistency across participants so that, when appropriate, similar behaviors result in similar sanctions. The guidelines also serve as a reminder of the various options available to the team.
- **The team consistently takes into account participant risk and need level, and proximal and distal behaviors in determining a response to participant behaviors.** By virtue of developing the quadrants and team understanding of the purpose for these quadrants, there is good insight into what behaviors should be expected of participants at any point in their time in drug court. Incentives, sanctions and treatment responses are used appropriately in the various quadrants according to Phase and participant risk and need.
- **Jail is used sparingly.** The use of jail is used relatively rarely in the program, though it is consistently used after the second positive drug test and driving without a license or other serious law violations. When it is used, it is rarely more than a few days. As described earlier, research has demonstrated that jail stays of less than 7 days are significantly more effective than longer stays.
- **The commissioner participates in regular training to stay abreast of the latest research as well as training others.** Training and a solid understanding of the drug court model as well as associated topics such as drug addiction, urine drug testing, and behavior modification is key for the commissioner, or any team member, to be most effective in their role in the drug court program.
- **Court is every 2 weeks for high-risk (Q1 and Q3) participants.** Regular and frequent court supervision, specifically at least every 2 weeks in the first phase of the program, is associated with greater reductions in recidivism and other positive participant outcomes.
- **The commissioner is respectful, fair, attentive, and caring in her interactions with the participants in court.** When participants perceive these positive qualities in the commissioner, their outcomes are significantly improved (Zweig, Lindquist, Downey, Roman, & Rossman, 2012).
- **The commissioner consistently spends greater than 3 minutes with each participant.** During observations, the commissioner typically averaged above the recommended 3 minutes when addressing each participant. An average of three minutes per participant is related to graduation rates 15 percentage points higher and recidivism rates that are 50% lower than drug courts that spend less than 3 minutes per participant (Carey et al., 2011).
- **Family members, including children, are allowed and even welcomed in court.** The commissioner will often address children directly to make them feel comfortable. Even when they are not present, the commissioner will often ask after family members. This recognition reinforces the importance of social supports in the recovery of participants.

- **The GCDC collects electronic data.** The program is commended for performing data collection in their existing statewide database (JIS). The program is continuing to collect data and information about participants that will be used for a forthcoming outcome and cost evaluation, which will provide even further detail and insight into the program's effectiveness.
- **Drug court team members receive ongoing training.** The GCDC understands that the drug court model requires specialized training for all staff members to understand their roles, and the science behind effective treatment. Team member training has been demonstrated to produce significantly lower recidivism and greater program completion rates (Carey et. al., 2008, 2012). The GCDC is well aware of this and continues to make team member training a priority. The program also benefits greatly from the drug court commissioner being a faculty member of NDCI, as she is able to inform and train her own team on a regular basis.

Although this program is functioning exceptionally well, NPC's review of program operations resulted in some recommendations for program enhancements. It is recognized that it will not always be feasible to implement all of these recommendations due to budgetary, policy or infrastructure limitations. It is important for the team to be as flexible as possible and do what it can to work around the barriers that are not changeable, in order to accomplish the ultimate goal of doing what is best for the participants. The following recommendations represent the primary areas of suggested program improvement that arose in the staff and participant interviews and observations during the site visit. *Background information, more detailed explanations, and additional recommendations are presented within each of the 10 Key Components in the main body of the report.* Appendix A contains a document providing some suggestions for how to organize the recommendations and make plans to implement any changes.

- **Work toward adding a law enforcement representative to the team.** The GCDC could benefit from having a law enforcement representative on the team. Research has shown that drug courts that include law enforcement as an active team member have higher graduation rates, lower recidivism and higher cost savings (Carey et al. 2012). The role of law enforcement on the team could include assisting probation officers in conducting home visits, to verify that participants are living in an environment conducive to recovery and improve relationships between law enforcement and participants. Law enforcement representatives can learn to recognize participants on the street and can provide an extra level of positive supervision.
- **Consider the use of simple (automated) standardized staffing sheets.** Consistent staffing sheets with participant history and progress notes were not used at staffing meetings. Team members did not mention this issue specifically during the site visit, nor does it appear to greatly hinder program operations (most likely due to the longevity of team members and familiarity with the process); however, the team should consider the feasibility of receiving written progress reports prior to each staffing and court session through a more automated process that does not require large amounts of staff time. The team should explore the possibility of whether reports could be generated from the current database being used by the program. If so, then any relevant data already being entered in the database could be included in the report without additional work by the team. Providing more standardized progress reports may allow the court to better document a participant's progress in the program, which is particularly important for participants who have been in the program for a substantial length of time and may need creative responses to continued negative behavior.
- **Create a participant handbook.** The GCDC does not currently have a complete participant handbook. Creating a handbook specifically for participants would help clarify topics such as

requirements of program phases, incentives and sanctions that might occur (though they should not be given the incentive or sanction grid being used by the team), and over-the-counter medications that are permitted and those not permitted. Defining program minimum requirements (group sessions, drug tests, etc.) would also help new participants understand what exactly the program will entail and ensure that they are well informed about the program's expectations. This is especially important to distinguish since there is even more variation now between participants depending on the quadrant they are assigned. If specific numbers of group and individual treatment sessions cannot be determined in advance because they depend on individual needs, then an average number should be offered as an example. Much of the information that makes up a participant handbook already exists in the program's Frequently Asked Questions document, but having the information in a participant handbook will ensure that the team is clear on the message given to participants and is able to adjust program information more consistently, such as quadrant requirements (perhaps a separate handbook for each quadrant), program contacts, resources, and other general rules.

- **Explore options for ways to keep probation and treatment staff who work directly with participants more consistent.** Some participants experienced turnover of some of the specific probation and treatment staff who worked with them, resulting in a feeling of instability and lack of trust.
- **Consider ways to ensure that a defense attorney is consistently present at staffing meetings and court session.** Although the current defense attorney has extensive experience and training in the drug court model and is very supportive of the program, it would be beneficial for a defense attorney to consistently present at staffing and court. One option might be, given the large number of participants in this program, to engage a second defense attorney and work out a schedule so that there is always an attorney available.
- **Explore the possibility of having the assigned prosecutor agree to be a part of the team for at least two years or indefinitely.** The drug court model, particularly the 4-track model is a unique and complex process and the role of prosecuting attorney in this model that is not typically taught in law school. There is a steep learning curve when a new staff member joins the team. An experienced and well-trained team member typically communicates better and more comfortably with other team members and can create efficiencies that are not possible when the staff member is still learning how to do the job. If a longer tenure is not possible, we recommend creating a training package for new team members that includes written documents, such as the GCDC Policy and Procedure Manual, NADCP's Judicial Bench Book and a participant handbook as well as some videos that illustrate key elements of the drug court model such as incentives and sanctions, drug testing, and the specific role of the attorneys on the team.
- **Work to decrease the length of time from arrest to program entry.** The length of time between referral and drug court entry is longer than indicated by current best practices (approximately 50 days or less). If it has not been completed recently, the team should discuss the possibility of a review of case flow (from arrest date to drug court entry) to identify bottlenecks or structural barriers, and determine places in the process where more efficient procedures may be implemented (e.g., law enforcement could flag potential cases, schedule arraignments sooner, etc.). In addition, the team should brainstorm, perhaps during a policy committee meeting, possible solutions to issues identified in the case flow analysis. Further, one team member could

be assigned to review the systems of programs that have shorter lapses between eligibility determination and drug court entry and bring this information back to the team. The program should consider setting a goal for how many days it should take to get participants into the program (even if 50 days is not possible), and work toward achieving that goal.

- **Ensure that a variety of sanctions are available for the team to consider/use during staffings, particularly more community service options.** The GCDC considers the importance of proximal and distal goals, with the understanding that program expectations for a participant may need to be adjusted on a regular basis. The GCDC also has guidelines in place for the team to follow when responding to a participant's negative behavior. Treatment responses occur as soon as possible following the behavior, and the team does a great job of differentiating treatment responses from sanctions. However, team members did note difficulties in coming up with creative sanctions, and that sanctions are most often some variation of community service. They also reported that there is no set place for community service, and options can be limited at times. Having a more extensive list of possible sanctions to refer to in staffing sessions may remind the team of the options the program has available as well as continuing to work on keeping a community liaison on the team. This will also help avoid the tendency for programs to fall back to using the same sanctions repeatedly.
- **Consider creating a training packet and guide for new team members, particularly those, such as the prosecutor, who rotate, or for position where there is high turnover.** A training package for new team members that includes written documents, such as the GCDC Policy and Procedure Manual, NADCP's Judicial Bench Book and a participant handbook as well as some videos that illustrate key elements of the drug court model such as incentives and sanctions, drug testing, and the specific role of various team members (such as those found at <http://drugcourtonline.org>) would work well as an efficient and consistent training tool. This may be beneficial not only to new team members, but as a reminder for long-term team members. Watching a 3-minute video or two during policy meetings may work well to teach new concepts, or to ensure that all team members are on the same page regarding best practices.
- **Share evaluation and assessment results from this study.** The GCDC team members are encouraged to discuss the overall findings from this current evaluation, both to enjoy the recognition of its accomplishments and to identify areas of potential program adjustment and improvement. Plan a time for the policy committee to discuss the results of this evaluation and make a plan for how to use the information. Appendix A contains a brief set of guidelines for how to review program feedback and next steps in making changes to the program. In addition, the assessment and evaluation results can be very beneficial to the program if it is looking to apply for grants to fund additional positions, etc., or for local funders/agencies to help them access resources. These results can document needs as well as show how well the program has done in other areas.

Overall, the GCDC has successfully implemented a program that incorporates the guidelines of the 10 Key Components of Drug Courts. The program is commended for implementing a program that follows many best drug court practices. The staff should set aside time to discuss the findings and recommendations in this report, both to enjoy the recognition of its accomplishments and to determine how to respond to the recommendations provided.

## GREENE COUNTY ADULT DRUG COURT DETAILED PROCESS EVALUATION RESULTS

The Greene County Adult Drug Court (GCDC) was established in 1998. The program takes pre-plea, post-plea, probation, and 120-day sentenced offenders as participants. The GCDC target population is extremely broad, allowing the program to serve a wide range of people, and is described as any individual that is 17 years or older, and has committed an offense with a drug charge or committed an offense driven by drug use. Probation status, criminal history, and even current residence do not automatically prohibit offenders from entering the program. The GCDC also looks at physical and mental ability to comply with the program requirements and are able to accommodate a participant with physical challenges by providing interpreters, etc.

As previously noted, the GCDC uses the RANT<sup>®</sup> tool to screen for program eligibility and inform quadrant assignment decisions. This is a key tool in the functioning of the program and will be referenced repeatedly in the report. Most of the key components of the drug court model discussed in the report will apply to drug court participants across quadrants; however, the 4-track model necessitates different practices and programming for participants in different quadrants. For example, the proximal and distal behaviors expectations are different for participants who are high need versus low need, therefore the frequency or type of treatment and other services differs between quadrants. Also, lower risk individuals do not need to attend court, or meet with supervision officers as frequently. These differences are noted where appropriate.

According to RANT<sup>®</sup> scores, as of June 2015 there were 174 active participants in Quadrant 1 ( high-risk/high-need), 10 active participants in Quadrant 2 (low-risk/high-need), 78 in Quadrant 3 ( high-risk/low-need) and 33 in Quadrant 4 (low-risk/low-need). (Note that some currently active participants started in the program before the use of the RANT<sup>®</sup> was implemented. Those participants are not included in these numbers). Across quadrants, drugs of choice are quite similar. The most common drugs of choice are marijuana and methamphetamines (just under half of all participants report using one or both substances), followed by alcohol (about 25%) and heroin (approximately 15%).

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

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

In the original monograph on the 10 Key Components (NADCP, 1997), drug court is described as a collaboration between ALL members of a team made up of treatment, the judge, the prosecutor, the defense attorney, the coordinator, case managers, and other community partners. Each team member sees the participant from a different perspective. Participation from all partners contributes to the strength of this model and is one of the reasons it is successful at engaging participants and changing behavior. It is important to keep team members engaged in the process by ensuring they have input on drug court policies and feel their role and contribution is valued.

