
Maryland Adult Drug Court Performance Measures

Fred L. Cheesman, II, Ph.D.

Nicole L. Waters, Ph.D.

Scott E. Graves, Ph.D.

Kathryn J. Genthon, M.S.

Adrienne M. Tatem

NATIONAL CENTER FOR STATE COURTS

September 2017



ACKNOWLEDGEMENTS

The Maryland Office of Problem-Solving Courts (OPSC) and the National Center for State Courts (NCSC) would like to take this opportunity to gratefully acknowledge and thank all members of the Maryland Adult Drug Court Performance Management Workgroup who committed their time to this important project. The strong collaborative effort between Gray Barton, Director of the Office of Problem-Solving Courts, the Workgroup he carefully selected, and the NCSC team has advanced Maryland's capacity to assess the effectiveness and efficiency of its drug courts. Without the hard work and dedication of the members of the Workgroup, in addition to all the committed professionals working in problem-solving courts throughout the state, this project would not have been possible.

The NCSC would like to extend our gratitude to Stephan Sherman, Sharon Gibbs Cooper, and Shinyu Chang of the University of Maryland's Institute for Governmental Service and Research (IGSR). Our work would not have been possible without their assistance. The authors would also like to thank our NCSC colleagues for their invaluable contributions to the project, including Nikki Harris, Adrienne Tatem, Tracey Johnson, and Jill Williams.

MARYLAND ADULT DRUG COURT PERFORMANCE MANAGEMENT WORKGROUP

Natalie Armel
*Researcher, Court Operations
Administrative Office of the Courts*

Judge Thomas Pryal
Anne Arundel County District Court

Judge Kathleen Beckstead
Wicomico County Circuit Court

Robert Pointer
*Program Manager
Office of Problem-Solving Courts*

Nancy Hamm
*Maryland State's Attorney Office
Frederick County Circuit Court*

Judge Nicholas Rattal
Prince Georges County Circuit Court

Dominique Johnigan
*Maryland Administrative
Office of the Courts*

Stephan Sherman
*Institute for Governmental Services and
Research*

Sheri Lazarus
*Drug Court Coordinator for Cecil County
Circuit Court*

Christina Trenton
Wells House

Angela Lowry
*Drug Court Coordinator for
Baltimore City Circuit Court*

Jamie Walter
Maryland Administrative Office of the Courts

Latasha Nichols
*Drug Court Coordinator for
Dorchester County District Court*

Paul Wolford
*Drug Court Coordinator for
Frederick County Circuit Court*

Mary Pizzo
Maryland Office of Public Defender

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	I
INTRODUCTION.....	1
NCSC RECOMMENDED PERFORMANCE MEASURES.....	3
OBJECTIVE I: TARGET POPULATION.....	11
OBJECTIVE II: PROCESSING TIME.....	14
OBJECTIVE III: STATUS HEARINGS.....	16
OBJECTIVE IV: PROCEDURAL JUSTICE.....	18
OBJECTIVE V: SUPERVISION.....	20
OBJECTIVE VI: SANCTIONS AND INCENTIVES.....	22
OBJECTIVE VII: DOSAGE.....	26
OBJECTIVE VIII: DRUG TESTING.....	32
OBJECTIVE IX: SOCIAL FUNCTIONING.....	34
OBJECTIVE X: ACCESS AND FAIRNESS.....	39
OUTCOME XI: IMPROVE RETENTION IN PROGRAM.....	42
OUTCOME XII: ESTABLISH SOBRIETY.....	45
OUTCOME XIII: REDUCE IN-PROGRAM REOFFENDING.....	49
OUTCOME XIV: REDUCE POST-PROGRAM RECIDIVISM.....	51
CONCLUSIONS AND RECOMMENDATIONS.....	54
REFERENCES.....	57
APPENDICES.....	62

The Maryland Director of the Office of Problem-Solving Courts and the National Center for State Courts thank the Bureau of Justice Assistance for its financial support of this effort. This document was developed under Grant Number 2015-DC-BX-0062. The points of view expressed are those of the authors and do not necessarily represent the official position or policies of the Bureau of Justice Assistance, the Maryland Administrative Office of the Courts or the National Center for State Courts.

INTRODUCTION

This report documents the performance measures selected for Maryland adult drug courts. Performance measurement is considered an essential activity in many government and non-profit agencies because it “has a common-sense logic that is irrefutable, namely that agencies have a greater probability of achieving their goals and objectives if they use performance measures to monitor their progress along these lines and then take follow-up actions as necessary to insure success” (Poister, 2003). Effectively designed and implemented performance measurement systems provide tools for managers to exercise and maintain control over their organizations, as well as a mechanism for governing bodies and funding agencies to hold programs accountable for producing the intended results.

Volume II of the *Adult Drug Court Best Practice Standards* (NADCP, 2015) urges adult drug courts to monitor and report on in-program outcomes using performance measures. The argument for measuring the performance of drug courts is compelling because they must compete with other priorities of the criminal justice system for a finite amount of resources. This makes it incumbent upon drug courts to demonstrate that the limited resources provided to them are used efficiently and that this expenditure of resources produces the desired outcomes in participants. To this end, drug court performance measures should permit users to demonstrate that participants are receiving evidence-based treatment in sufficient doses to facilitate behavioral changes, that participation improves their capability to function effectively in society and remain crime-free, that participants are held accountable, and that public safety is protected.

Performance measurement is distinct from program evaluation and consequently does not attempt to ascertain the “value-added” by a drug court over an appropriate “business-as-usual” alternative (typically probation or incarceration). Rather, performance measures (PMs) provide timely information about key aspects of drug court performance to program managers and staff, enabling them to identify potential problems and, if warranted, to take corrective actions as well as to identify effective practices.

The National Center for State Courts’ (NCSC) philosophy for the development of PMs is guided by a few important principles:

- 1) Aim for a small number of measures targeting the most critical of drug court processes that research has demonstrated to be related to key outcomes.
- 2) Local stakeholders provide guidance regarding which measures will be included and how they are conceptualized to ensure that the measures are informed by local and state-specific practices.
- 3) Local drug courts are the target audiences for the PMs. That is, these measures are intended to provide information to individual courts to better manage and improve their performance. While the information generated by the PMs will also be useful to state-level policy makers, they are not the primary target audience.
- 4) PMs are well-documented; detailed specification sheets are written for each PM, documenting data sources, calculations, and interpretation, leaving little equivocation about implementation.

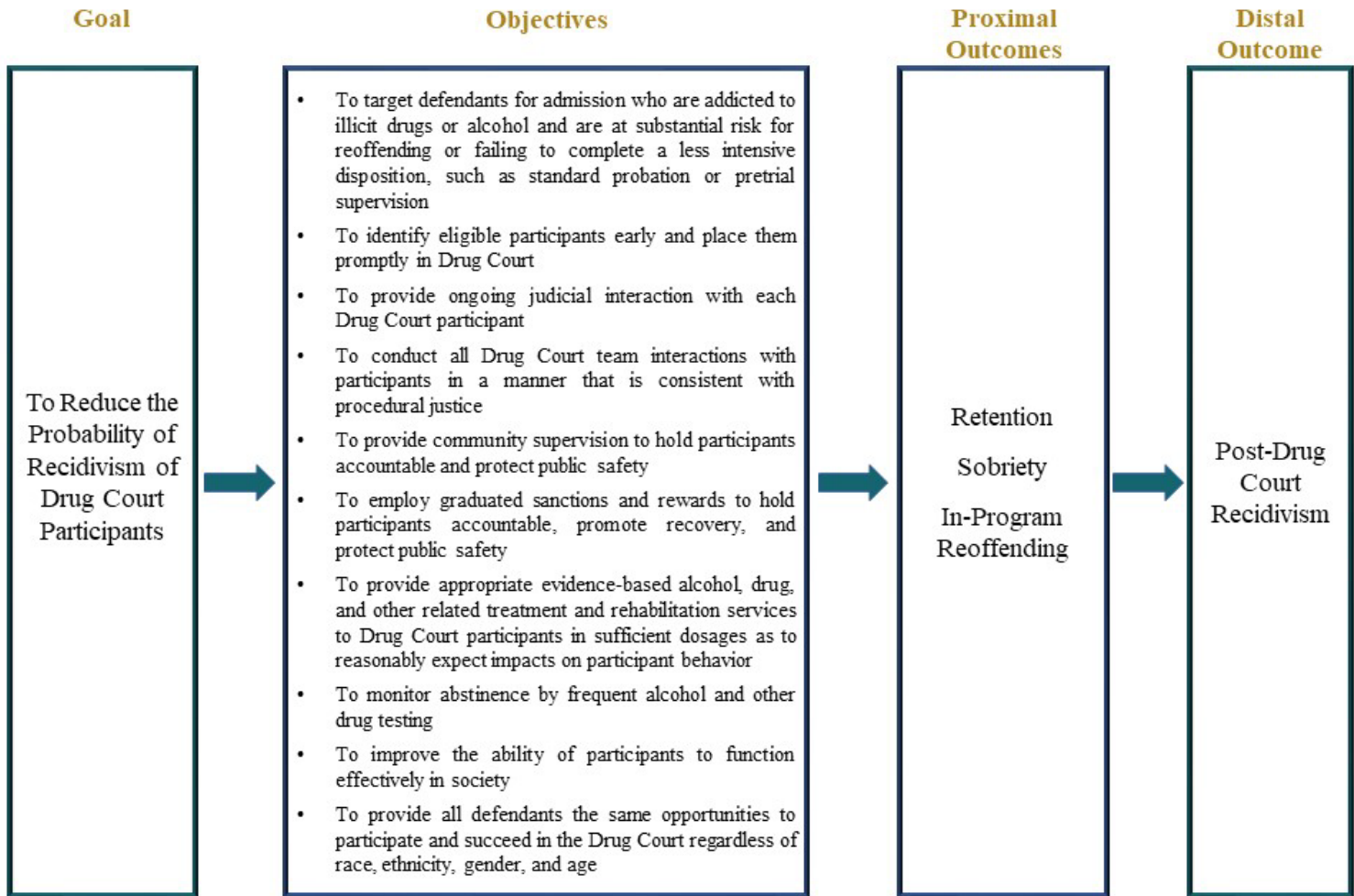
- 5) The set of performance measures are balanced in the sense that they provide indicators for all critical goals and objectives rather than focusing on a few (e.g., those that are easy to measure).