### National Research

A plethora of research (e.g., Baker, 2013; Carey et al., 2005, 2012; Shaffer, 2011; VanWormer, 2010) has indicated that greater representation of team members from collaborating agencies (e.g., defense attorney, treatment, prosecuting attorney) at team meetings and court hearings is correlated with positive outcomes for participants, including reduced recidivism and, consequently, reduced costs at follow-up. Also, greater law enforcement involvement increases graduation rates, reduces recidivism and reduces outcome costs (Carey et al., 2008, 2012).

Research has also demonstrated that drug courts with one treatment provider or a single central agency coordinating treatment resulted in more positive participant outcomes including higher graduation rates and lower recidivism costs (Carey et al., 2005, 2008). Findings also indicated that when the treatment provider uses email to convey information to the team, the program has greater reductions in recidivism (Carey et al., 2012).

In addition, preliminary studies found that training drug court teams on the NIATx Model enhanced team communication skills (Melnick, Wexler, & Zehner, 2014), increased staff job satisfaction (Melnick, Wexler, & Rajan, 2014), and improved program efficiency leading to higher admission rates, shorter wait times for treatment, and reduced no-show rates at scheduled appointments (Wexler, Zehner, & Melnick, 2012).

### Greene County Adult Drug Court Process

- The GCDC team is comprised of a drug court commissioner, treatment court administrator, multiple probation officers, multiple treatment provider representatives, a defense attorney, an assistant prosecuting attorney, social worker, and two treatment court clerks.
- There is currently no law enforcement representative on the GCDC team. Home visits are conducted exclusively by the probation office. The policy is to do one visit within 90 days of entry and then follow-up visits every 3-6 months. Officers expressed a desire to conduct more frequent visits but have limited resources to do so.
- There is a social worker assigned to the team who works with the participants to provide short term case management services. This includes referrals for dental work, medical needs, treatment assistance. The social worker attends most court sessions and is available on short notice to help address participant needs.
- Before staffing meetings, treatment and probation staff meet to share recent information about participants and discuss what recommendations they want to make to the judge. This meeting is intended to make the full team staffing meetings more efficient.
- Staffing meetings to discuss participant progress are held each week but vary according to a participants' risk and need quadrant (See Table 2). Team members who consistently attend staffing meetings include the drug court commissioner, the probation officers assigned to the specific quadrant, assistant prosecuting attorney, treatment representatives assigned to the quadrant, and two treatment court clerks. When they are available, the treatment court administrator, defense attorney, and other community members will also be in attendance. Quadrant 1 participants are also split by gender and are staffed separately. The schedule for each quadrant is illustrated in Table 2.

**Table 2. Staffing Schedule by Quadrant**

Quadrant ("Q")	Staffing time and day	Frequency	Length of time
Q1 (high-risk, high-need) Male participants only	Monday, 8:00am	Two times per month (1st and 3rd weeks)	2 to 2.5 hours on average
Q1 (high-risk, high-need) Females participants only	Tuesday, 11:00am	Two times per month (2nd and 4th weeks - Alternates with Q1 male court dates)	2 to 2.5 hours on average
Q2 (low-risk, high-need)	No staffing - PO's and treatment counselor's communicate by phone and email as needed; the PO's and treatment counselor's touch base the day before court session is scheduled	N/A	N/A
Q3 (high-risk, low-need)	Thursday, 3:30pm	Two times per month	1 to 1.5 hours on average
Q4 (low-risk, low-need)	No staffing - PO's and treatment counselor's communicate by phone and email as needed; the PO's and treatment counselor's touch base the day before court session is scheduled	N/A	N/A

- All participants scheduled for court in the two high-risk quadrants (Q1 and Q3) are discussed in staffing. The discussions can involve drug testing, phase advancement, and issues such as employment, but the majority of staffing time is spent responding to participants' positive and negative behaviors in the context of whether they are proximal or distal goals. The commissioner regularly prompts the team for recommendations on a court response. Team members readily provide feedback and ideas before a consensus is reached. The commissioner has the authority to make the final decision (and to implement responses that differ from the team recommendations once they are in the court room), however it was observed that the commissioner rarely made a decision different than the team recommendation and the decisions are a collaborative effort.
- Participants in the lower risk quadrants (Q2 and Q4) are not staffed. Team members report that there are very few instances of non-compliance or other issues that occur and it was decided that staffing was not necessary given the extremely high caseload of the treatment court in Springfield in general. Any concerns about Q2 or Q4 participants are addressed through email with the team before Q2 and Q4 court sessions.
- The team members who participate in each staffing always attend the relevant court session for each quadrant. The defense attorney and social worker also attend court whenever they are

available based on their other (non-treatment court) work demands. Bailiffs are always present as well, although they are not considered members of the team. Community supporters and family/friends of participants are occasionally in attendance as well. The court appearance schedule for each quadrant is described in Table 3.

**Table 3. Court Hearing Schedule by Quadrant**

Quadrant (Q)	Court time and day	Frequency	Length of time
Q1 (high-risk, high-need) Male participants only	Tuesday, 3:30pm & Wednesday, 8:00am	Two times per month (1 <sup>st</sup> and 3 <sup>rd</sup> weeks)	1.5 hours on average (about 75 participants per court session)
Q1 (high-risk, high-need) Females participants only	Wednesday, 8:00am	Two times per month (2 <sup>nd</sup> and 4 <sup>th</sup> weeks - Alternates with Q1 male court dates)	1.5 hours on average (about 40 participants per court session)
Q2 (low-risk, high-need)	Wednesday, 8:00am	On the 5 <sup>th</sup> Wednesday of any month with a 5 <sup>th</sup> Wednesday (seen with Q4 participants)	1 hour on average (about 15 participants per court session)
Q3 (high-risk, low-need)	Friday, 8:00am	Two times per month	1 hour on average (about 65 participants per court session)
Q4 (low-risk, low-need)	Wednesday, 8:00am	on the 5 <sup>th</sup> Wednesday of every month with a 5 <sup>th</sup> Wednesday (seen with Q2 participants)	1 hour on average (about 25 participants)
Non-compliance docket All quadrants	Tuesday and Thursdays at 9:00am  (non-compliant participants <u>only</u> )	Two times per week	Varies based on number of non-compliant participants

- GCDC works directly with several treatment providers to provide treatment services to participants. Multiple treatment providers are involved with the program so that services may be tailored to the needs of participants in each quadrant and comingling of participants from different quadrants is minimized. Some providers regularly provide written progress reports (or have recently started to use these reports). Team members reported they have well-established relationships with the providers and communication between providers and the rest of the team members is good. The treatment providers also contribute verbal updates during staffing sessions and regularly speak in court sessions.

- The drug court team has a formal policy committee that meets outside of staffing on an as-needed basis to discuss program issues. The committee consists of representatives from each agency involved in the program and includes the defense attorney and prosecutor from the drug court team. Additional staff such as defense attorneys (those not part of the team) and jail staff may attend when needed such as in cases where they are discussing a change in entry process or for a discussion of logistics around administering assessment in jail or around jail sanctions.
- The majority of drug test samples are submitted at a location managed by the contracted drug test provider, Avertest. Test results (and issues such as suspected tampering) are reported within 24 hours to the team. The probation office also collects drug tests on an as-needed basis from participants (e.g., work schedule conflicts, transportation issues, suspicious behavior).
- Case management is primarily provided by the probation officers and treatment representatives. However, the assigned social worker, treatment court administrator, and other team members will provide case management services in certain situations or when requested. Case management meetings with probation consist of reviewing progress, confirming program requirements (such as self-help meetings), discussing drug test results, and performing case management with participants (transportation needs, employment issues, etc.)

### Commendations

- **Representatives from all key agencies attend staffing and court sessions.** Research shows that each team member contributes an important perspective and can improve participant outcomes by being a part of the team (Carey et al., 2012). Although the defense attorney and treatment court administrator do not attend all staffing and court sessions due to conflicts with other work they are required to perform, they are present as much as possible, and actively contribute to the team approach when present.
- **Good stability among team members.** Having team members who remain in the program (their positions do not rotate) helps build consistency and relationships and is a benefit to the participants. With only one position that rotates regularly (assistant prosecuting attorney), the GCDC has recently had excellent continuity among other team members, resulting in a cohesive team dynamic.
- **Excellent team member communication.** During observations the team exhibited excellent communication skills, generally speaking openly and working toward consensus on recommendations for each participant. Although there are different probation officers and treatment providers at each quadrant staffing session, team members actively collaborate across staffing sessions, which resulted in productive conversations focused on participant needs.
- **Regular email communication.** Drug courts that shared information among team members through email had 65% lower recidivism than drug courts that did not use email (Carey et al., 2012). Team members noted that updates occur regularly via email regarding participant behavior and court responses. It was also noted that daily phone calls occur among many team members to discuss ongoing or urgent matters related to participants.
- **A policy committee exists that has appropriate key stakeholders and meets regularly.** The GCDC has a policy committee that meets regularly for the purpose of discussing and making decisions about policy issues. Policy meetings include representatives from the agencies that play a role on the drug court team as well as the team attorneys and other defense attorneys and community partners who are not official members of the team.

## Recommendations

- **Work toward adding a law enforcement representative to the team.** The GCDC could benefit from having a law enforcement representative on the team. Research has shown that drug courts that include law enforcement as an active team member have higher graduation rates, lower recidivism and higher cost savings (Carey et al., 2012). The role of law enforcement on the team could include assisting probation officers in conducting home visits, to verify that participants are living in an environment conducive to recovery and improve relationships between law enforcement and participants. Law enforcement representatives can learn to recognize participants on the street and can provide an extra level of positive supervision.
- **Consider the use of simple (automated) standardized staffing sheets.** Consistent staffing sheets with participant history and progress notes were not used at staffing meetings. Team members did not mention this issue specifically during the site visit, nor does it appear to greatly hinder program operations (most likely due to the longevity of team members and familiarity with the process); however, the team should consider the feasibility of receiving written progress reports prior to each staffing and court session through a more automated process that does not require large amounts of staff time. If reports could be generated from the current database being used by the program, then any relevant data already being entered in the database could be included in the report without additional work by the team. All the treatment providers who work with participants attend staffing sessions and provide verbal updates to the team. Some treatment providers also submit a staffing summary sheet, but this varies among the different staffing sessions and the information included differs depending on the provider. Probation and treatment providers also meet outside of the regularly scheduled staffing sessions to discuss participant issues and/or to come up with recommendations for a court response (supervision and treatment staff for one quadrant was observed in a pre-staffing meeting), but this also does not occur across all staffing sessions during the week. Providing more standardized progress reports may allow the court to better document a participant's progress in the program, which is particularly important for participants who have been in the program for a substantial length of time and may need creative responses to continued negative behavior.
- **Create a participant handbook.** The GCDC does not currently have a complete participant handbook. Creating a handbook specifically for participants would help clarify topics such as requirements of program phases, incentives and sanctions that might occur (though they should not be given an incentive or sanction grid being used by the team), and over-the-counter medications that are permitted and those not permitted. Defining program minimum requirements (group sessions, drug tests, etc.) would also help new participants understand what exactly the program will entail and ensure that they are well informed about the program's expectations. This is especially important to distinguish since there is even more variation now between participants depending on the quadrant they are assigned. If specific

Focus Group Quote: *“One of the things I appreciate is that there’s so many different people that we deal with...a probation officer and then a counselor one-on-one, and then I have three classes with two teachers and then there’s [the social worker] that we can turn to and talk to and then the judge. So it’s like four, five, six people that all have an idea of where you’re at and what you’re going through...You know that if you told your probation officer one thing or another that the judge is going to know it...I see that as a positive part of it, that they are talking all the time.” – Q1*

Participant

numbers of group and individual treatment sessions cannot be determined in advance because they depend on individual needs, then an average number should be offered as an example. Much of the information that makes up a participant handbook already exists in the program's Frequently Asked Questions document, but having the information in a participant handbook will ensure that the team is clear on the message given to participants and is able to adjust program information more consistently, such as quadrant requirements (perhaps a separate handbook for each quadrant), program contacts, resources, and other general rules.

- **Explore options for ways to keep probation and treatment staff who work directly with participants more consistent.** Some participants experienced turnover of some of the specific probation and treatment staff who worked with them, resulting in a feeling of instability and lack of trust.

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

This key component is concerned with the balance of three important issues. The first issue is the nature of the relationship between the prosecution and defense counsel in drug court. Unlike traditional case processing, drug court case processing favors a collaborative approach. The second issue is to ensure the drug court remains responsible for promoting public safety. The third issue is to ensure the protection of participants' due process rights.