NCSC RECOMMENDED PERFORMANCE MEASURES

The *Ten Key Components of Drug Courts* (NADCP, 1997) and the *Adult Drug Court Best Practice Standards* (NADCP, 2013; 2015) provided the basis for distilling the principal goal and critical objectives of Adult Drug Courts listed below. A requisite condition to achieving the overarching goal of reducing the recidivism of drug court participants is through the accomplishment of ten objectives listed in **Figure 1**. The objectives outline which critical evidence-based processes, shown by research to influence the probability of recidivism, should be implemented. The outcomes, also shown in **Figure 1**, measure the extent to which recidivism reduction is achieved and, as the arrows indicate, are dependent on the extent to which the objectives are accomplished. *Proximal* (short and intermediate) outcomes are those expected to result from drug court processes and are expected to lead to the desired *distal* (long-term) outcome. A reduction in the probability of recidivism for drug court participants is the key distal outcome that measures the benefit to the public. For all programs, both proximal and distal outcomes should be included in the performance measurement system (Hatry, 2014).

The recommended performance measures were derived from this goal, its supporting objectives, and the desired outcomes (Poister, 2003). They are indicators of the extent to which the goal and each objective are being accomplished. The drug court logic model, shown in **Figure 1**, posits that the extent to which each objective is accomplished will influence the desired outcomes: retention in program, sobriety, and reduction in recidivism.

FIGURE 1: PROCESS FOR DEVELOPING RECOMMENDED PERFORMANCE MEASURES



SETTING APPROPRIATE BENCHMARKS

While performance measures are important because they provide performance-related data to program managers and staff, they are but one component of a performance management system. Hatry (2014) defines *performance measurement*, a requisite step for performance management, as “a process in which a governmental or non-governmental public service organization undertakes regular collection of *outcome* and/or *output* (preferably both) throughout the year (not only at the end of the year) for at least many of its programs and services.” He defines *performance management* as “the practice of public service managers using performance data to help them make decisions so as to continually improve services to their customers.”

The *Adult Drug Court Best Practice Standards Volume II* (NADCP, 2015) presents a strong rationale as to why drug courts should engage in performance management, to counter *drift* (the

gradual deterioration of drug court services with the passage of time as staff and leadership turn over) and improve their performance:

The best way for a drug court to guard against these prevailing destructive pressures is to monitor its operations routinely, compare its performance to established benchmarks, and seek to align itself continually with best practices. . . .

Studies reveal that drug courts are significantly more likely to deliver effective services and produce positive outcomes when they hold themselves accountable for meeting empirically validated benchmarks for success. A multisite study involving approximately 70 drug courts found that programs had more than twice the impact on crime and were more than twice as cost-effective when they monitored their operations on a consistent basis, reviewed the findings as a team, and modified their policies and procedures accordingly (Carey et al., 2008; 2012).

The other two components of the performance management system under development for MD Drug Courts are: (1) The development of performance targets (or “benchmarks”) for each performance measure; and (2) the provision of training for drug court staff to use performance measures and their associated performance targets to manage their court’s performance. Results from a recent meta-analysis of the impact of performance management on performance in public organizations (Gerrish, 2016) showed that performance management systems tend to have a small but positive average impact on performance in public organizations. However, when combined with performance management best practices in high-quality studies, a much larger impact was found. Of importance to the current effort, these practices include benchmarking and the use of *outcome* or *impact* performance measures. The value of training managers in the use of performance management is widely recognized and many organizations provide such training (see, e.g., Public Health Foundation).

MARYLAND: COMMITTED TO EVIDENCE-BASED PRACTICES AND PERFORMANCE MEASUREMENT

The historic evolution of Adult Drug Courts in Maryland (hereinafter, MD Drug Courts) has been local and there is consequently wide variation in their processes and procedures (Mackin, Lucas, Lambarth, Waller, Herrera, Carey, and Finigan, 2010). Nonetheless, the courts seek to adhere to *The 10 Key Components* of Drug Courts as well as NADCP’s *Adult Drug Court Best Practice Standards*. A 2015 survey of MD Drug Courts revealed that many of these courts utilize evidence-based practices.

The Maryland Office of Problem-Solving Courts (OPSC) has embraced evidence-based practices and encouraged their adoption by MD Drug Courts. As part of Maryland’s embrace of evidence-based practices, OPSC has partnered with the University of MD’s Institute for Governmental Service and Research (IGSR) to use their **Statewide Maryland Automated Record Tracking (SMART)** system,¹ a web-based tool that provides a consent-driven client tracking system for state agencies and private treatment providers. Used by treatment providers and Maryland’s drug courts as a management information system, SMART enables a comprehensive approach for

¹ <http://www.igsr.umd.edu/SMART/about.php>

collecting data. SMART serves as an interagency data repository for performance reporting that allows for real-time collaboration between drug treatment facilities, drug courts, and other state and local agencies, while meeting all federal and state confidentiality regulations.

As key step in the development of a larger performance management system, the development of performance measures for MD Drug Courts is a logical extension of Maryland's commitment to evidence-based practices and is consistent with Standard X of the *Adult Drug Court Best Practice Standards* (NADCP, 2015). The SMART system was used to provide NCSC with data to develop appropriate performance targets (see **Appendix B**). The SMART system will ultimately incorporate the selected performance measures and produce management reports summarizing information derived from the performance measures. Specific modifications accompany the discussion of the measure, when applicable.

During a two-day meeting convened on July 28-29, 2016, a select group of drug court stakeholders (drug court judges and coordinators) and NCSC staff worked together to produce PMs for adoption by Maryland's adult drug courts statewide. The stakeholder group, the Performance Measures Workgroup (henceforth the Workgroup), was diverse and inclusive of a variety of critical viewpoints, including local drug court judges and coordinators; the defense bar; Administrative Office of the Courts (AOC); the director of the OPSC; representatives from the Behavior Health Administration (BHA); and staff from IGSR.

The NCSC presented a set of recommended performance measures to the Workgroup to use as the starting point for the discussion that ensued. The NCSC solicited input from the Workgroup to tailor the recommended measures to the context of Maryland. By the conclusion of the meeting, the Workgroup had reached a consensus regarding which measures and outcomes should be adopted in Maryland and how they should be measured. This report documents the set of 24 selected measures along with the details about how each should be measured. The selected performance measures are listed by objective in **Table 1**.

The Workgroup met for a second time on July 27-29th, 2017 to discuss recommended benchmarks that are designed to accompany each of the performance measures and arrive at a consensus. A guiding principal throughout the discussion was that past performance is not necessarily a good indicator of an ideal benchmark. Recommended benchmarks were derived from numerous sources, including best practices, empirically-based research, past performance as documented through SMART reports, and previous NCSC work with other states. The Workgroup discussed each measure and benchmark and ultimately reached consensus on statewide recommendations. Implementation issues for adoption of NCSC's recommendations are discussed as applicable.