### National Research

Research by Cissner et al. (2013) and Carey et al. (2012) found that participation by the prosecution and defense attorneys in team meetings and at drug court status review hearings had a positive effect on graduation rates and recidivism<sup>2</sup> costs.

In addition, drug courts that included charges in addition to drug offenses also showed lower recidivism costs. Allowing participants into the drug court program only post-plea was associated with lower graduation rates and higher investment<sup>3</sup> costs while drug courts that mixed pre-trial and post-trial offenders had similar outcomes as drug courts that keep those populations separate (Carey, et al., 2008).

Focus Group Quote: *“My biggest problem was all the POs I went through. Seemed like I had a new PO every couple of months. And counselors. Where I go, the counselors would come and go. When you form a bond and put everything out on the table and then they are gone. You have to start fresh with somebody all over. You just aren't that comfortable. Half way through the program or almost over with the program, and that was a big ordeal for me. I did not like that. I hated when I had to switch POs because I felt like I had just got comfortable with one PO and they knew me, they knew my life, the style with my family and then I had a new one.”*

– Q2 Participant

<sup>2</sup> Recidivism costs are the expenses related to the measures of participant outcomes, such as re-arrests, jail time, probation, etc. Successful programs result in lower recidivism costs, due to reductions in new arrests and incarcerations, because they create less work for courts, law enforcement, and other agencies than individuals who have more new offenses.

<sup>3</sup> Investment costs are the resources that each agency and the program overall spend to run the drug court, including program and affiliated agency staff time, costs to pay for drug testing, etc.

### Greene County Adult Drug Court Process

- A dedicated assistant prosecuting attorney is assigned to the GCDC team and participates in all staffing and court sessions. This position of the prosecuting attorney is considered by the Prosecutor's office to be a rotating position, but there is no set turn. The current prosecutor on the team began with the GCDC less than one year ago, but the prosecutor before him was on the team for 5 years. The GCDC assistant prosecuting attorney reviews each referred case, conferring with others in his office if needed. He also attends court (4 out of 5 days during the week) to ensure he is aware of the current status of each participants and has the opportunity to weigh in when needed.
- The defense attorney assigned to the program is a private attorney who volunteers his time with the GCDC. The defense attorney attempts to attend most staffing and court sessions, but occasionally cannot attend due to other work commitments. The defense attorney provides general counsel to participants, such as dealing with a pending case or submitting other legal documentation, as well as offering encouragement and praise to participants.
- The defense attorney and assistant prosecuting attorney are included on all GCDC policy-related matters.
- The defense attorney has attended national drug court conferences and received extensive drug court specific training.
- The GCDC works to provide training opportunities to the assigned prosecuting attorney (when available). However, due to the regular rotation that occurs with the prosecuting attorney role, some do not receive drug court specific training while on the team.
- The program can accept pre-plea, post-plea, probation referrals, and offenders who receive 120-day sentences. Many potential admissions are identified by the prosecuting attorney's office, as they flag cases with drug charges for consideration to drug court.
- Both attorneys are typically aware when a drug court participant is sanctioned to jail for non-compliant behavior.
- The program may allow participants with non drug charges, violent charges, drug dealing charges, mental health issues, or out of county residency into the program; these are considered on a case-by-case basis. A more detailed description of the program eligibility criteria is included in Key Component #3.

### Commendations

- **GCDC has a dedicated prosecuting attorney and defense attorney assigned to the program.** Best practices research indicates that this results in more positive participant outcomes including significantly lower recidivism and increased cost savings (Carey et al., 2008). Both attorneys have a non-adversarial and treatment-based team approach while participating in the drug court proceedings. They are clearly supportive of the drug court concept.
- **The program admits participants with a wide range of charges.** Allowing charges in addition to drug offenses, including some types of violence, allows drug court services to be available to a large group of offenders that need them. Research shows that courts where charges in addition to drug charges are eligible for participation had lower recidivism and higher cost savings (Carey et al., 2008, 2012; NADCP, 2013). In addition, research in 69 drug courts showed that programs that included offenders with violent charges had similar outcomes to those that did not allow violent offenders, demonstrating that drug court is equally effective across charge types (Carey et al., 2008, 2012; Saum & Hiller, 2008). The GCDC is also commended for allowing defendants

that reside outside of the county (in certain circumstances) to participate in the program, as this is an extremely complicated and difficult process that most drug courts have not been able to achieve.

### Recommendations

- **Consider ways to ensure that a defense attorney is consistently present at staffing meetings and court session.** Although the current defense attorney has extensive experience and training in the drug court model and is very supportive of the program, it would be beneficial for a defense attorney to consistently be present at staffing and court. One option might be, given the large number of participants in this program, to engage a second defense attorney and work out a schedule so that there is always an attorney available.
- **Explore the possibility of having the assigned prosecutor agree to be a part of the team for at least two years or indefinitely.** The drug court model, particularly the 4-track model is a unique and complex process and the role of prosecuting attorney in this model is not typically taught in law school. There is a steep learning curve when a new staff member joins the team. An experienced and well-trained team member typically communicates better and more comfortably with other team members and can create efficiencies that are not possible when the staff member is still learning how to do the job. If a longer tenure is not possible, we recommend creating a training package for new team members that includes written documents, such as the GCDC Policy and Procedure Manual, NADCP's Judicial Bench Book and a participant handbook as well as some videos that illustrate key elements of the drug court model such as incentives and sanctions, drug testing, and the specific role of the attorneys on the team.

The role of the prosecution is still to protect public safety, including that of the client. Prosecutors have tremendous power. It can be used to facilitate the goals of the court. The power can be used to praise, engage, and encourage participants in the court. Prosecutors can be excellent contributors to reinforcing incentives, or in instilling hope on “bad days.” Sometimes a simple “I am glad to see you” makes a difference when it comes from such an unusual source.

Prosecutors and defense attorneys should not engage in activities with the court without the other attorney being present to avoid ex parte communication and to ensure due process for participants. Having prepared counsel on both sides present in court allows for contemporaneous resolution, court response, and return to treatment. Working together, attorneys can facilitate the goals of the court and simultaneously protect the client and the constitution.

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

The focus of this component is on the development, clarity and effectiveness of the eligibility criteria and referral process. Different drug courts have different eligibility and exclusion criteria. Some drug courts include criteria unrelated to the defendant’s criminal history or addiction severity, such as requiring that participants admit to a drug problem or meet other “suitability” requirements. Research reveals that the most effective drug courts have clearly defined eligibility criteria. It is advisable to have these criteria written and provided to all potential referral sources. Drug courts also differ in how they

determine if a client meets entry criteria. While drug courts are always targeting clients with a substance use problem, the drug court may or may not use a substance abuse screening instrument to determine eligibility. The same may apply to mental health screens. A screening process that includes more than just an examination of legal eligibility may take more time, but also results in more accurate identification of individuals who are appropriate for the services provided by the drug court.

Related to the eligibility process is the efficiency of the program entry process, including how long it takes a defendant to move through the system from arrest to referral to drug court entry. The goal is to implement an expedient process. The time between arrest to referral and referral to drug court entry, the key staff involved in the referral process, and whether there is a central agency responsible for treatment intake, are all factors that impact the expediency of program entry.

### National Research

There is extensive research indicating that offenders who are addicted to illicit drugs or alcohol (i.e., have moderate to severe substance use disorder) and are at high risk for criminal recidivism or failure in typical rehabilitative dispositions are best suited for the full drug court model including intensive supervision and drug and alcohol treatment. Drug courts that focus their efforts on high-risk, high-need offenders show substantial reductions in recidivism and higher cost savings (Carey et al., 2008, 2012; Cissner et al., 2013; Downey & Roman, 2010; Lowenkamp, Latessa, & Smith, 2006). It is recommended in the Best Practice Standards (NADCP, 2013) that drug courts that allow offenders who are not high-risk, high need into their programs should develop different tracks that adapt the treatment and supervision services to fit the specific risk and need level of their participants.

Carey et al. (2008) found that courts that accepted pre-plea offenders and included misdemeanors as well as felonies had both lower investment costs and outcome costs. Courts that accepted other types of charges, in addition to drug charges also had lower outcome costs, although their investment costs were higher.

Those courts that expected 50 days or less from arrest to drug court entry had higher savings than those courts that had a longer time period between arrest and entry (Carey et al., 2012).

Other research found that drug courts that included a screen for suitability and excluded participants who were found unsuitable had the same outcomes (e.g., the same graduation rates) as drug courts that did not screen for suitability and did not exclude individuals based on suitability (Carey & Perkins, 2008). Moreover, programs that did *not* exclude offenders with mental health issues had a significant cost savings compared with those that did (Carey et al., 2012).

### Greene County Adult Drug Court Process

- The target population of the GCDC is any individual who is 17 years or older charged with a drug related offense (or an offense driven by drug use). The program accepts both substance abusers and those who are substance dependent (that is, the program accepts the full range of mild to severe substance use disorder). The team reported that most candidates are high-risk/high-need, based on their RANT<sup>®</sup> score. Other factors are also reviewed before admission including criminal history, treatment needs, and mental health issues.
- Individuals with certain sex offenses or with current violent charges are not eligible to participate in the drug court.

- The GCDC will accept individuals using medication assisted treatment (such as methadone or other legally prescribed narcotics). Generally, the GCDC accepts the majority of participants who are referred and otherwise legally eligible to participate in the program.
- The GCDC eligibility requirements are written and most referring team agencies have copies of the eligibility criteria.
- The vast majority of program referrals are received from the local court (judges that send cases to the drug court). Other sources, including the prosecuting attorney's office, private attorneys, and probation office also regularly provide referrals.
- The GCDC has worked with the local court over many years to establish a system of referring individuals to the program. Currently, many cases are flagged by the prosecuting attorney's office for consideration to drug court. However, all local judges are aware of the drug court and consistently refer cases. Once cases have been identified and referred, the courtroom clerk will schedule the defendants to complete a RANT® screen with the treatment court administrator (or other team members as needed). Once the RANT® has been completed, the defendants are arraigned by the drug court commissioner and the case is sent back to the original judge for final sentencing (where defendants are officially sentenced and ordered to complete the drug court program).
- Participants are assigned to a quadrant based on their RANT® score. They are then assigned a treatment provider, determined by their quadrant and also with considerations for their gender, cultural background and/or religious affiliations. This information is sent to the probation office prior to the participant's first court hearing, so that the assigned probation officer can complete a criminal background of the participant, including their non-compliance/revocation history, drug testing history, employment information, and any potential issues the program should be aware of. The probation officer also sets up an initial meeting with the participants to review drug court requirements and begins work with the participants immediately, reporting to the team at the initial court session.
- The prosecuting attorney can oppose a potential referral, but cannot veto a case from entering the program. If the prosecutor opposes a referral, but the rest of the team approves the entry, the opposition is formally added to the court records, but the defendant will typically still enter the program.
- The estimated time between participant arrest and referral is over 51 days. The estimated time between referral and program entry is an additional 51 days or more resulting in over 100 days between arrest and entry.
- The program always evaluates a participant's prognostic risks and criminogenic needs with the RANT. This screening tool helps determine the ideal level (and type) of supervision and treatment necessary for an individual to be successful in drug court. Program staff noted that occasionally a participant is not truthful during the RANT® administration—despite staff emphasis that non-truthful answers can result in having to re-assign them to a different probation officer and treatment provider. In these cases participant behavior usually reveals the need for a reclassification before long.

- In addition to the RANT, a full Initial Standardized Assessment Protocol (ISAP) is performed by the providers who work with all Q1 and Q2 participants (those with high clinical needs) to determine level of treatment and complementary services shortly after admission to drug court. The assessment includes DSM-V diagnostics, psychiatric status, service needs, and treatment history (among other bio-psycho-social information). The use of this assessment is described further under Key Component #4.
- The incentives for entering the program include early termination of probation, suspension of jail/prison/probation sentences, and charges for the case that led to drug court being dismissed or expunged.
- Approximately 90% of GCDC participants are polysubstance users/abusers. Across quadrants, drugs of choice are quite similar. The most common drugs of choice are marijuana and methamphetamines (just under half of all participants report using one or both substances), followed by alcohol (about 25%) and heroin (approximately 15%).
- The drug court’s capacity is reported to be approximately 300 participants. As of June 2015, the program had 296 active participants.