TABLE 1: MARYLAND ADULT DRUG COURT PERFORMANCE MEASURES BY OBJECTIVE OR DESIRED OUTCOME

OBJECTIVES

- I *To target defendants for admission who are addicted to illicit drugs or alcohol and are at substantial risk for recidivism or failing to complete a less-intensive disposition, such as standard probation or pretrial supervision*
 - Admissions Classified as:
 - 1. High Risk/High Needs
 - 2. Low Risk

- II *To identify eligible participants early and place them promptly in drug court*
 - Processing Time (average number of days between):
 - 3. Arrest to First Treatment Episode
 - Arrest to admission is further divided by the following sub-intervals for diagnostic purposes:
 - Arrest to referral for screening
 - Referral and eligibility determination
 - Eligibility determination and admission
 - Admission to First Treatment Episode
 - 4. Referral to First Treatment Episode

- III *To provide ongoing judicial interaction with each drug court participant*
 - 5. Drug Court Status Hearings Attended

- IV *To conduct all drug court team interactions with participants in a manner that is consistent with procedural justice*
 - 6. Procedural Fairness

- V *To provide community supervision to hold participants accountable and protect public safety*
 - 7. Accountability Contacts

- VI *To employ graduated sanctions and rewards to hold participants accountable, promote recovery, and protect public safety*
 - 8. Sanctions
 - 9. Incentives
 - 10. Ratio of Incentives to Sanctions
 - 11. Response Time Between the Negative Behavior and Response

VII *To provide appropriate evidence-based alcohol, drug, and other related treatment and rehabilitation services to drug court participants in sufficient dosages as to reasonably expect impacts on participant behavior*

12. Units of Treatment

13. Length of Time in Program

VIII *To monitor abstinence by frequent alcohol and other drug testing*

14. Weekly Drug/Alcohol Tests Administered

IX *To improve the ability of participants to function effectively in society*

15. Quality of Residency Status

16. Residential Stability

17. Employment/Education Status

X *To provide all defendants the same opportunities to participate and succeed in the drug court regardless of race, ethnicity, gender, and age*

18. Access and Fairness

- Referral
- Admission
- Discharge

PROXIMAL (SHORT-TERM AND IMMEDIATE) OUTCOMES

XI *Improve retention in program*

19. Successful Completion

XII *Establish sobriety*

20. Positive Discrete Drug and Alcohol Tests

21. Positive Continuous Monitoring Tests

22. Time from Last Positive Drug Test to Program Discharge

XIII *Reduce in-program reoffending*

23. In-Program Reoffending

DISTAL (LONG-TERM) OUTCOME

XIV *Reduce post-program recidivism*

24. Post-Program Recidivism

MEASUREMENT CONSIDERATIONS

In this section, we discuss important considerations relevant to the operationalization and utilization of the PMs including:

- *Informational infrastructure to support measurement*
- *Use of referral, admission, and discharge cohorts to organize the reporting of PMs*
- *Measurement of PMs over time*

The performance measurement system described in this report requires an extensive supporting informational infrastructure. This infrastructure must include a database (in this case, SMART) containing the required data elements recorded at the level of the individual participant. For example, the dates and results of each drug test must be recorded for each participant.

Important decisions must be made regarding the time frames for reporting the performance measures. In line with the National Drug Court Institute’s *National Research Advisory Committee* 2006 recommendations² and accepted research practice, the NCSC recommends organizing admission and discharge streams of participants into *cohorts* for reporting purposes. Longitudinal and retrospective cohorts, corresponding to “admission” and “discharge” cohorts, respectively, have long been a staple of bio-medical research, and more recently, of sociological and criminological research.

Admission cohorts consist of all drug court participants admitted during a specific period of time. Because all members of the cohort are admitted during the same timeframe, they will be equally subject to the same set of historical influences during the time they participate in drug court, some of which may influence their progression through drug court. For example, drug court policy may change as the cohort progresses through drug court (e.g., the frequency of urinalysis may increase or decrease as a result of a change in the court’s budget or treatment providers). By using admission cohorts, the court can link changes in the performance of different admission cohorts to particular events. For example, decreasing the frequency of urinalysis for a particular admission cohort may result in an increased termination rate for that cohort in comparison to previous admission cohorts who experienced a higher frequency of urinalysis. Because everyone in the admission cohort is subject to the same set of historical influences, and the only difference between the two cohorts is the frequency of urinalysis, it is easy to explain the performance differential. Thus, admission cohorts are used to control for historical artifacts that may lead to incorrect conclusions about drug court performance.

Discharge cohorts consist of all drug court participants who exit the drug court during a specified period of time, whether successfully or in some other fashion. Discharge cohorts do not provide the same level of protection against historical artifacts as do admission cohorts. However, discharge cohorts avoid the delays in reporting information that are associated with admission cohorts (which must be tracked until every member of the admission cohort is discharged to provide complete information). Because drug courts can rarely wait for

²See: <https://www.ndci.org/publications/monograph-series/navigating-performance-measures-and-process-evaluations/>

admission cohorts to be discharged before they can produce performance data, the use of discharge cohorts is recommended for most performance measures, except where noted.

The Workgroup agreed, by consensus, to the use of a cohort approach. The Workgroup also decided to utilize *semi-annual* cohorts. To put the performance measures into perspective, the Workgroup additionally recommended that the frequencies (e.g., number of participants for a specific measure) should be reported in conjunction with the percentages.

Finally, and distinct from the use of cohorts to report PM information, some PMs must be measured over time to increase their utility. For example, percent of failed drug tests is measured by phase of participation to provide information not only about how often participants are failing drug tests, but also about when these failures occur. If failures are clustered at certain points of processing, programmatic changes may be focused on that processing point.

OBJECTIVE I

To target defendants for admission who are addicted to illicit drugs or alcohol and are at substantial risk for recidivism or failing to complete a less-intensive disposition, such as standard probation or pretrial supervision

1. ADMISSIONS CLASSIFIED AS HIGH RISK/HIGH NEEDS

Purpose: Research has shown that drug courts targeting High Risk, High Needs participants have produced improved outcomes in terms of cost savings and reduction in recidivism, compared to drug courts that target offenders with Low Risk. Using standardized tools to screen and assess participants is critical to target the right participants and to provide appropriate treatment to participants. Validated risk/needs assessment tools such as RANT, COMPAS or the LSI-R should be used to identify criminogenic risk and criminogenic needs of participants and to classify the participants as Low or High Risk as well as Low or High Need. This measure allows programs to examine the populations served and consider whether the appropriate participants are being targeted.

Definition: The percentage of participants who fall into the High Risk/High Needs category as determined by a validated risk-needs tool. The example provided in **Figure 2** is based upon a drug court that admits 40 participants per year. The number represents the actual number of participants (or frequencies) that fall into each category of risk and need with the percentage of the cohort listed below the number in parentheses.

FIGURE 2: ADMISSIONS BY RISK AND NEED

		Criminogenic Risk	
		High	Low
Criminogenic Need	High	30 (75%)	2 (5%)
	Low	8 (20%)	0 (0%)

100%

Benchmark: Aligned with research, the Workgroup agreed to aim for 100 percent of admissions who are assessed to be at high risk of re-offending and with high criminogenic needs.

USER'S NOTE:

Percentage of Admissions Classified as High Risk/High Need can be calculated using the following formula:

Cohort:

- Semiannual Admission

Data Required:

- Date of Program Admission
- Risk and Needs Assessment Result(s)

$$\frac{\% \text{ of Admissions Classified as High Risk/High Need}}{\% \text{ of Admissions Classified as High Risk/High Need}} = \frac{\# \text{ of Participants with High Risk/High Need Score}}{\text{Total \# of Admissions}} * 100$$

2. ADMISSIONS CLASSIFIED AS LOW RISK

Purpose: Research has shown that drug courts that target Low Risk/Low Needs participants could actually do harm to such participants, who are better off in diversionary programs. If a drug court is unable to target only High Risk/High Needs offenders, the program is obligated to develop alternative tracks with services that are modified to meet the risk and need levels of its participants. When a drug court develops alternative tracks, it does not mix participants with different risk or need levels in the same counseling groups, residential treatment milieu, or housing unit.

Definition: The percentage of participants who fall into the Low Risk categories (the right-most column in the **Figure 2**) as determined by a validated risk-needs tool.

0%

Benchmark: Conversely from the HR/HN category, the Workgroup agreed that zero percent of participants are assessed to be at low risk of re-offending. This is consistent with the recommendations contained in Standard I of the *Adult Drug Court Best Practice Standards* (NADCP, 2013). Drug courts unable to achieve this target should develop multiple tracks for participants of differing risk/needs profiles.

Implementation Issues: Most MD Drug Court jurisdictions do not currently assess for Criminogenic Risk and Needs. It is recommended that a validated instrument for this purpose be implemented uniformly across the state.

Sources: Andrews and Bonta, 2010
Lowenkamp Latessa and Holsinger, 2006
Marlowe, 2009; 2012b
NADCP, 2015

USER'S NOTE:

Percentage of Admissions Classified as Low Risk category can be calculated using the following formula:

Cohort:

- Semiannual Admission

Data Required:

- Date of Program Admission
- Risk and Need(s) Assessment Result(s)

$$\begin{array}{l} \% \text{ of Admissions} \\ \text{Classified as Low Risk} \end{array} = \frac{\begin{array}{l} \# \text{ of Participants Who Score Low Risk} \end{array}}{\begin{array}{l} \text{Total \# of Admissions} \end{array}} * 100$$

OBJECTIVE II

To identify eligible participants early and place them promptly in drug court

Purpose: Research indicates that effectiveness of treatment and long-term adjustment is linked to swiftness of entry to treatment. Programs with shorter processing times experience greater reductions in recidivism. These two measures provide programs with insight into the efficiency of their referral and admission processes and provides insights as to the potential source of any delay in the timeliness of the admission process.

3. PROCESSING TIME FROM ARREST TO FIRST TREATMENT EPISODE

Arrest to First Treatment Episode³ should be further divided into its sub-intervals:

- Arrest to Referral for Screening
- Referral to Eligibility Determination
- Eligibility Determination to Admission
- Admission to First Treatment

Definition: The average processing time (i.e., number of days) between the date of arrest leading to first treatment episode.

4. PROCESSING TIME FROM REFERRAL TO FIRST TREATMENT EPISODE

Definition: The average number of days between the date of referral in drug court until the participant is engaged in treatment.

≤ 50 Days

Benchmark: According to empirically-based research, optimal outcomes are achieved when the processing time between arrest and program admission is less than 50 days (Carey, Mackin, and Finigan, 2012). The Workgroup endorsed a benchmark of ≤50 days for Measure 4 – Referral to First Treatment Episode.

Implementation Issues: Post-adjudication programs will have difficulty meeting the 50-day benchmark for **Referral to First Treatment Episode**. Defendants, particularly in Circuit Court, who score HR/HN per a risk assessment tool may be sentenced to jail or prison before entering drug court. The Workgroup after consulting with **Appendix Table B-3** agreed to begin tracking timeliness between arrest dates and when the participants first enters treatment, along with as many sub-components are possible; however, the Workgroup recommended that no benchmark for Measure 3 be implemented at this time. The Workgroup recognized the importance of getting participants into substance abuse treatment as quickly as possible so as to be consistent with

³ First Treatment Episode refers to the first drug court initiated substance abuse treatment episode.

empirically-based best practices and agreed to revisit Measure 3 in approximately two years, with a goal to increase efficiency over time.

Sources: Carey, Mackin, and Finigan, 2012
 Center for Substance Abuse Treatment, 2005, TIP #44
 Peters, Haas, and Hunt, 2002
 Rempel et al., 2003

USER'S NOTE:

The starting event terminology may differ (e.g., arrest or violation of probation). Processing times are calculated by subtracting the date of the initial event from the date of the subsequent event. This calculation can be replicated for both measures and sub-intervals.

These two performance measures calculate the average processing times calculated above for all participants, which can be

Cohort:

- Semiannual Admission Cohort

Data Required:

- Date of Arrest/ Violation of Probation
- Date of Referral for Screening
- Date of Eligibility Determination
- Date of Program Admission
- Date of First Treatment Episode

Processing Time (in Days) Between Arrest and First Treatment Episode = *Date of First Treatment Episode – Date of Arrest*

derived with the following formula.

$$\text{Average Processing Time Between Events} = \frac{\text{Total Processing Time for All Participants for Each Event}}{\text{\# of Participants}}$$

OBJECTIVE III

To provide ongoing judicial interaction with each drug court participant

Purpose: This measure allows programs to monitor the monthly frequency of status hearings during program participation by phase.

5. DRUG COURT STATUS HEARINGS ATTENDED

Definition: The average number of status hearings attended by participants per month during each phase of program participation, by type of discharge.

≥ 2x/month
(Phase 1)

Benchmark: Research indicates that programs conducting status hearings for participants at least two times per month during the first phase of participation have greater reductions in recidivism (NADCP, 2013).

Implementation Issues: The Workgroup consulted SMART data in **Appendix Table B-4** and recognized that these data were largely not tracked across the courts.

Sources: Carey, Mackin, and Finigan, 2012
Marlowe, Festinger, Lee, Dugosh, and Benasutti, 2007
NADCP, 2013

USER'S NOTE:

The average number of ***Drug Court Status Hearings Attended*** is calculated per month per phase for each participant. The average number should be reported by discharge type (*Successful Completion, Unsuccessful, and Neutral*). Separate calculations are performed for each discharge type. For expediency, the following formulas do not disaggregate the discharge cohort, and instead provide the method for calculating the average number of Drug Court Status Hearings per phase for a given discharge type within a discharge cohort.

First calculate the number of status hearings for a given phase for each participant.

Cohort:

- Semiannual Discharge

Data Required:

- Date of Program Admission
- Date(s) of Status Hearings
- Date of Program Discharge
- Date(s) of Phase Change(s)
- Type of Program Discharge

$$\begin{array}{l} \text{Average \# of Drug Court} \\ \text{Status Hearings per Month} \\ \text{in a Given Phase for a} \\ \text{Participant} \end{array} = \frac{\text{Total \# of Status Hearings Attended by Participant}^4}{\text{\# of Months Participant was in Phase}}$$

Then average the number of monthly status hearings for a given phase over the discharge cohort for each discharge type.

$$\begin{array}{l} \text{Average \# of Drug Court} \\ \text{Status Hearings per Month} \\ \text{per Phase} \end{array} = \frac{\text{Sum of Average \# of Drug Court Status Hearings per} \\ \text{Month in Given Phase for all Participants in Cohort}}{\text{\# of Participants in Discharge Cohort}}$$

⁴ To be included in this calculation for any given phase, the participant had to attend at least one status hearing in the specified phase.

OBJECTIVE IV

To conduct all drug court team interactions with participants in a manner that is consistent with procedural justice

6. PROCEDURAL FAIRNESS

Purpose: Procedural justice has been broadly linked with legal compliance, willingness to accept decisions (favorable or not), and legitimacy as a result of accepting the process as fair. Procedural justice is a concept that refers to a participant's perception of interactions and decision-making during their time in the program.

Definition: Procedural justice is measured by administering a procedural fairness survey (see **Appendix A**), designed to assess participants' perceptions of fairness of their interactions with critical members of the drug court team with whom the participant has substantial ongoing interaction (including the judge and treatment providers, possibly probation and the coordinator, where appropriate). Another set of survey questions measures similar attributes for the court, generally.

The measure is the composite score for all items within each set of survey questions based upon responses of active program participants. The survey is administered twice per year (semi-annually) on designated dates.⁵ Scores are calculated for all active participants by phase upon the completion of survey administration. The questions included on this survey focus on participants' perceptions of the opportunity to be heard, fairness of treatment, respect, and neutrality of decisions.

Score >4

Benchmark: In the absence of relevant research speaking to an achievable and appropriate performance level for procedural fairness, the Workgroup endorsed an average score greater than 4. The survey instrument elicits responses on a 7-point scale, with 4 representing the median position, neither agreeing nor disagreeing with statements about the quality of interactions. Aiming for an average greater than 4 translates into a result of more favorable than unfavorable.

Implementation Issues: No instrument is currently implemented for this measurement. Adopting the Procedural Fairness Survey (**Appendix A**), programs must develop a protocol to administer the survey twice per year to all active participants while ensuring anonymity to all respondents. Surveying all active participants at a given time will provide timely results for participants at all phases of the program. NCSC recommends this approach as opposed to administering the survey as participants exit.

Sources: Ostrom and Hanson, 2010
Rottman, 2007
Tyler, 2006, 2003

⁵ Surveys can be administered over a course of several weeks during court appearances or probation contacts in order to maximize participation.

USER'S NOTE:

Participants are asked to answer six (6) questions each about the team members as well as the court generally. Team members include the judge, probation, coordinator, treatment staff, state's attorneys, as well as any other personnel with whom the participants have regular and substantial contact. The performance measure is the average score for each team member. This can be calculated as follows for each domain. The judge's score is included below as an example:

Cohort:

- Active Participant(s)

Data Required:

- Participant's Phase
- Survey Question Score(s)

$$\text{Participant's Rating of Judge} = \frac{\text{Score for Q1} + \text{Score for Q2} + \text{Score for Q6}}{6}$$

$$\text{Average Rating of Judge} = \frac{\text{Sum of Participants' Perceptions of Judge}}{\text{Total \# of Participants Completing the Survey}}$$

This calculation can also be used to examine differences by phase in program. In the survey, respondents are asked to provide the highest phase they achieved in the program, which may not be their current phase, if they have been set back to a lower phase. To report an average rating of those participants who have achieved Phase 2, for example, the sum of participants' perceptions above should be restricted to participants reporting that they had achieved Phase 2 and divided by the number of participants in that group.

OBJECTIVE V

To provide community supervision to hold participants accountable and protect public safety

Purpose: Supervision is an important function of drug court. The intention of supervision is to ensure public safety and hold participants accountable to the program requirements. Research indicates that supervision should be based upon risk and needs assessments to better target participants' criminogenic needs.

7. ACCOUNTABILITY CONTACTS

Definition: Measure 7 is the average number of monthly accountability contacts conducted with participants face-to-face while in phase 1. Only contacts for supervision and accountability purposes should be included in this measure. This measure should be disaggregated by the participant's phase in the program to account for variation in supervision throughout participation in the program.

≥ 4x/month
(Phase 1)

Benchmark: There is a dearth of research specifically addressing the frequency of *Supervision Contacts* in a drug court setting. Therefore, the benchmark for this measure relies on the professional opinion of the members of the Workgroup, and benchmarks by other states.

Implementation Issues: Currently probation data are not linked to the drug court SMART system. In order for this measure to be implemented, complete data about supervision contacts, whether by probation officers or case managers, must be captured in the SMART system. Based on data shown in **Appendix Table B-5**, most courts are tracking supervision events in the summary notes and so SMART reports are not accurately capturing the results. NCSC recommends that probation/parole use SMART to directly push information to the court. The NCSC also recommends that the OPSC convene a sub-committee to determine exactly what activities are included or excluded.