Commendations

- **Once they have entered the program, participants are connected with treatment services swiftly.** One of the goals of the drug court is to connect individuals to services expeditiously and limit their time in the criminal justice system, so the program works to get participants into treatment within one week (or sooner) of their first drug court session.
- **The program assesses offenders to determine level of risk and need.** Identifying whether participants are substance users or abusers (or whether their substance abuse disorder is mild or severe or somewhere in between) and the level of risk ensures appropriate care is provided and expectations are commensurate with participant risks and needs. The GCDC is one of the very first programs to fully implement all four tracks within a drug court. Team members spoke highly of its effectiveness, noting that very distinct differences exist with the participants related to their assigned quadrant. For those who are aware that there are different tracks in the program, participants accept and even embrace knowledge that they are in different quadrants. The Q4s (low-risk/low-need) tend to be brand new to the justice system as opposed to the Q1s (high-risk/high-need) who tend to have had long time involvement with the system. The Q3s (high-risk/low-need) appear to be well aware that they are prone to manipulate people. The Q2s (low-risk/high-need) tend to report being disconnected to family and other support systems. Some treatment resources that are not needed by lower need participants can be allocated to

Focus Group Quotes:

*“We know we have less criminal behavior and need more treatment.”*  
– Q2

*“Until they slapped me in drug court....typical probation is easy to manipulate but once they stick you in drug court you really don’t have a choice but to straighten up and fly right.”* – Q3

*“We are manipulators. To manipulate on standard probation is SO easy.”* – Q3

*“I needed help with being in the drug world. I didn’t have friends who weren’t ex cons or drug dealers. It’s the only world I knew. I have no family and no resources to build me back up to where I am now. Without drug court I couldn’t have done it.”*  
– Q3

*“I have never been arrested for anything except one time I showed up two days late to pay a ticket and got arrested. I think sometimes they get in the habit of assuming you’re a criminal and you know what’s going on. I was lost the entire time I was new.”* – Q4

people who are high need; at the same time low-need participants can focus on other opportunities that may be more immediately useful for them, such as employment and education. The program is also commended for being flexible and reclassifying participants when necessary.

- **The GCDC does not assess for suitability.** Program staff do not consider a participant’s perceived motivation level or openness to treatment (or other factors not measurable with a standardized assessment) to determine eligibility for the program. The GCDC is commended for this practice, as research has shown that screening participants for suitability and excluding “unsuitable” participants based on team members’ impressions of whether a participant is appropriate for the program has no effect on program outcomes including graduation and recidivism rates (Carey et al., 2008, 2011; Carey & Perkins, 2008).

### Recommendations

- **Work to decrease the length of time from arrest to program entry.** The length of time between referral and drug court entry is longer than indicated by current best practices (approximately 50 days or less). If it has not been completed recently, the team should discuss the possibility of a review of case flow (from arrest date to drug court entry) to identify bottlenecks or structural barriers, and determine places in the process where more efficient procedures may be implemented (e.g., law enforcement could flag potential cases, schedule arraignments sooner, etc.). In addition, the team should brainstorm, perhaps during a policy committee meeting, possible solutions to issues identified in the case flow analysis. Further, one team member could be assigned to review the systems of programs that have shorter lapses between eligibility determination and drug court entry and bring this information back to the team. The program should consider setting a goal for how many days it should take to get participants into the program (even if 50 days is not possible), and work toward achieving that goal.
- **Monitor program size and capacity for delivering best practices.** Large programs sometimes have higher recidivism than smaller programs. This is most likely due to the fact that as programs become larger, there is a natural tendency to lose some of the other best practices, particularly those that cost money or take more time. Larger drug courts tend to perform drug testing less often, have fewer case management appointments, and have less participation by team members in staffing and court sessions in order to complete their daily tasks and duties. The development of the four tracks is designed to address this issue by providing specific services efficiently and appropriately to only those participants that need them. Also, it should be noted that team members did not express any concern around the program’s capacity to provide necessary services during interviews (outside of not being able to provide more tangible incentives), but it should continue to be monitored as the program continues to grow.

### **KEY COMPONENT #4: DRUG COURTS PROVIDE ACCESS TO A CONTINUUM OF ALCOHOL, DRUG AND OTHER TREATMENT AND REHABILITATION SERVICES.**

The focus of this key component is on the drug court’s ability to provide participants with a range of treatment services appropriate to their clinical needs. Success under this component is highly dependent on success under the first component (i.e., ability to integrate treatment services within the program). Compliance with Key Component #4 requires having a range of treatment modalities or types of service available. However, drug courts still have decisions about how wide a range of treatment and habilitation services to provide, available levels of care, and which services are important for their target population.

## National Research

National research has demonstrated that outcomes are significantly better in drug courts that offer a continuum of care for substance abuse treatment including residential treatment and recovery housing in addition to outpatient treatment (Carey et al., 2012; Koob, Brocato, & Kleinpeter, 2011; McKee, 2010). Assigning a level of care based on a standardized assessment of treatment needs as opposed to relying on professional judgment or discretion results in significantly better outcomes (Andrews & Bonta, 2010; Vieira, Skilling, & Peterson-Badali, 2009). In the criminal justice system, mismatching offenders to a higher level of care than they require has been associated with negative effects including poor outcomes. For example, offenders who received residential treatment when a lower level of care was appropriate had significantly higher rates of treatment failure and criminal recidivism than offenders with comparable needs who were assigned to outpatient treatment (Lovins, Lowenkamp, Latessa, & Smith, 2007; Lowenkamp & Latessa, 2005).

Further, drug courts are more effective when they offer access to complementary treatment and social services to address co-occurring needs. A multisite study of approximately 70 drug courts found that programs were significantly more effective at reducing crime when they offered mental health treatment, family counseling and parenting classes, and were marginally more effective when they offered medical and dental services (Carey et al., 2012). Drug courts were also more cost-effective when they helped participants find a job, enroll in an educational program, or obtain sober and supportive housing (Carey et al., 2012). A statewide study of 86 drug courts in New York found that when drug courts assessed participants for trauma and other mental health needs, and delivered mental health, medical, vocational or educational services where indicated had significantly greater reductions in criminal recidivism (Cissner et al., 2013).

However, research does not support a practice of delivering the same complementary services to all participants. Drug courts that required all of their participants to receive educational or employment services were determined to be less effective at reducing crime than drug courts that matched the services to the assessed needs of the participants (Shaffer, 2006). Further, according to Volume II of NADCP's Best Practice Standards, "Requiring participants to receive unnecessary services is not merely a waste of time and resources. This practice can make outcomes worse by placing excessive demands on participants and interfering with the time they have available to engage in productive activities (Gutierrez & Bourgon, 2012; Lowenkamp et al., 2006; Prendergast, Pearson, Podus, Hamilton, & Greenwell, 2013; Vieira et al., 2009)."

Other research on drug court practices found that programs that require at least 12 months for participants to successfully complete have higher reductions in recidivism. In addition, programs that had three or more phases showed greater reductions in recidivism (Carey et al., 2012).

The American University National Drug Court Survey (Cooper, 2000) showed that most drug courts have a single treatment provider agency. NPC, in a study of 18 drug courts in four different states (Carey et al., 2008), 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 recidivism related costs. More recent research supports this finding, revealing that reductions in recidivism decrease as the number of treatment agencies increase (Carey et al., 2012).

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

#### Greene County Adult Drug Court Process

- All four quadrants tracks in the GCDC are designed to last 18 months, as the prosecutor required that all participants have the same requirement for program length. The high-risk quadrants (1 and 3) have 3 phases, while the low-risk quadrants (2 and 4) have no phases. In all quadrants program requirements are progressively reduced over time. However, the program requirements are different for the different tracks in terms of frequency of court sessions (as described earlier) and graduation requirements. Because probation supervision and treatment requirements are individualized based on assessed risk and need, treatment and probation naturally vary between quadrants. For example, the low-risk quadrants (Q2 and Q4) meet with probation less often than the high-risk quadrants (Q1 and Q3).
- As described in Key Component #3, in addition to the RANT, a full Initial Standardized Assessment Protocol (ISAP) is performed by the providers who work with all Q1 and Q2 participants (those with high clinical needs) to determine level of treatment and complementary services shortly after admission to drug court. The assessment includes DSM-V diagnostics, psychiatric status, service needs, and treatment history (among other bio-psycho-social information). An individualized treatment plan is developed from the assessment including group and individual sessions, as well as any other service needs (trauma support, relapse prevention, Moral Reconation Therapy [MRT], etc).
- Brief interviews, adapted from forms that are typically used for substance abusers, are performed by the providers who work with all Q3 and Q4 participants (those with low clinical needs) to determine type and level of care needed shortly after admission to drug court. An individualized treatment plan is developed from the interview, but does not include addiction-centered treatment. Group and individual sessions are determined for each individual, as well as any other needed services (trauma services, MRT, co-dependency groups, etc).
- Participants attend treatment sessions (group and individual sessions) based on their individual case plan and recommendations from the treatment providers, but there are no general requirements or minimum number of group or individual sessions.
- Although case plans are individualized, each quadrant has some specific requirements: Q1's are required to participate in MRT and relapse prevention groups and must be screened for trauma groups (most of Q1's are in women's or men's trauma groups); Q2's are required to participate in a non-criminal version of MRT and in relapse prevention groups and must also be screened for trauma groups (most of Q2's are also in men's or women's trauma groups); Q3's must participate in MRT and must be screened for trauma groups but are not required to do relapse prevention; Q4's must participate in "Early Intervention," a modified version of the Dept of Corrections educational curriculum.
- Each quadrant varies in the type of treatment received based on assessed need. The amount of treatment/number of sessions is continually evaluated by the treatment provider across quadrants and gradually decreases as participants' progress through the program.
- High-need participants (Q1s and Q2s only) are required to attend self-help meetings while participating in the program. These meetings are not required of low-need participants (Q3s and Q4s).

- Due to the differing needs of participants in the four quadrants, multiple treatment providers work with the GCDC to provide services. In addition, using separate treatment providers for different quadrants prevents participants from different risk levels from attending the same groups, which research has shown can be ineffective and even harmful in some situations (see NADCP's Best Practice Standards Volume I, 2013, for a review of this research). This separation also allows the treatment providers to have a specific treatment focus and tailor services to their assigned participants. The treatment providers working with the GCDC are listed in Table 4 along with the quadrants and gender of participants they work with.
- The GCDC has the following services available to participants during their time in the program: Job training/vocational program, employment assistance, health education, family/domestic relations counseling, GED/education assistance, housing/homelessness assistance, health care, dental care, medication-assisted treatment for substance dependence, transportation assistance, child care, financial counseling/assistance, and literacy classes.
- The GCDC has the following types of treatment available to participants during their time in the program: Motivation Enhance Therapy (MET), Social Skills Training, Moral Reconciliation Therapy (MRT), Motivational Interviewing, Recovery Training and Self Help, Community Reinforcement Approach, Contingency Management, Matrix, Cognitive Behavioral Therapy, and Trauma-Informed Care.
- All the treatment providers used by the GCDC employ professionals who are licensed to work with co-occurring disorders. Participants are always screened for co-occurring mental disorders as well as suicidal ideation after admission. If an individual is found to have a co-occurring disorder, mental health treatment will be provided as a part of their program-related treatment.
- Continuing care services are available through some of the treatment agencies. Heartland Center has an established group for men called MORE (Men Out Recovering Everyday). The MORE group has board members, drug court alumni members, and a calendar of events that includes monthly volunteering at the local Veteran's center. MORE also organizes numerous other pro-social and sober events, such as bowling, fundraising walks, toy drives, and summer picnics. Any graduate of the program can also sit in and participate in groups for ongoing support with Heartland Center.
- Another treatment provider, Alternative Opportunities, has also established Better Life in Recovery (BLIR), a group where their participants (men and women) are also involved with pro-social community service type activities. Team members noted that they recently re-painted a playground and have organized camping/float trips, among other events and that prior participants are welcome to attend events to stay connected to the program and receive continued support.