Sources: Bonta et al., 2008

USER'S NOTE:

Accountability Contacts can be made by any team member responsible for supervising compliance with the program (e.g., probation officer, case manager). Therefore, counting a contact with a team member is not determined by an individual team member's title, but by the activity they conduct. Peer support does not count as an Accountability Contact. To qualify as a contact for data tracking purposes, the contact must face-to-face and be of at least 15 minutes' duration. First, Accountability Contacts are calculated per phase for each participant. Accountability Contacts should also be reported by discharge type (*Successful Completion*, *Unsuccessful*, and *Neutral*). For expediency, the following formulas do not disaggregate the discharge cohort by discharge type, and instead provide the method for calculating the average number of contacts for the entire discharge cohort per phase. The average monthly Accountability Contacts for Phase 1 is calculated as the number of contacts made with participants in Phase 1, divided by the number of months participants were in Phase 1.

Cohort:

- Semiannual Discharge

Data Required:

- Date of Program Admission
- Date(s) of Accountability Contact(s)
- Date of Program Discharge
- Date(s) of Phase Change(s)
- Type(s) of Accountability Contact(s)
- Type of Program Discharge

$$\text{Average \# of Contacts per Month in Given Phase for each Participant} = \frac{\text{\# of Contacts made by Participant}^6}{\text{\# of Months Participant was in Phase}}$$

Then average the number of contacts per month per participant over the discharge cohort.

$$\text{Average \# of Contacts per Month per Phase} = \frac{\text{Sum of Average \# of Contacts per Month in Given Phase for all Participants in Cohort}}{\text{\# of Participants in Discharge Cohort}}$$

⁶ To be included in this calculation for any given phase, the participant had to attend at least one supervision contact in the specified phase.

OBJECTIVE VI

To employ graduated sanctions and rewards to hold participants accountable, promote recovery, and protect public safety

Purpose: The use of sanctions and incentives is important to increasing effectiveness of treatment and reducing recidivism and cost. Using sanctions and incentives in combination improves outcomes over using either independently.

This objective is assessed by four related performance measures. While the definitions of each measure are unique, the purpose, sources, and User's Note applies to all four measures.

8. SANCTIONS

Definition: The average number of sanctions administered across participants. These include increases in requirements, jail or detention, reprimands, additional meetings with supervision agents, community service, writing assignments, or additional restrictions (e.g., home electronic monitoring, curfew imposed).

9. INCENTIVES

Definition: The average number of incentives administered to participants. Incentives include praise or acknowledgement, rewards, reduced requirements, phase promotions, and other recognition (e.g., offender of the month award).

10. RATIO OF INCENTIVES TO SANCTIONS⁷

Definition: Measure 10 combines Measures 8 Sanctions and 9 Incentives. For each participant, compute a ratio of incentives to sanctions and then calculate the average across participants.

11. RESPONSE TIME TO NEGATIVE BEHAVIOR

Definition: Measure 11 is the average response time (in days) between the date of the precipitating negative behavior (i.e., violation of the program rules) and the date of the response.

≤ 7 Days

Benchmark: While controlled scientific studies are lacking, there is some evidence indicating that incentives should be used more often than sanctions or that sanctions and incentives should at least be used at the same frequency.

Positive reinforcement should be used to increase participant involvement in productive and pro-

⁷ The average ratio is calculated across all participants. For evaluation purposes, programs should additionally consider the distribution of incentives to sanctions at the individual level.

social activities to secure long-term success. Measure 10 can be used to examine both the extent to which the program uses sanctions and incentives in combination and the application of one relative to the other. Diminishing the time until the court responds following negative behavior is a central tenet of behavior modification and increases positive outcomes and cost savings. Research indicates that more than 14 days is problematic. The Workgroup agreed that a response to negative behavior within 7 days was an appropriate benchmark.

Implementation Issues: Currently SMART tables capturing sanctions include therapeutic responses, such as an increase in treatment (see Table 13 in SMART reports). These should not be counted as a sanction, but do count as a “response” to a negative behavior. Any team member (within guidelines stated in drug court policy manuals) can respond to the negative behavior. Measure 11 should capture the date of the first response, and not be limited to a judicial response during a court status hearing. The team should have clear, written policies regarding which team members can respond to circumstances of negative behavior prior to a formal agreement by the team and imposition of a sanction by the judge. Based on data displayed in **Appendix Table B-6**, most courts are able to achieve the recommended benchmark, but the Workgroup agreed that likely not all the dates and events were entered.

Table 2 below provides a list of sanctions and incentives recommended by the National Drug Court Resource Center.⁸

TABLE 2: LIST OF SANCTIONS AND INCENTIVES

Sanctions	Incentives
<ul style="list-style-type: none"> • Verbal admonishments • Increased supervision requirements • Day reporting • Letters of apology • Electronic surveillance • Essay/Life skills assignments • Useful community service • Home detention • Daily activity logs • Monetary fines or fees • Flash jail sanctions • Journaling • Holding cell • “Jury Box” observation • Increased community restrictions • Team roundtables 	<ul style="list-style-type: none"> • Verbal praise • Reduced supervision requirements • Supervised day trips • Tangible/Symbolic rewards • Reduced community restrictions • Travel privileges • Recognition in court • Enhanced milieu status • Point systems • Posted accomplishments • Fishbowl drawings • Ambassadorships • Written commendations • Self-improvement services • Supervised social gatherings • Legal incentives

⁸ For additional details, please see: <http://www.ndcrc.org/content/list-incentives-and-sanctions>

Sources: Carey et al., 2012
DeFulio et al., 2013
Gendreau, 1996
Marlowe, 2012a
Marlowe and Kirby, 1999
Woodahl et al., 2011

USER'S NOTE:

Current SMART reports produce a count of sanctions and incentives to be included in these measures and produce the average number per *active* client. However, these measures should take the average of the specified *discharge cohort* to capture the sanctions and incentives received for the entire duration of the program. These four performance measures should be calculated by discharge type (*Successful Completion, Unsuccessful, and Neutral*).

Do not count therapeutic interventions as sanctions (e.g., increase in frequency or intensity of treatment). Measure 8 is calculated below by dividing the number of sanctions by the number of participants in the cohort.

Cohort:

- Semiannual Discharge Cohort

Data Required:

- Date of Program Discharge
- Type of Program Discharge
- Date of Response
- Date of Incentive
- Date of Negative Behavior

$$\text{Average \# of [Sanctions]} = \frac{\text{Total \# of [Sanctions] Received by Cohort}}{\text{Total Participants in Cohort}}$$

Measure 9 is calculated in the same manner, by replacing the *Sanctions* with *Incentives* in the above calculation.

Measure 10, Average Incentives to Sanctions, and is calculated below. Ratios should be expressed as decimals (e.g., 4/3 = 1.33) and then summed across participants. Exclude participants who did not receive any sanctions while in the program.

$$\text{Average Ratio of Incentives to Sanctions} = \frac{\text{Sum (Ratios of Incentives/Sanctions)}}{\text{\# of Participants in the Cohort}}$$

Measure 11 is the number of days between the date of the negative behavior and the date that team responded. Responses include sanctions as well as therapeutic responses. Sanctions include responses of varying degrees, including verbal reprimands. If multiple responses were imposed for a participant's negative behavior, use the first response to calculate the interval for this measure. Include all participants who were sanctioned at least once. It is important to track all responses to capture the severity of the sanctions. For example, if a probation officer responds to a positive drug test by telling the individual to appear at the next scheduled drug court docket, the date of that verbal response should be used to calculate the time interval. However, if the drug court judge decides to order a 1-day stay in jail, this response should also be recorded as it indicates that the jail stay was most severe of the two responses for the negative behavior (use of drugs).

$$\text{Average Response Time to Sanction} = \frac{\text{Average \# of Days Between Negative Behavior and Sanction per Participant}}{\text{\# of Participants with at Least One Sanction}}$$

OBJECTIVE VII

To provide appropriate evidence-based alcohol, drug, and other related treatment and rehabilitation services to drug court participants in sufficient dosages as to reasonably expect impacts on participant behavior

12. UNITS OF TREATMENT

Purpose: Treatment services must be delivered in sufficient dosage to drug court participants to be effective. Examining the total units of treatment by discharge type allows the court to explore differences in dosage and services received between those who complete the program and those who do not complete the program, and to account for differences in dosage that are explained by variations in length of stay between the discharge types. Tracking units of service is critical because it allows researchers to determine which services affect clients in a positive way, helps programs to identify service gaps, determines what dosages of services are associated with positive outcomes, and provides information important for understanding the costs and benefits of drug court.

Definition: The average number of units of service attended by participants, reported by treatment type, and by type of discharge (*Successful Completion, Unsuccessful, and Neutral*).

Units of Treatment examines the dosage of drug court services received by participants addressing criminogenic needs and other needs that would impair effective social functioning if not addressed.

Types of services include:

- *Substance Abuse Treatment*
- *Mental Health Treatment*
- *Residential Treatment (Substance Abuse and/or Mental Health)*
- *Ancillary Services*

Treatment service units should be based on actual attendance, not just referrals to service. Each hour of outpatient substance abuse and mental health service is considered a unit of service. For inpatient treatment, each day should be considered a unit of service.

This measure does not count units of service received from external peer support groups such as Alcoholics Anonymous (AA) or Narcotic Anonymous (NA). It does include attendance at therapy sessions associated with Medically Assisted Treatment (MAT) for substance abuse (included in the *Substance Abuse Treatment* category), but does not include sessions only to administer medications.

At the conclusion of the reporting period, the total number of units of service received by each participant who was discharged during that period will be averaged by category as shown in **Table 3**. This table also lists the appropriate unit of count for each type of service listed.

TABLE 3: UNITS OF COUNT FOR TREATMENT AND ANCILLARY SERVICES

<i>Type of Service</i>	<i>Unit of Count</i>
Mental Health Treatment	Hours
Substance Abuse Treatment	Hours
Residential Mental Health Treatment	Hours
Residential Substance Abuse Treatment	Hours
<hr/>	
<i>Ancillary Service</i>	<i>Unit of Count</i>
Medical/Dental services	Appointment
Anger management/Conflict resolution	Session
Employment services	Session
Family/Parenting counseling	Session
GED/Educational services	Session
Legal services (civil and criminal)	Appointment
Social services	Session

**≥ 200 hours
HR/HN**

Benchmarks: The Workgroup agreed to adhere to research which shows that 200 hours of substance abuse treatment for participants assessed to be High Risk/High Needs increases treatment effectiveness and reduces recidivism (Bourgon and Armstrong, 2005; NADCP, 2013). Research also supports a requirement of 200 hours of Cognitive Behavioral Therapy for High Risk/High Needs participants who have been assessed to be in need of such therapy (Sperber, Latessa. And Makarios, 2013; Makarios, Sperber, and Latessa, 2014).

Implementation Issues: At present, several issues must be addressed before it is possible to implement this measure with fidelity. A change in billing practices for service providers has made implementation of this measure more difficult than it would have been a few years ago when treatment providers entered dosage information directly into the SMART database.

At present, this information is transmitted to local drug courts by fax after a six-month lapse between service provision and billing. However, per data from **Appendix Table B-8**, this information is not subsequently entered into the SMART database in a reliable manner by the drug courts. Clearly, a return to the previous reliable and timely method of inputting services provided and dosages received directly into the SMART database by treatment providers would make implementation of this important measure practical.

Another issue arises for those drug court participants for whom services are paid by private means. For this relatively small group, dosages are not currently and have never been reported to the drug courts. This practice varies by jurisdiction. In some jurisdictions, up to one-third of participants pay for their services in this manner. The NCSC recommends all units of service are captured in SMART, with a priority to capture substance use related intensive outpatient (IOP) services required of this measure.

Sources: Bourgon and Armstrong, 2005
 Heck, 2006
 Makarios, Sperber, and Latessa, 2014
 Sperber, Latessa, and Makarios, 2013

USER'S NOTE:

Units of count for substance abuse services are hours (preferred) rather than sessions. *Residential services* should capture any hours participants spent in group or in individual counseling sessions. The results are reported by type of discharge. Units of service for *ancillary services* are aggregated so that a combined total is used in calculations.

As an example of a measure with a unit of count of hours, *units of substance abuse services* (non-residential) can be calculated using the following formula.

Cohort:

- Semiannual Discharge

Data Required:

- Date of Program Admission
- Date of Treatment Service
- Treatment Service Attendance
- Type of Treatment Service
- Date of Ancillary Service
- Type of Ancillary Service
- Date of Program Discharge
- Type of Program Discharge

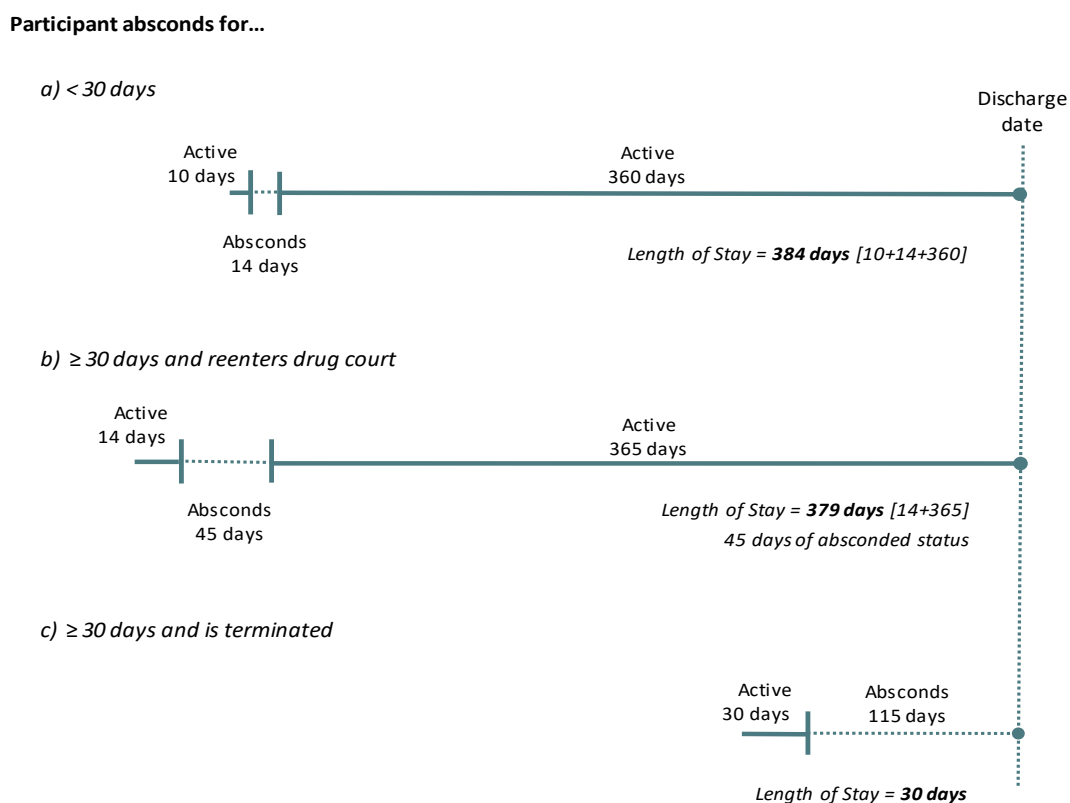
$$\text{Average \# of Hours by Treatment Type} = \frac{\text{Sum of \# of Hours Attended for all Participants}}{\text{\# of Participants Receiving that Type of Treatment}}$$

13. LENGTH OF TIME IN PROGRAM

Definition: The average length of time (days) participating in drug court, measured from admission to discharge and reported by type of discharge. This time interval excludes any time that a participant was not an active participant for at least 30 days since the most recent failure to appear.

The following graphic illustrates three scenarios for absconded participants. In the first, the participant absconded for less than 30 days, leading to no inactive time and subtracting no days from the *Length of Time in Program*. The second displays a scenario in which absconding leads to inactive time, which is subtracted from program duration. The final scenario shows an absconded participant who is terminated after a period of inactivity.

FIGURE 3: CALCULATING LENGTH OF TIME IN PROGRAM



Purpose: Drug court participants must stay in treatment long enough to realize an effect. Longer retention not only indicates success in treatment but also predicts future success in the form of lower rates of post-treatment drug use and re-offending. With more granular measures of treatment delivered, as expressed in Measure 12, *Units of Treatment*, this measure functions less as a proxy for treatment and more as an indicator of program effects not associated with specific treatments. *Length of Time in Program* is a gauge of potential programmatic issues if the measure drops markedly due to a substantial number of early terminations or significant inactive time resulting from absconded and jailed participants that could interfere with participants’

ability to receive sufficient treatment. Substantial increases could also indicate inefficient use of resources.

> 15 and
< 21 months

Benchmark: Prior research also suggests that participation is subject to diminishing returns as program length grows, but without a consensus over what constitutes a maximum program length. Research, often conducted without access to detailed treatment data measured in quantifiable units, has used the length of time in drug court as a proxy for treatments received within the program. Findings from this research indicate that three months of drug treatment may be the minimal threshold for detecting dose-response effects, 6 to 12 months may be the threshold for realizing clinically meaningful reductions in drug use, and 12 months of drug treatment is the median point on the dose-response curve: i.e., approximately 50 percent of clients who complete 12 months or more of drug abuse treatment remain abstinent for an additional year following completion of treatment (Marlowe et al., 2003). Based on this research and the professional expertise of practitioners, the Workgroup reached a consensus on a benchmark of an average length of time in program ranging from 15 to 21 months. An important consideration for this performance measure is that the benchmark is targeted for the average length of stay, rather than setting a floor and ceiling for the program length of individual participants. Based on outcome evaluations conducted in two locations (IL and VA), NCSC researchers found that participants had increased chances of successfully completing a program when retained at least 15 months and found diminishing chances of success past 21 months (Kunkel et al., 2105).

Implementation Issues: SMART has the capacity to capture all data elements necessary for this measure, and it appears that most courts are consistently entering admission and discharge dates for participants (see [Appendix Table B-8](#)). It is unclear whether dates necessary to subtract inactive time are reliably entered into SMART at this time, but date fields are currently available.

When a participant absconds and the participant is considered to be in “inactive” status, the time absconded is subtracted from program time. The Workgroup agreed that an absconded participant should be considered inactive after 30 days have passed since the most recent failure to appear. Absconded participants may, after a period of inactivity, be discharged from the program at the discretion of the program personnel. When this occurs, *Length of Time in Program* should be calculated as the total of active time, not including the inactive time preceding termination.

Calculation of this measure should be based on the date of discharge from or completion of the program, rather than graduation date, as graduation events may be held weeks or even months after participants have effectively exited from the program. Use of graduation dates can artificially inflate the average length of time in program for successful participants.