Focus group participants commenting on what they like most about treatment services:

*"The programs that are available and to take advantage of. There's fathering classes, not just drug classes."*

*"There are programs that help you out with getting a job, looking for a job."*

*"We talk about relationships in drug classes. It's not about just being sober."*

*"They help you with all your triggers. Being a better father, husband, worker, so you're more well rounded."*

*"I was so surprised because we didn't talk about drugs. We talked about learning how to live."*

**Table 4. Treatment Providers for Participants in Each Quadrant**

Treatment provider	Quadrants Served
<p>Heartland Center</p> <p>According to Heartland Center’s website, Heartland Center for Behavioral Change has been delivering hope, healing and recovery to people struggling with addiction since 1982. They are a nonprofit organization that has helped thousands of people begin a new life—free of alcohol and drugs. Heartland Center services are tailored to meet the unique needs of each individual. They deal not only with addiction but also with problems that keep recovery out of reach. Whether it’s employment, family or finances,</p>	<p>Q1 – Approximately half of the male participants</p> <p>Q3 – Male participants</p>
<p>Alternative Opportunities (AO)</p> <p>AO recently merged with Preferred Family Healthcare. Their mission as stated on their website is “to provide individualized services and supports that are community based, culturally relevant, and responsive to the strengths, needs, and preferences of the individual or family being served.”</p>	<p>Q1 – One-third of male participants</p> <p>Q1 and Q3 – All female participants</p> <p>Q2 – All participants (male and female)</p>
<p>Recovery Outreach Services (ROS)</p> <p>The ROS website states that ROS provides custom-tailored programs that are not only aimed at treating addiction, but also providing a safe and healthy environment that’s highly supportive of the recovery process (and at a truly affordable price). ROS aims to help people realize their potential as they overcome adversity and the consequences of poor past choices through encouragement, structure, and community support.</p>	<p>Q1 – Some participants</p> <p>Q3 – Some participants</p> <p>Q4 – All participants</p>
<p>Faith-based providers</p>	<p>All quadrants, male and female, as requested by participants but only a small number of participants overall</p>

- Child care services are available from Alternative Opportunities (AO) for participants while they are attending treatment sessions through AO.
- Bus passes may be given to participants who are experiencing transportation difficulties, although a lack of funding limits the number of passes provided.
- Transitional housing (and occasionally longer term housing) is provided for men and women by various housing providers in the area, but team members noted difficulties due to the high volume of individuals in need of their services and the extensive requirements by housing providers that can be challenging for participants to meet. The program social worker often assists participants with this process.

- All participants are required to pay fees once they enter the drug court program. The standard cost is \$2,500 over the course of the program, with specific amounts due during each phase. The fee is not on a sliding scale and all participants are required to pay. However, on rare occasions, some part of the fee may be waived for participants with high restitution payments, or high child support payments who can document their hardship in making payments.

#### Commendations

- **The program length is a minimum of 18 months, and the program has at least 3 phases.** Programs that have a minimum length of stay of at least 12 months had significantly higher reductions in recidivism. In addition, programs that had three or more phases showed greater reductions in recidivism (Carey et al., 2012).
- **The program offers an array of treatment services based on individual participants' assessed needs and uses evidence-based programming.** As described above, the GDCDC offers a breadth of diverse and specialized services to program participants through its partnership with the various treatment providers. Each provider has considerable strengths, along with services that allow them to treat participants assigned to specific quadrants. This arrangement has sharpened the focus of the treatment resources being utilized, ensuring that participants are receiving the specific treatment and complementary services they need.
- **Treatment agencies are assigned to quadrants according to the typical services needed by participants in that quadrant.** The separation of some treatment providers by quadrant allows treatment providers to focus on the specific population(s) they are treating and to understand the importance of risk and need levels. This also creates some efficiencies in that providers can attend staffings just for their relevant quadrant and have the important information about their assigned participants prepared to give to the team.
- **The program provides relapse prevention education while participants are active in the program and continuing care options following graduation.** Drug courts that provide relapse prevention education and continuing care have significantly improved participant outcomes (Carey et al., 2012). Continuing care is also a clinical best practice, supporting individuals in their transition to a drug-free lifestyle.

#### Focus Group Participants' comments on fees:

*"I understand there's fees...I'm not saying you shouldn't have to pay anything, but...I feel like it should depend on...how good you're doing with the program, maybe knock a little money off, or find a way to work out a better payment arrangement or something."*

*"The cost is actually really, really good on our end because for like \$2,500...there's no way you get the treatment and the UAs for that kind of money....it's way more expensive [if we were to try to get these services on our own]."*

#### Focus Group Participant perspective on the quadrants:

*"I really like the [quadrants]. I think that's really smart...from what I understand before everyone was thrown in this pile...I'm different from her, she's different from me and so it's like my addiction might not be like somebody else's so I can go out and get a decent job where I don't have to do 20 hours worth of treatment and go to court all this time."*

### Recommendations

- **Communicate with participants who have been in the program for an extended period of time (and with staff) about why those participants are still in the program.** It was observed during the site visit that there were a number of participants who had been involved with the program for several years (multiple cases had been active in the program for 3+ years). Some team members and participants suggested that these lengthy program stays are sometimes due to a participant's inability to pay treatment court fees. Other staff suggested that it was not the fees but repeated (though small) non-compliance issues. If participants and staff do not understand why some participants are still in the program, then it would be useful for them to have a clear explanation for why they are still there and what they need to do to successfully complete.

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

The focus of this key component is on the use of alcohol and other drug testing as a part of the drug court program. Drug testing is important both for court supervision and for participant accountability. It is generally seen as a key practice in participants' treatment process. This component encourages frequent testing but does not define the term "frequent" so drug courts have developed their own guidelines on the number of tests required. Related to this component, the drug court must assign responsibility for these tests and the method for collection.

Drug and alcohol testing should provide an accurate, timely and comprehensive assessment of unauthorized substance use throughout participants' enrollment in the drug court.

### National Research

Research has demonstrated that outcomes are significantly more positive when detection of substance use is likely (Kilmer, Nicosia, Heaton, & Midgette, 2012; Marques, Jesus, Olea, Vairinhos, & Jacinto, 2014; Schuler, Griffin, Ramchand, Almirall, & McCaffrey, 2014) and also when participants receive incentives for abstinence and sanctions or treatment adjustments for positive test results (Hawken & Kleiman, 2009; Marlowe, Festinger, Foltz, Lee, & Patapis, 2005). Therefore, the success of drug courts depends, in part, on the reliable monitoring of substance use.

Participants are unlikely to disclose substance use accurately. Studies find that between 25% and 75% of participants in substance abuse treatment deny recent substance use when biological testing reveals a positive result (e.g., Auerbach, 2007; Harris, Griffin, McCaffrey, & Morral, 2008; Morral, McCaffrey, & Iguchi, 2000; Tassiopoulos et al., 2004). Accurate self-report is particularly low among individuals involved in the criminal justice system, most likely because they are likely to receive punishment for substance use (Harrison, 1997).

Research on drug courts in California and nationally (Carey et al., 2005, 2012) found that drug testing that occurs randomly, at least twice per week, is the most effective model. Because the metabolites of most drugs of abuse are detectable in urine for approximately two to four days, testing less frequently leaves an unacceptable time gap during which participants can abuse substances and evade detection, thus leading to significantly worse outcomes (Stitzer & Kellogg, 2008). In addition, drug test results that

were returned to the program in 2 days or less have been associated with greater cost savings and greater reductions in recidivism (Carey et al., 2012).

In addition to frequency of testing, it is important to ensure that drug testing is random and fully observed during sample collection, as there are numerous ways for individuals to predict when testing will happen and therefore use in between tests or submit a sample that is not their own (ASAM, 2010, 2013; Auerbach, 2007; Carver, 2004; Cary, 2011; McIntire, Lessenger, & Roper, 2007). In focus groups with participants after they left their programs, individuals have reported many ways they were able to “get around” the drug testing process, including sending their cousin to the testing agency and bringing their 12-year-old daughter’s urine to submit.

### Greene County Adult Drug Court Process

- Drug testing is performed for the GCDC through a randomized call-in system. Participants are required to call-in every day (after 5:00 a.m.) 7 days per week and enter a unique PIN number assigned to them. The message will tell them whether they are required to test for that day. If the message states a participant is to submit, they have from 6:00 a.m. – 5:30.p.m. on weekdays (7:00 a.m. – 11:00 a.m. on weekends) to submit a sample at the drug test collection site.
- Drug test collection is performed for the drug court primarily by Avertest, which is a drug testing agency approved and contracted with the state of Missouri to perform drug testing. Avertest has a permanent facility that is always staffed by a male and female, and tests are fully observed. The probation office noted that they will occasionally collect participant drug tests because of suspicious behavior or other cause and follow the same procedures.
- A participant’s PIN does not change while participating in the program, and all participants submit an average of twice per week throughout the length of the program with the exception of Q4 participants who are tested 3 to 4 times per month. Drug testing is also done for cause, such as when someone appears under the influence.
- Drug testing at Avertest is completed using a 5-panel drug screen and always includes an ETG test. Tests are analyzed the next day at an off-site facility and results provided immediately thereafter. The types of drugs included in the 5-panel screening typically remain the same, but are occasionally (and randomly) changed to ensure all types of drugs are tested for on a periodic basis. The treatment court administrator is also able to specify certain drugs for certain participants if needed. Additional panel testing (and specialized testing for synthetic marijuana and bath salts) can occur when needed as well, but as this type of testing costs more, it is performed more rarely. The program also reported that they utilize alcohol monitoring bracelets and sweat patches when appropriate, for example, when people are travelling or they have work schedules that prevent them from coming in at the times when UA testing is available.
- The probation officers and treatment providers are able to access drug test results online whenever needed. These team members track and report results to the team at each drug court staffing.

#### Focus Group Participant perspective on testing:

*“I never got drunk. I would have one drink and then the other chemical would take over. It was like, ‘what’s the point?’ so whenever I did get clean and would have a drink it was like an open door to my drug. It really sucks when you are in the situation and you want to have a drink but then I see where it comes and it’s a place so it’s a bittersweet kind of thing.” – Q3*

- Participants are required to have a minimum of 180 consecutive days sober (measured with negative drug tests) before graduation.

#### Commendations

- **Drug testing occurs at least twice per week in the first phase.** Research indicates that testing two or more times per week in the first phase leads to lower recidivism rates. This program is recognized as following best-practices by requiring at least two weekly UAs and maintaining this level of testing for all participants throughout the program.
- **Rapid results from drug testing.** Research has shown that obtaining drug testing results within 48 hours of submission is associated with higher graduation rates and lower recidivism (Carey et al., 2012). The GCDC is commended for adhering to this best practice by receiving all drug test results within 24 hours.
- **Program performs specialized testing when possible.** Despite budget constraints, the GCDC is able to periodically use specialized testing to confirm participants are not using substances that do not show up on the standard drug testing panels. This is another extremely valuable tool for programs to have to ensure participants remain clean and honest.
- **The program requires participants to be clean at least 180 days before graduation.** Drug courts where participants are expected to have greater than 90 days clean (negative drug tests) before graduation had 164% greater reductions in recidivism compared to programs that expected less clean time (Carey et al., 2012).

#### Recommendations

- There are no recommendations in this area at this time.

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

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

#### National Research

The drug court judge is legally and ethically required to make the final decision regarding sanctions or rewards, based on expert and informed input from the drug court team including information gained from case management. All drug courts surveyed in an American University study reported that they had established guidelines for their sanctions and rewards policies, and nearly two-thirds (64%) reported that their guidelines were written (Cooper, 2000).

The Multisite Adult Drug Court Evaluation (MADCE), found significantly better outcomes for drug courts that had a written schedule of predictable sanctions that was shared with participants and staff

members (Zweig et al., 2012). Another study found 72% greater cost savings for drug courts that shared their sanctioning regimen with all team members (Carey et al., 2008, 2012).

The MADCE results also suggest that drug courts should remind participants frequently about what is expected of them in the program and the likely consequences of success or failure (Zweig et al., 2012). Another study showed that when staff members in drug courts consistently reminded participants about their responsibilities in treatment and the consequences that would ensue from graduation or termination they had higher program retention rates (Young & Belenko, 2002).

It is important to avoid having the sanctions and incentives guidelines be overly structured. Two studies reported significantly better outcomes when the drug court team reserved discretion to modify scheduled consequence in light of the context in which the participant behavior occurred (Carey et al., 2012; Zweig et al., 2012).

Drug courts working with addicted offenders should adjust participants' treatment requirements in response to positive drug tests during the early phases of the program rather than imposing sanctions. Participants might, for example, require medication, residential treatment, or motivational-enhancement therapy to improve their commitment to abstinence (Chandler, Fletcher, & Volkow, 2009) and be unable to comply with program abstinence requirements early in the program.

Drug courts achieve significantly better outcomes when they focus more on providing incentives for positive behaviors than they do on sanctioning negative behavior. Incentives teach participants what positive behaviors they should continue to perform, while sanctions teach only what behaviors participants should stop doing. In the MADCE, significantly better outcomes were achieved by drug courts that offered higher and more consistent levels of praise and positive incentives from the judge (Zweig et al., 2012).

Drug courts have significantly better outcomes when they use jail sanctions sparingly (Carey et al., 2008b; Hepburn & Harvey, 2007). Research indicates that jail sanctions produce diminishing, or even negative, returns after approximately three to six days (Carey et al., 2012; Hawken & Kleiman, 2009). Also, studies better outcomes in drug courts that exert leverage over their participants, meaning the participants can avoid a serious sentence or disposition if they complete the program successfully (Carey et al., 2012; Cissner et al., 2013; Goldkamp, White, & Robinson, 2001; Longshore et al., 2001; Mitchell, Wilson, Eggers, & MacKenzie, 2012).

Finally, drug courts that responded to infractions immediately, particularly by requiring participants to attend the next scheduled court session, had twice the cost savings and programs that required participants to pay fees and have a job or be in school at the time of graduation had significant cost savings compared to programs that did not (Carey et al., 2012).

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- The PO's and treatment providers share case management responsibilities. AO/Preferred has designated case managers. The other agencies' treatment counselors identify needs and barriers to recovery (employment, transportation, dental, medical, MAT, etc.) and work with the PO and the court case manager and the client to see that those needs are met.
- Participants have contact with their probation officer on a regular basis, with the frequency of contact set by the individual needs of the participant. Team members noted that the majority of

contacts made by the probation officer occur during office visits and court sessions, while in-home visits are approximately every few months. Meetings with probation consist of reviewing progress, confirming program requirements (such as self-help meetings), discussing drug test results, and performing case management with participants (transportation needs, employment issues, etc.). The probation officer role is invaluable in sharing information on participant progress in multiple areas with the team.

- Incentives to enter the program and complete successfully include early termination from probation, jail/prison/probation sentences not being served, and access to more resources. Charges that led participants to drug court can be dismissed upon graduation (depending on the case background). Focus group participants also commented that the program structure and accountability are helpful for them to remain clean and be successful.
- Participants are not given a participant handbook upon entry into the program, but do receive a program FAQ handout that covers much of the information that would be contained in a handbook. Participants all sign a consent form that states they will abide by all program requirements and expectations.
- The program does not provide participants a written list of incentives upon entering the program. Participants are also not given a written list of behaviors that lead to incentives, but the GCDC does provide some rewards in a standardized manner, so participants report that they know some of the behaviors that lead to rewards. For example, participants receive a certificate each time they phase up in the program or applause for a certain number of days of continued sobriety.
- Participants regularly receive intangible rewards (praise from the commissioner, applause) and occasionally receive tangible rewards (phase certificates, sobriety coins) through the program. Team members noted that they are very limited in providing tangible incentives due to a lack of funding.
- There are written guidelines for team members regarding the use of incentives and sanctions. Initial decisions are made during staffing meetings on a case-by-case basis and most often with team consensus. Discussions in staffing emphasize proximal and distal goals of the individual participants, taking into account which quadrant they are in. Since quadrants are staffed separately, it is relatively simple for the team to remember the general risk and need level of the quadrant they are currently discussing. The final decisions on incentives and sanctions are made by the commissioner.
- The GCDC does not hold staffing sessions for their weekly non-compliance court session; instead, team members have discussions via email (or in-person) prior to court to provide their recommendations. In the event that the team cannot discuss a response before the court session, the commissioner will determine an appropriate response for the participant.

*"I think there's just an assumption because they deal with so many repeat offenders that you know what you're going through, you know. And if you're a first-time offender, you're kind of lost to it." – Q4*

*"The probation officer is a good liaison between court and treatment." – Q1*

*"You can't BS these probation officers, they see right thru it." – Q3*

- Sanctions are graduated so that the severity increases with more frequent or more serious infractions. They are typically imposed at the next court session for non-compliant behavior, and are not imposed by anyone other than the drug court commissioner.
- Similar to incentives, participants are not given a written list of sanctions, or a written list of behaviors that lead to sanctions.
- Team members reported that community service is the most commonly used sanction. Other sanctions include judicial reprimands, short jail sanctions (1-2 days), extending the term of the drug program (by returning participants to the beginning of their current phase or to an earlier phase), writing essays, increased number of self-help meetings, and increased drug testing.
- The treatment court clerks track rewards and sanctions given to each participant over the course of the program. Jail sanctions are tracked in the statewide case management system and some sanctions and incentives are tracked in the participants physical treatment court file.
- Treatment plans are continuously evaluated throughout the program, and treatment responses may include residential treatment, increased treatment sessions or a change in type of treatment provided.
- A participant who is unsuccessfully terminated from the program returns to the court where their case(s) originated and traditional criminal case processing resumes.
- Major program violations that may result in a participant being removed from the program include: new arrest for trafficking, new arrest for a violent offense, or consistent failure to appear in court with no excuse, or multiple failures to appear. However, the team noted that these are not automatic termination criteria. Instead, all circumstances and issues are considered before anyone is officially terminated from the program.
- Participants must complete the requirements from each phase, complete a relapse prevention plan, be employed (or enrolled in school), pay all drug court fees, maintain sober housing, complete community service, and obtain their GED to graduate the program. Participants must also have at least 180 days sober (as evidenced by drug testing) before graduating.
- Graduation ceremonies for Q1 participants occur outside of court sessions. All participants are required to attend graduation ceremonies when they occur, so a large venue at a local medical center is used. Multiple team members speak about participants and present gifts such as a sobriety coin, a card signed by team members, and a framed graduation certificate. The graduates (and any family/friends in attendance) also have a chance to address the court.
- Graduations for participants in Q2, Q3, and Q4 occur during regularly scheduled drug court sessions. Team members speak about the participants and present them with a graduation certificate. Graduates are then encouraged (but not required) to address the court, where family and friends may be present.
- Participants may continue on probation for a period of time upon graduating from the program, depending on their case and the original length of probation.

*“They don’t accept stories....that’s what I like about it, because we can come up with stories.” – Q1*

*“Gives us structure. Makes us responsible and more accountable.” –Q1*

*“When you come in and know you haven’t done anything, it’s easy. When you come in and you’re sweating, you did something wrong.” – Q1*

### Commendations

- **Sanctions are imposed swiftly after non-compliant behavior.** In order for behavior change to occur, there must be a link between the behavior and consequences. Scheduling the non-compliant participant for the next upcoming court session (or the non-compliance docket) rather than waiting until the participant's next scheduled session is optimal. The team understands that if a participant has engaged in a behavior that requires a sanction, they need to ensure that the sanction occurs as close to the behavior as possible.
- **The GCDC has developed specific guidelines on program responses to participant behavior and given a printed copy to each team member.** Drug courts that have written guidelines for incentives and sanctions and provide these guidelines to the team have double the graduation rate and three times the cost savings compared to drug courts that do not have written guidelines (Carey et al., 2008, 2011). These guidelines are considered a starting point for team discussion during staffing sessions, not hard and fast rules. They help the team maintain consistency across participants so that, when appropriate, similar behaviors result in similar sanctions. The guidelines also serve as a reminder of the various options available to the team.
- **The team consistently takes into account participant risk and need level, and proximal and distal behaviors in determining a response to participant behaviors.** By virtue of developing the quadrants and team understanding of the purpose for these quadrants, there is good insight into what behaviors should be expected of participants at any point in their time in drug court. Incentives, sanctions and treatment responses are used appropriately in the various quadrants according to phase and participant risk and need.
- **Jail is used sparingly.** The use of jail is used relatively rarely in the program, though it is consistently used after the second positive drug test and driving without a license or other serious law violations. When it is used, it is rarely more than a few days. As described earlier, research has demonstrated that jail stays of less than 7 days are significantly more effective than longer stays.

*"When you are doing good you want to know it. Or else, let me not be here. It's a couple hours of my day because I had to drop my kids off at school and then I am at the end of the line and have to go to work. Then you get up there and it's 'good job, bye!' so you sat there for 2.5 hrs waiting and you get a couple of seconds of her time to say 'you are good, now go.'" – Q3*

### Recommendations

- **Explore more options for tangible incentives.** During the site visit, it was observed that participants are rewarded for their progress in the program in various ways, including praise from the commissioner, phase advancement, and reduction in the frequency of court hearings. The GCDC appears to have an appropriate balance of sanctions and incentives, however, team members expressed a desire to expand options for incentives, as well as increase the frequency in which they are given. At the same time, team members noted that a lack of funding greatly hinders them in this area. The program currently has excellent connections with community partners; perhaps some additional outreach to these partners could result in donations of small goods or services that could be used as tangible incentives. Alternatively, the program or one of the participant groups (MORE, BLIR) could hold occasional functions in the community that could serve as both a forum to educate the public about drug court and to fundraise for the program.

- **Ensure that a variety of sanctions are available for the team to consider/use during staffings, particularly more community service options.** The GCDC considers the importance of proximal and distal goals, with the understanding that program expectations for a participant may need to be adjusted on a regular basis. The GCDC also has guidelines in place for the team to follow when responding to a participant's negative behavior. Treatment responses occur as soon as possible following the behavior, and the team does a great job of differentiating treatment responses from sanctions. However, team members did note difficulties in coming up with creative sanctions, and that sanctions are most often some variation of community service. They also reported that there is no set place for community service, and options can be limited at times. Community liaisons have previously been on the team, resulting in more consistent availability in locations where community service volunteers are needed. However, turnover has occurred regularly with these liaisons, making it more difficult to know where community service is needed. Having a more extensive list of possible sanctions to refer to in staffing sessions may remind the team of the options the program has available as well as continuing to work on keeping a community liaison on the team. This will also help avoid the tendency for programs to fall back to using the same sanctions repeatedly. The use of sit sanctions (where participants sit in the jury box and watch court), writing assignments, deferred jail time, and increased drug testing were used during the visit, but community service was the most common sanction.

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

The focus of this component is on the judge's role in drug court. The judge has an extremely important function for drug court in monitoring participant progress and using the court's authority to promote positive outcomes. While this component encourages ongoing interaction, drug courts must still decide more specifically how to structure the judge's role. Courts need to determine the appropriate amount of courtroom interaction between the participant and the judge as well as how involved the judge is with the participant's case. Outside of the court sessions, depending on the program, the judge may or may not be involved in team discussions, progress reports and policy making. One of the key roles of the drug court judge is to provide the authority to ensure that appropriate treatment recommendations from trained treatment providers are followed.

#### National Research

Drug court judges have a professional obligation to remain abreast of legal, ethical and constitutional requirements related to drug court practices (Meyer, 2011; Meyer & Tauber, 2011). Further, outcomes are significantly better when the drug court judge attends regular training including annual conferences on evidence-based practices in substance abuse and mental health treatment and community supervision (Carey et al., 2008, 2012; Shaffer, 2011).

National research (Carey et al., 2005, 2008, 2011) demonstrated that, on average, participants have the most positive outcomes if they attend approximately one court appearance every 2 weeks in the first phase of their involvement in the program. Marlowe, Festinger, Lee, Dugosh, and Benasutti (2006) also demonstrated that biweekly court sessions were more effective for high-risk offenders, whereas less frequent sessions (e.g., monthly) were as effective for lower risk offenders. Similarly, a meta-analysis involving 92 adult drug courts (Mitchell et al., 2012) and another study of nearly 70 drug courts (Carey et

al., 2012) found significantly better outcomes for drug courts that scheduled status hearings every 2 weeks during the first phase of the program.

In addition, programs in which the judge remained on the bench for at least 2 years had the most positive participant outcomes. It is recommended that drug courts either avoid fixed terms, or require judges with fixed terms to serve 2 years or more, and that courts with fixed terms consider having judges rotate through the drug court more than once, as experience and longevity are correlated with more positive participant outcomes and cost savings (Carey et al., 2005; Finigan, Carey, & Cox, 2007; Carey et al., 2012). There is evidence that drug court judges are significantly less effective at reducing recidivism during their first year on the drug court bench than during ensuing years (Finigan et al., 2007). Most likely this is because judges, like most professionals, require time and experience to learn how to perform their jobs effectively.