In addition, time spent in aftercare that occurs following completion of the program requirements should not be included in the calculation of program length.

Sources: Cissner and Rempel, 2005
 Marlowe, DeMatteo, and Festinger, 2003
 Kunkel, Waters, Graves, & Lewis, 2015

USER'S NOTE:

Length of Time in Program can be calculated by simply subtracting the date of discharge from the date of Admission.

Cohort:

- Semiannual Discharge

Data Required:

- Date of Program Admission
- Date of Program Discharge
- Type of Program Discharge
- Number of Day(s) Inactive during Program

$$\text{Average Length of Stay in Program} = [(Discharge Date - Admission Date) + 1] - \# \text{ Days Inactive}$$

The performance measure is the average ***Length of Time in Program*** for all participants, which can be calculated with the following formula.

$$\text{Average Length of Time in Program} = \frac{\text{Sum of Time in Program for all Participants}}{\# \text{ of Participants}}$$

OBJECTIVE VIII

To monitor abstinence by frequent alcohol and other drug testing

Purpose: Drug and alcohol testing is a critical element of drug court. Measuring the frequency of drug and alcohol testing provides programs with the evidence necessary to make informed adjustments to their drug and alcohol testing policy so as to improve the intended outcomes and achieve cost savings.

14. DRUG/ALCOHOL TESTING

Definition: The average number of drug and alcohol tests administered is measured per week. This measure will be reported by type of test (drug or alcohol test) and by phase in the program. Tests are counted by specimen rather than by the number of substances tested. For example, one specimen that is used to test for nine different drugs (i.e., a 9-panel test) is counted only once for the purposes of this measure.

≥ 2x/week

Benchmark: Research indicates that the most effective and cost-efficient drug court programs randomly test participants twice per week (NADCP, 2015).

Implementation Issues: Treatment providers and probation/parole do not currently enter data in the SMART database, meaning that it is currently not possible to obtain an accurate count of the number of drug tests administered to drug court participants (see **Appendix Table B-9**). This will have an impact on sobriety measures (see Measures 20, 21, and 22) as the number of tests administered is used as a denominator. For example, if a participant tests positive twice during the program, but only 20 of the 100 tests were recorded, the percent positive would be vastly over-reported (e.g., $2/20 = 10\%$ compared to $2/100=2\%$). It is also critical to enter all tests administered by the various stakeholders to monitor cost-effectiveness and redundancy in testing.

Sources: Carey, Mackin, and Finigan, 2012
NADCP, 2015

USER'S NOTE:

The average number of **Weekly Drug/Alcohol Tests** administered is calculated per phase for each participant. It should also be reported by discharge type (*Successful Completion, Unsuccessful, and Neutral*). The results from Preliminary Breath Tests (PBT) and sweat patches⁹ should also be included in this measure. The following formulas provide the method for calculating the average frequency of drug and alcohol tests administered to a participant in a given phase and then calculate the average for the entire discharge cohort for a given phase.

$$\text{Average \# of Weekly Drug and Alcohol Tests for a Given Phase for each Participant} = \frac{\text{\# of Drug and Alcohol Tests Administered to Participant in a Given Phase}^{10}}{\text{\# of Weeks Participant was in Given Phase}}$$

The weekly number of drug/alcohol tests are averaged per participant across the discharge cohort.

$$\text{Average \# of Drug and Alcohol Tests per Week per Phase} = \frac{\text{Sum of Average \# of Drug and Alcohol Tests per Week in Given Phase for all Participants in Cohort}}{\text{\# of Participants in Cohort}}$$

Similar calculations are conducted for each phase of participation. The average should also be disaggregated by discharge type.

Cohort:

- Semiannual Discharge

Data Required:

- Date(s) of Drug Test(s)
- Date(s) of Alcohol Test(s)
- Date of Program Admission
- Date of Program Discharge
- Date(s) of Phase Change(s)
- Type of Program Discharge

⁹ Although sweat patches provide continuous monitoring over a period of time, they only return one discrete positive or negative result, and cannot determine multiple instances of use over the period of their application. For this reason, sweat patches are recorded by each application rather than the number of days they are worn. For instance, if a sweat patch is applied for seven days and is determined to be positive upon removal, that one sweat patch is recorded as one administered drug test with one positive result.

¹⁰ To be included in this calculation for any given phase, the participant must have had at least one drug test administered in the specified phase.

OBJECTIVE IX

To improve the ability of participants to function effectively in society

Purpose: The overall goal is to measure improvements in pro-social activities and stabilizing life circumstances for drug court participants. Drug courts should address participants' responsibility needs, or those that interfere with retention in treatment. While in the first phase of the program, this would include, for example, addressing basic needs for housing. In later phases, the drug court should shift its focus to address participants' maintenance needs, or needs that undermine long-term treatment gains, such as vocational or educational assistance. Drug courts that help participants obtain sober and supportive housing and secure employment, vocational or educational opportunities are also more cost-effective.

15. Quality of Residency Status

Definition: Programs will assess the quality of housing status by calculating the percentage of participants with an improved quality in residency status between time of admission and time of discharge. Quality is defined as housing that is habitable, safe, and free of conflicts with other residents.

16. RESIDENTIAL STABILITY

Definition: Improvement in **Residential Stability** compares the number of residency changes in the year prior to discharge as compared to the year prior to admission. Stability is defined as less than two residential changes in a one-year time frame.

Quality >75%
Stability >60%

Benchmark: Housing is identified as an important need for those with substance abuse disorders. Measuring change in housing status (both quality and stability) provides programs with an important indicator of how well the program meets offenders' basic needs and will identify potential gaps in services. There is currently no research to anchor the benchmarks for Measure 15 or Measure 16, so the Workgroup relied upon professional expertise from other jurisdictions to arrive at the benchmarks.

Implementation Issues: All courts should track the status of participants' residency (quality and stability) at admission and discharge. Ideally, housing status would be identified through an objective data source. However, if that is not available, the court should use self-reported data during intake/discharge interviews. These measures do not capture changes that may arise throughout the participants' time in the program. Instead, this approach provides simplicity in the form of a dashboard with gauges to indicate when further exploration of the data would prove useful to uncover discrepancies or fluctuations over time. Furthermore, NCSC recommends that this set of measures be used to document, review, and negotiate for (if necessary) additional resources and services that directly address criminogenic needs.

Sources: Carey et al., 2012
 Cissner et al., 2013
 Green and Rempel, 2012
 Morse et al., 2015
 NADCP, 2015
 Quirouette et al., 2015
 Wenzel et al., 2001

USER’S NOTE:

For Measure 15, quality is defined as whether the participant has a current residence that is habitable, safe, and free of conflicts with other residents. Those who indicate no to any of these conditions at admission should be tracked throughout the program for a potentially improved status at discharge. Improvement in Quality of Residency Status is calculated using the following formula:

Cohort:

- Semiannual Discharge Cohort

Data Required:

- Date of Discharge
- Type of Discharge
- Quality of Housing, at Admission and at Discharge
- Number of residency changes in 12 months prior to Admission and 12 months prior to Discharge

$$\text{Improvement in Quality of Residency Status} = \frac{\text{\# of Participants with Improvement in Housing at Discharge}}{\text{\# of Participants with Quality Housing Improvement Needs Identified at Admission}} * 100$$

For Measure 16, Improvement in Residential Stability in housing is measured by comparing number of residency changes in the 12 months prior to discharge compared to the 12 months prior to admission. Any participants with residential changes more than twice in the 12 months prior to admission should be tracked throughout their time in the program to assess improved stability.

$$\text{Percentage of Participants Obtaining Residential Stability} = \frac{\text{Number of Participants with Less than 2 Residential Changes in the 12 Months Prior to Discharge}}{\text{Number of Participants with 2 or More Residential Changes in the 12 Months Prior to Admission}}$$

Exclude participants who have no residential data at admission and participants who have been in the program less than 6 months at discharge. However, courts should strive to have complete residential data at the time of admission.

17. EMPLOYMENT/EDUCATION STATUS

Purpose: Securing employment and obtaining higher education reduce rates of failure for participants and is identified as a criminogenic need by many assessment protocols (e.g., LSI-R, COMPAS). This measure allows programs to examine the extent to which participants' employment and educational needs are met during program participation and will indicate gaps in services.

Definition: This measure incorporates enrollment in educational and employment status and identifies improvements between admission and discharge. The percentage of participants with an improvement in vocational and/or educational status, by type of discharge. Improvement in employment and/or educational status is defined as the positive difference between participants' status at the time of admission to participants' status at the time of discharge (recorded as a yes/no), by change in the following categories:¹¹

- *Unemployed and not enrolled to part-time*
- *Unemployed and not enrolled to full-time*
- *Part-time to full-time*

>60%

Benchmark: Participants who are employed or enrolled in vocational or educational programs are engaging in pro-social activities and have a higher income, which decreases the likelihood of engaging in drug use and criminal behavior. Additionally, employment requirements significantly increase the cost-effectiveness of the drug court program. There is no research to anchor the exact percentage of participants expected to improve their education/employment status; therefore, the Workgroup considered input from the professional expertise of other jurisdictions to arrive at a consensus for Maryland.