Studies have also found that outcomes were significantly better in drug courts where the judges regularly attended staffing meetings (Carey et al., 2008, 2012). Observational studies have shown that when judges do not attend staffing meetings before court, they are less likely to be adequately informed or prepared when they interact with the participants during court hearings (Baker, 2013; Portillo, Rudes, Viglione, & Nelson, 2013).

According to NADCP's Best Practice Standards (2013), "Studies have consistently found that drug court participants perceived the quality of their interactions with the judge to be among the most influential factors for success in the program (Farole & Cissner, 2007; Goldkamp, White, & Robinson, 2002; Jones & Kemp, 2013; National Institute of Justice, 2006; Satel, 1998; Saum et al., 2002; Turner, Greenwood, Fain, & Deschenes, 1999). The MADCE study found that significantly greater reductions in crime and substance use were produced by judges who were rated by independent observers as being more respectful, fair, attentive, enthusiastic, consistent and caring in their interactions with the participants in court (Zweig et al., 2012)."

In a study of nearly 70 adult drug courts, outcomes were significantly better when the judges spent an average of at least three minutes, interacting with the participants during court sessions (Carey et al., 2008, 2012). Interactions of less than three minutes may not allow the judge the necessary time to understand each participant's perspective, discuss with the participant the importance of compliance with treatment, explain the reason for a sanction about to be applied, or communicate that the participant's efforts are recognized and valued by staff.

#### Greene County Adult Drug Court Process

- Staffing is primarily facilitated by the drug court commissioner. However, all team members are actively engaged in discussions during the staffing, and the team displayed good communication. Staffing typically begins by discussing new participants (if any) for admission to the program, followed by updates on participants scheduled to appear in court. Staffing sheets are typically used, but do not contain full summaries of participant activities or progress since their last court date. However, team members provide verbal updates and details on the participants and cover topics such as history of sanctions/incentives, missed meetings or appointments, drug test results, and any other issues affecting their sobriety.
- Drug court participants attend court sessions at a frequency based on their assigned quadrant. For Q1 and Q3, the frequency of court attendance is reduced as participants progress through

the program, but can be increased if necessary. The GCDC also holds a weekly non-compliance docket that participants from any quadrant can be ordered to attend if they are not meeting program requirements. The frequency of court sessions for each quadrant can be found in Table 5.

**Table 5. Frequency of Court Attendance Requirements by Quadrant**

Quadrant (“Q”)	Court session requirements
Q1 (high-risk, high-need)	Phase 1: twice per month Phase 2 & 3: Once per month
Q2 (low-risk, high-need)	On Wednesday of every month that has five Wednesdays
Q3 (high-risk, low-need)	Phase 1: twice per month Phase 2 & 3: Once per month
Q4 (low-risk, low-need)	On Wednesday of every month that has five Wednesdays
All quadrants	May appear on weekly non-compliance docket as needed.

- Participants are not required to stay for the entire drug court session and can leave after they have appeared before the commissioner. Also, those who need to return to work or have been excused for pre-approved reasons may be called up earlier in the session.
- Several court sessions were observed during the site visit. The average time the commissioner spent speaking to each participant was 2.8 minutes for the Q2/Q4 docket, 5.7 minutes for the Q1 women, 3.5 minutes for the Q1 men, and 9.5 minutes with those on the non-compliance docket.
- The drug court commissioner is assigned to the program indefinitely. She presides over all the treatment court dockets in Greene County, over 1,300 active treatment court cases including adult drug court, DWI court, mental health court, family drug court, and juvenile drug court. She does not preside over any other (non-treatment court) dockets. In between the time spent in staffing and court, the commissioner receives communications from team members (through the court clerks or the drug treatment court administrator) about participants and other administrative matters on a regular basis.
- The commissioner has received extensive training on the drug court model. She currently serves as a faculty member for National Drug Court Institute (NDCI), and has served on the board of numerous organizations that develop or implement treatment court policies on the local, state and national level.
- During court sessions, the participants typically stand in front of the bench (between two attorney tables) and are usually flanked by a treatment provider representative and probation officer, who also provide information or answer questions as needed.
- Observations of the commissioner revealed that she is extremely empathetic, supportive, and positive with all participants. It is clear that she has years of experience and training in working with participants, and that her interactions are valuable to the participants. She is an active

listener, treats everyone with respect, and has a keen ability to get participants to open up to her (despite the open court setting). The commissioner demonstrates an excellent understanding of addiction and the reality of relapse (and associated behaviors) as part of the recovery process by identifying opportunities to acknowledge progress and accentuate the positive, while also being clear that certain actions or responses were unacceptable. She is adept at reading a participant's demeanor and overall attitude as well. During observations there were instances where it became apparent that team members were unknowingly overwhelming a participant with too much information or too many expectations, but the commissioner was able to diffuse the situation and ensure the participant retained the main points of their discussion and were clear about how they could go about meeting expectations. The commissioner utilizes the courtroom as a classroom dynamic especially well, regularly using a participant's circumstances as teachable moments for other participants. She is consistently respectful, but is direct and dispenses sanctions with clear explanations for why the participants are receiving the sanction and what behavior the team wants to see instead. The commissioner routinely follows team recommendations with rare exceptions. Overall, her interactions with the participants are remarkable and participants described their respect and appreciation for the commissioner in the focus groups.

- Team members are actively engaged during court, as the commissioner calls upon them regularly to provide insight or feedback for the participants, often to clarify issues such as phase dates, treatment schedules or next appointments. Several participants were also directed to confer immediately with the social worker for specific needs.
- Multiple team members will engage in discussions with participants after the court session to confirm appointments, offer encouragement, or to continue conversations that occurred in court.

#### Commendations

- **The commissioner participates in regular training to stay abreast of the latest research as well as training others.** Training and a solid understanding of the drug court model as well as associated topics such as drug addiction, urine drug testing, and

Focus Group Participants had a lot to say referring to the commissioner:

*"She's one of the kindest people I've ever had the privilege to meet."*

*"I've just never seen a judge take a truly personal interest in every person that stands in front of her. I mean, that's a lot of work to care for everybody who stands in front of you, but she really does."*

*"Judge is fair, as long as you doing what you're supposed to be doing. She has a lot of compassion."*

*"She sees things in us that we don't see in ourselves and she wants to get that out of us."*

*"She'll help you help yourself."*

*"We think we come up with the best stories ever, and she sees right through that."*

*"Fair. Respectful. Just."*

*"For her to do this, stick this person in jail and then smile at the next person and genuinely say I am proud of you is a reward. That's a major reward." – Q3*

*"After watching her for a couple of years, I had a mindset that I wanted to be one of those who made her proud. She genuinely had that smile that she gets. She completely shows her joy towards that person. Her being proud of you is a reward. I wanted that to be my goal. To please her and do this the right way. That's the ultimate reward." – Q3*

behavior modification is key for the commissioner, or any team member, to be most effective in their role in the drug court program.

- **Court is every 2 weeks for high-risk (Q1 and Q3) participants.** Regular and frequent court supervision, specifically at least every 2 weeks in the first phase of the program, is associated with greater reductions in recidivism and other positive participant outcomes.
- **The commissioner attends staffing meetings.** Participation in staffing meetings allows the commissioner to hear the perspective of all team members and make the most informed decision on the appropriate response to participant behavior. Research demonstrates that drug courts where commissioners (and other team members) attend staffing meetings have significantly greater reductions in recidivism and higher cost savings (Carey et al., 2012).
- **The commissioner is respectful, fair, attentive, and caring in her interactions with the participants in court.** When participants perceive these positive qualities in the commissioner, their outcomes are significantly improved (Zweig et al., 2012).
- **The program is commended for having the commissioner preside over the GDCI indefinitely.** Participants benefit from a consistent relationship with the commissioner, and research has demonstrated that judges increase their effectiveness with longer experience on the bench.
- **The commissioner consistently spends greater than 3 minutes with each participant.** During observations, the commissioner typically averaged above the recommended 3 minutes when addressing each participant. An average of three minutes per participant is related to graduation rates 15 percentage points higher and recidivism rates that are 50% lower than drug courts that spend less than 3 minutes per participant (Carey et al., 2011).
- **Treatment staff and probation officers usually stand next to participants when they approach the bench.** The staff make reports to the commissioner and also speak directly to participants. These actions convey a strong message that the participant is supported by a team of people.

#### Recommendations

- No recommendations in this area at this time. The program is doing an exemplary job of implementing this key component within the theory of four-track model.

### **KEY COMPONENT #8: MONITORING AND EVALUATION TO MEASURE THE ACHIEVEMENT OF PROGRAM GOALS AND GUAGE EFFECTIVENESS**

This component encourages drug court programs to monitor their progress towards their goals and evaluate the effectiveness of their practices. The purpose is to establish program accountability to funding agencies and policymakers as well as to themselves and their participants. Further, regular monitoring and evaluation provides programs with the feedback needed to make adjustments in program practices that will increase effectiveness. Finally, programs that collect data and are able to document success can use that information to gain additional funding and community support. Monitoring and evaluation require the collection of thorough and accurate records. Drug courts may record important information electronically, in paper files or both. Ideally, drug courts will partner with an independent evaluator to help assess their progress. Lastly, it is important to determine how receptive programs are to modifying their procedures in response to feedback.

#### National Research

Like most complex service organizations, drug courts have a tendency to *drift*, in which the quality of their services may decline appreciably over time (Van Wormer, 2010). The best way for a drug court to

guard against this drift is to monitor its operations, compare its performance to established benchmarks, and seek to align itself continually with best practices (NADCP, Best Practice Standards, Volume II, 2015). That is, the best way for drug courts to ensure they are following the model is to perform self-monitoring of whether they are engaged in best practices and to have an outside evaluator assess the programs' process, provide feedback, and then make adjustments as needed to meet best practices.

Carey et al. (2008, 2012) found that programs with evaluation processes in place had better outcomes. Four types of evaluation processes were found to be correlated with significant reductions in recidivism and cost savings: 1) maintaining electronic records that are critical to participant case management and to an evaluation, 2) the use of program statistics by the program to make modifications in drug court operations, 3) the use of program evaluation results to make modification to drug court operations, and 4) the participation of the drug court in more than one evaluation by an independent evaluator. Courts that have modified their programs based on evaluation findings have experienced a significant reduction in recidivism and twice the cost savings compared to courts that do no modifications (Carey et al., 2012). The same is true of programs that make modifications based on self-review of program statistics (Carey et al., 2012).

#### Greene County Adult Drug Court Process

- The GCDC collects data electronically for participant tracking. For all courts that receive state funding, data entry into the Missouri electronic case management system (Judicial Information System, or JIS) is required. The database has several forms that (at a minimum) must be completed about each drug court participant, as well as additional forms that track supplementary information that are considered optional (but still used by the GCDC, such as tracking jail sanctions). The different treatment providers and the probation office all have separate databases that are also utilized, with the data tracking requirements set by the respective agencies.
- The GCDC tracks some information on all drug court participants such as drug testing, treatment attendance, sanctions, program status, etc) in the different systems described above.
- The GCDC has not had an outside evaluator conduct a process and outcome evaluation on the program (prior to this evaluation).

#### Commendations

- **The GCDC collects electronic data.** The program is commended for performing data collection in their existing statewide database (JIS), although certain data elements, such as court attendance, need to be added to their regular collection. The program is continuing to collect data and information about participants that will be used for a forthcoming outcome and cost evaluation, which will provide even further detail and insight into the program's effectiveness.
- **The GCDC is participating in the current evaluation.** Courts that have participated in evaluation and made program modifications based on evaluation feedback have had twice the cost savings compared to courts that have not adjusted their program based on evaluation feedback (Carey et al., 2012).

## Recommendations

- **Share evaluation and assessment results from this study.** The GDCDC team members are encouraged to discuss the overall findings from this current evaluation, both to enjoy the recognition of its accomplishments and to identify areas of potential program adjustment and improvement. Plan a time for the policy committee to discuss the results of this evaluation and make a plan for how to use the information. Appendix A contains a brief set of guidelines for how to review program feedback and next steps in making changes to the program. In addition, the assessment and evaluation results can be very beneficial to the program if it is looking to apply for grants to fund additional positions, etc., or for local funders/agencies to help them access resources. These results can document needs as well as show how well the program has done in other areas.

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

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

Team members must receive role-specific training in order to understand the collaborative nature of the model. Team members must not only be fully trained on their role and requirements, but also be willing to adopt the balanced and strength-based philosophy of the drug court. Once understood and adopted, long assignment periods for team members are ideal, as tenure and experience allow for better understanding and full assimilation of the model components into daily operations.

## National Research

As stated eloquently in NADCP's Best Practice Standard on Multidisciplinary Teams (Volume II, 2015), "Drug Courts represent a fundamentally new way of treating persons charged with drug-related offenses (Roper & Lessenger, 2007). Specialized knowledge and skills are required to implement these multifaceted programs effectively (Carey et al., 2012; Shaffer, 2011; Van Wormer, 2010). To be successful in their new roles, staff members require at least a journeyman's knowledge of best practices in a wide range of areas, including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, and drug and alcohol testing. Staff must also learn to perform their duties in a multidisciplinary environment, consistent with constitutional due process and the ethical mandates of their respective professions. These skills and knowledge-sets are not taught in traditional law school or graduate school programs, or in most continuing education programs for practicing professionals (Berman & Feinblatt, 2005; Center for Court Innovation, n.d.; Harvard Law School, n.d.; Holland, 2010). Ongoing specialized training and supervision are needed for staff to achieve the goals of Drug Court and conduct themselves in an ethical, professional and effective manner."

Research on the use of evidence-based and promising practices in the criminal justice field has consistently shown that in order to operate effective programs as intended, practitioners must receive

the necessary resources to make the program work, receive ongoing training and technical assistance, and be committed to the quality assurance process (Barnoski, 2004; Latessa & Lowenkamp, 2006). Andrews and Bonta (2010) maintain that correctional and court programs must concentrate on effectively building and *maintaining* the skill set of the employees (in the case of drug courts—team members) who work with offenders. Training and support allow teams to focus on translating drug court best practice findings into daily operations and build natural integrity to the model (Bourgon, Bonta, Rugge, Scott, & Yessine, 2010).

Carey et al. (2008, 2012) found that drug court programs requiring all new hires to complete formal training or orientation and requiring *all* team members be provided with regular training were associated with higher graduation rates and greater cost savings due to lower recidivism.

#### Greene County Adult Drug Court Process

- Almost all team members have received training or education specifically on the drug court model, including through the Missouri Association of Treatment Court Professionals (MATCP) and the National Association of Drug Court Professionals (NADCP) conference.
- Most team members have also received training specifically related to the target population of the court, the use of rewards/sanctions, ongoing cultural competency, their role on the drug court team, and strength-based philosophies and practices.
- Drug court staff members regularly bring new information on drug court practices, including drug addiction and treatment, to staffing and policy meetings. Several team members also mentioned that they look for research updates on drug courts and treatment modalities in their spare time.
- Most new drug court staff members receive training on the drug court model before or soon after starting work. This was confirmed during the site visit, as there were a couple of relatively new team members who had not received training (outside of on-the-job training), but were scheduled to attend the upcoming state conference.

#### Commendations

- **Drug court team members receive ongoing training.** The GCDC understands that the drug court model requires specialized training for all staff members to understand their roles, and the science behind effective treatment. Team member training has been demonstrated to produce significantly lower recidivism and greater program completion rates (Carey et al., 2008, 2012). The GCDC is well aware of this and continues to make team member training a priority. The program also benefits greatly from the drug court commissioner being a faculty member of NDCI, as she is able to inform and train her own team on a regular basis.

#### Recommendations

- **Consider creating a training packet and guide for new team members, particularly those, such as the prosecutor, who rotate, or for position where there is high turnover.** A training package for new team members that includes written documents, such as the GCDC Policy and Procedure Manual, NADCP's Judicial Bench Book and a participant handbook as well as some videos that illustrate key elements of the drug court model such as incentives and sanctions, drug testing, and the specific role of various team members (such as those found at [drugcourtonline.org](http://drugcourtonline.org)) would work well as an efficient and consistent training tool. This may be

beneficial not only to new team members, but as a reminder for long-term team members. Watching a 3-minute video or two during policy meetings may work well to teach new concepts, or to ensure that all team members are on the same page regarding best practices.

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

This component encourages drug courts to develop partnerships with other criminal justice service, nonprofit and commercial agencies. For these collaborations to be true “partnerships,” regular meetings and collaborations with the partners should occur. If successful, the drug court will benefit from the expertise that resides in all of the partner agencies and participants will enjoy greater access to a variety of services. Drug courts must still determine what partners are available and decide with whom to partner and how formal to make these partnerships. Other important factors to weigh include who will be considered as part of the main drug court team; who will provide input primarily through policymaking; and what types of services will be available to participants through these partnerships.

The overall focus is on sustainability, which includes engaging interagency partners, becoming an integral approach to the drug problem in the community, creating collaborative partnerships, learning to foresee obstacles and addressing them proactively, and planning for future funding needs.

#### 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.

In addition, Carey et al. (2005) and Carey et al. (2011) found that drug courts that had formal partnerships with community agencies that provide services to drug court participants had better outcomes than drug courts that did not have these partnerships.

Focus Group Participant comments on services:

*“They paid for all of my teeth to be pulled out and gave me dentures because I had a lot of bad teeth problems from drugs...they got me into an appointment and even if the job didn’t work out, they found a job that did work out for me. Drug court’s given me a lot.”*

*“These people are here to help us. They’re not here to just throw us back to prison.”*

*“The groups help us with socialization because that’s something we really don’t get a lot of. We have cut off everything. When you want this it’s really hard to start a new life and you don’t know what to do anymore. The groups really help with that.” – Q2*

*“They need to change it to adult treatment court. So that changes perspectives. ‘oh you are in treatment and getting help.’ You say ‘drug court’ and you are banned. ‘we don’t want you’ they aren’t going to go any farther than that. That’s all they hear, I swear. No matter how good you are doing, it doesn’t matter. ‘you took that drug and you are impossible to deal with.’ That’s very discouraging for some people.” – Q2*

### Greene County Adult Drug Court Process

- The GCDC does not specifically have an advisory board, but their policy committee (described in Key Component #1) meets regularly outside of staffing when needed to discuss program issues.
- The GCDC has been primarily funded through the Missouri Drug Court Resource Fund, along with several federal grants (Byrne, Bureau of Justice Assistance, and Substance Abuse and Mental Health Services Administration) that have been received since program inception, and participant fees that are regularly collected.
- The GCDC has developed and maintained relationships with organizations that can provide services for participants in the community and refers participants to those services when appropriate. Some of these services include employment assistance/job training, food, clothing, healthcare, transportation, housing assistance, and educational services. As described earlier, there is a social worker (assigned to the team) who works with the participants to provide short term case management services. This includes referrals for dental work, medical needs, treatment assistance. The social worker attends most court sessions and is available on short notice to help address participant needs. Focus group participants and team members praised the resourcefulness of the social worker and reported that her services and connections substantially enhance the program.
- Team members noted during interviews that the longstanding community partnerships the GCDC have established contributes to the amount of resources they have available (including housing, dental needs, and medical care), which address barriers to participant progress.

### Commendations

- **Family members, including children, are allowed and even welcomed in court.** The commissioner will often address children directly to make them feel comfortable. Even when they are not present, the commissioner will often ask after family members. This recognition reinforces the importance of social supports in the recovery of participants.
- **The program has creatively and effectively addressed many participant needs, particularly given the wide variety of risk and need levels of the program participants.** Meeting participant needs across the spectrum of issues affecting their lives is crucial for participants to be successful. The program is commended for thoughtfully coming up with solutions to program barriers faced by participants. The participants provided examples during the focus groups such as bus passes, dental work and referrals for medical services. In addition, appropriate medical care can help mitigate participant use of substances to self-medicate problems related to physical pain. Many programs have seen benefits with reduction in recidivism from offering health services. This responsiveness helps the participants develop a trust in the program that it really is on their side and working in their best interest.

### Recommendations

- **Continue to perform outreach and invite community members and staff from other agencies to GCDC graduations.** Graduation ceremonies provide powerful testimony for the effectiveness of drug courts. Inviting potential community partners to graduations is one low-cost strategy for strengthening outreach efforts and allows them to witness positive program impacts. It is important to educate those not familiar with drug courts in how the drug court model works and its benefits. This may also result in more donation or options for participant incentives. Graduation is a significant accomplishment for the graduate and it is important to have graduations be distinct from the regular drug court hearings, even if it occurs during a regular hearing. Requiring program participants to attend drug court graduations is a way to help create



and strengthen a supportive environment among individual participants and serve to motivate current participants to progress to the graduation themselves.

- **Consider changing the name from drug court to treatment court.** Across the quadrants, participants noted that the name drug court carried some negative connotations. There may be a better reception from the community if the name of the program indicates a more positive focus on treatment rather than drug use.

### **ADDITIONAL RESOURCES**

The appendices at the end of this document contain resources to assist the program in making any changes based on the feedback and recommendation in this report. Appendix A provides a brief “how-to” guide for beginning the process of changing program structure and policies. Other important and useful resources for drug courts are available at the National Drug Court Resource Center’s website: <http://www.ndcrc.org> and [www.drugcourtonline.org](http://www.drugcourtonline.org).

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**APPENDIX A: GUIDE FOR USE OF NPC ASSESSMENT AND  
TECHNICAL ASSISTANCE REPORTS**



## Brief Guide for Use of NPC Assessment and Technical Assistance Reports

The 10 Key Component assessment results can be used for many purposes, including 1) improvement of program structure and practices for better participant outcomes (the primary purpose), 2) grant applications to demonstrate program needs or illustrate the program's capabilities, and 3) requesting resources from boards of county commissioners or other local groups.

### When you receive the results:

- Distribute copies of the report** to all members of your team, advisory group, and other key individuals involved with your program.
- Set up a meeting** with your team and steering committee to discuss the report's findings and recommendations. Ask all members of the group to **read the report** prior to the meeting and **bring ideas and questions**. Identify who will **facilitate** the meeting (bring in a person from outside the core group if all group members would like to be actively involved in the discussion).
- During the meeting(s), **review each recommendation**, discuss any questions that arise from the group, and **summarize the discussion, any decisions, and next steps**. You can use the format below or develop your own:

### **Format for reviewing recommendations:**

Recommendation: Copy the recommendations from the electronic version of report and provide to the group.

Responsible individual, group, or agency: Identify who is the focus of the recommendation, and who has the authority to make related changes.

Response to recommendation: Describe the status of action related to the recommendation (some changes or decisions may already have been made). Indicate the following:

- 1. This recommendation will be accepted. (see next steps below)
- 2. Part of this recommendation can be accepted (see next steps below and indicate here which parts are not feasible or desirable, and why)
- 3. This recommendation cannot be accepted. Describe barriers to making related changes (at a future time point, these barriers may no longer exist) or reason why the recommendation is not desirable or would have other negative impacts on the program overall.

Next steps: Identify which tasks have been assigned, to whom, and by what date they will be accomplished or progress reviewed. Assign tasks only to a **person who is present**. If the appropriate person is not present or not yet identified (because the task falls to an agency or to the community, for example), identify who from the group will take on the task of identifying and contacting the appropriate person.

- Person: (Name)
  - Task: (make sure tasks are specific, measurable, and attainable)
  - Deadline or review date: (e.g., June 10<sup>th</sup>) The dates for some tasks should be soon (next month, next 6-months, etc.); others (for longer-term goals for example) may be further in the future.
  - Who will review: (e.g., advisory board will review progress at their next meeting)
- 
- **Contact NPC Research** after your meeting(s) to discuss any questions that the team has raised and not answered internally, or if you have requests for other resources or information.
  - **Contact NPC Research** if you would like to hold an additional conference call with or presentation to any key groups related to the study findings.
  - **Request technical assistance or training as needed** from NADCP/NDCl or other appropriate groups.
  - **Add task deadlines to the agendas of future steering committee meetings**, to ensure they will be reviewed, or select a date for a follow-up review (in 3 or 6 months, for example), to discuss progress and challenges, and to establish new next steps, task lists, and review dates.