Implementation Issues: The NCSC recommends that a sub-group be formed to directly map the employment/education status categories listed in **Table 4** to the SMART data entry options. Currently, SMART defines part-time employment as less than 35 hours per week, but NCSC recommends this be adjusted to align with the Internal Revenue Service and the Affordable Health Care Act definitions of part-time as less than 30 hours per week.

¹¹ This measure accounts only for positive change in status from admission to discharge. It does not capture the change in participants' circumstances if they are, for example, admitted to the program employed and lose employment during participation or instability in employment during program participation

Sources: Carey et al., 2012
 DeVall and Lanier, 2012
 Gallagher et al., 2015
 Hull et al., 2000
 Mateyoke-Scrivener et al., 2004
 McLellan et al., 1994
 Peters et al., 1999
 Roll et al., 2005
 Shannon et al., 2015

USER’S NOTE:

Ideally employment and education status should be collected from an objective data source. If that information is not available, the court should use self-reported information collected during intake and discharge interviews. The number of participants at admission who have educational/employment needs identified (i.e., are expected to improve their status) is the sum of the following categories:

- A. *Unemployed and not enrolled:* those who are both unemployed (and able to work) and not enrolled in a vocational or educational training program;
- B. *Part-time employed:* those who are employed part-time (less than 30 hours a week)¹² and not enrolled in education/vocational programs; and
- C. *Part-time enrolled:* those who are enrolled part-time in a vocational or educational program and not employed.

Cohort:

- Semiannual Discharge Cohort

Data Required:

- Date of Program Discharge
- Type of Program Discharge
- Employment/Educational Status at Program Admission
- Employment/Educational Status at Program Discharge

Improved status is defined as moving from:

- Part-time (B or C) to full-time
- Not enrolled/unemployed to part-time enrolled/employed (C)
- Not enrolled/unemployed to full-time enrolled/employed (B)

Full-time status includes participants who are enrolled in educational or vocational training part-time and employed part-time; enrolled in educational or vocational training full-time; or employed full-time. Full-time is defined as enrolled/employed for at least 30 hours per week. See “**Full-time**” within **Table 4 (Education/Employment Matrix)** on the following page.

Improvement in Employment/Educational Status can be measured by using the following formula:

$$\text{Improvement in Status} = \frac{\# \text{ of Participants with an Improvement in Status}}{\# \text{ of Participants with Educational/Employment Needs Identified at Admission (Sum of A, B, C)}} * 100$$

¹² Per the Internal Revenue Service and the Affordable Health Care Act, the recommendation is to define part-time employment as less than 30 hours per week. The Fair Labor Standards Act does not define full-time employment. See: <https://justworks.com/blog/part-time-vs-full-time-employees-what-qualifying-hours> for a discussion of this part-time/full-time demarcation.

Participants who at any point during their program participation fall into the categories of not seeking work for reasons such as unable to work due to a disability, stay-at-home parents, and retirees should be excluded from the count of those participants with educational/ employment needs identified.

TABLE 4: EDUCATIONAL/EMPLOYMENT MATRIX

		<i>Enrolled in Educational/Vocational Training</i>		
		<i>Full-time</i>	<i>Part-time</i>	<i>Not enrolled</i>
<i>Employment Status</i>	<i>Full-time</i>	<i>Full-time</i>	<i>Full-time</i>	<i>Full-time</i>
	<i>Part-time</i>	<i>Full-time</i>	<i>Full-time</i>	<i>B – Needs Improvement</i>
	<i>Seeking work</i>	<i>Full-time</i>	<i>C – Needs Improvement</i>	<i>A - Needs Improvement</i>
	<i>Unable to Work/ Not seeking work</i>	<i>Exclude</i>	<i>Exclude</i>	<i>Exclude</i>

OBJECTIVE X

To provide all defendants the same opportunities to participate and succeed in the drug court regardless of race, ethnicity, gender, and age

18. ACCESS AND FAIRNESS

Purpose: A 2010 resolution by the Board of Directors of the NADCP directs drug courts to monitor whether unfair disparities exist in their programs for racial and ethnic minority participants and to take affirmative steps to ameliorate such disparities if they exist. The minority resolution places an affirmative obligation on drug courts to continually monitor whether minority participants have equal access to the programs, receive equivalent services in the programs, and successfully complete the programs at rates equivalent to non-minorities. Further, *Adult Drug Court Best Practice Standards* (NADCP, 2015) urges adult drug courts to specifically determine whether equivalent access to drug court and equivalent retention in drug court exists among all ethnic, gender, and racial groups.

Definition: This measure tracks a referral cohort as it progresses through drug court. At each of three processing points, the percentage of each demographic group of the referral cohort are examined to identify changes in its composition, as members drop out and/or change status from previous processing steps.

- **Referral:** Referrals are disaggregated by race, ethnicity, gender and age and percentages are compared to similar percentages of *drug court eligible arrests*, if available. If not, compare to percentages of all arrests in the jurisdiction.
- **Admission:** For the demographic characteristic of interest (e.g., race): The number of referral cohort members of each race who are admitted is divided by the total number of referrals of each race. Such a percentage can be interpreted as the probability that a referral of each race will be admitted. This probability can be compared to other races to determine whether the admission rates are comparable.
- **Discharge:** For the demographic characteristic of interest (e.g., gender): The number of referral cohort members admitted who male who *Successfully Complete* is divided by total number of referral cohort members admitted. This probability is compared to the percentage of female admissions to determine the extent of attrition from admission to discharge. These probabilities should be compared to determine if attrition rates are comparable between the groups being compared.

≤ 5% except for
age ≤ 10%

Benchmark: The differences between the probability of successful completion between racial, ethnic, and gender categories will not exceed 5%. Differences in this rate (probability) between participants aged 25 and younger and those aged over 25 years will not exceed 10%. The selection of these benchmarks was informed by data

obtained from the SMART database (see [Appendix B-10](#)), by benchmarks for this measure established by other states, and by BJA performance measure data (Cunningham, 2015). Case law and research on challenges that a jury pool was not representative of the jury-eligible population (Hannaford-Agor & Waters, 2011).

Implementation Issues: Currently, most drug courts do not track referrals, though it's feasible using pre-existing features within SMART. It is recommended that a statewide form be developed and incorporated into the Maryland Electronic Courts (MDEC) court case management system (currently undergoing statewide implementation) to track the date and source of referral, demographics of referrals and reasons why a referral was rejected. An interface between SMART and MDEC would enable SMART to organize referrals into semi-annual cohorts. This information will also permit the tracking of admission rates by relevant demographic characteristics for referral cohort members. Reasons why a referral was not admitted (e.g., legal ineligibility, clinical ineligibility, declined to enter) should also be recorded in SMART.

It is also recommended that the benchmark for age be revisited after the collection of additional data over at least two years. It is possible that the ongoing opioid epidemic could exacerbate differences in the probability of successful completion of the targeted age groups.

For courts located in jurisdictions that do not have a minimum of 10 participants in a demographic category (e.g., female, Asian, or Hispanic), it is recommended that the drug courts track such referrals, admissions, and completers and examine probabilities after at least ten participants are included in the relevant cohort. This could mean that the court waits a year (or even longer) to review the data for that category.

Sources: Cunningham, 2015
 Hannaford-Agor & Waters, 2011
 NADCP, 2013
 NADCP, 2015

USER'S NOTE:

The following is an illustrative calculation for African American referrals:

$$\begin{array}{l} \text{\% of African Americans in} \\ \text{Referral Cohort} \end{array} = \frac{\text{Total \# of African Americans in Referral Cohort}}{\text{Total \# of Referrals in Cohort}}$$

$$\begin{array}{l} \text{\% of African Americans in} \\ \text{Referral Cohort} \\ \text{Admitted} \end{array} = \frac{\text{Total \# of African Americans in Referral Cohort Admitted}}{\text{Total \# of African-Americans in Referral Cohort}}$$

$$\text{Difference} = \text{\% of African American Admitted} - \text{\% of Whites Admitted}$$

$$\begin{array}{l} \text{\% of African Americans} \\ \text{successfully} \\ \text{completing} \end{array} = \frac{\text{Total \# of African Americans who Successfully Complete}}{\text{Total \# of African Americans in Referral Cohort Admitted}}$$

$$\text{Difference} = \text{\% of African Americans Successfully Completing} - \text{\% of Whites Successfully Completing}$$

Each step is repeated for racial, ethnic, gender, and age categories.

Cohort:

- Semiannual Referral Cohort

Data Required:

- Race, ethnicity, gender, and age of referral(s)
- Date of referral
- Referral Source
- Date of Admission or reason referral was not admitted
- Date of Discharge
- Type of Discharge

19. SUCCESSFUL COMPLETION

Purpose: Program retention (i.e., successful completion) is one of the key predictors of positive post-treatment outcome. Retention is an accountability measure because the longer participants are engaged in the program and treatment, the better their outcomes after leaving the program. Research has indicated that those who successfully complete drug court treatment programs are significantly less likely to recidivate than those discharged by other means.

Definition: This performance measure is the percentage of participants in the admissions cohort who have successfully completed the program (i.e., *Successful Completion*). The measure should also examine percentages of other discharge statuses or are *Active*, at the time of reporting:

- *Unsuccessful Discharge*
- *Neutral*
- *Active*

This performance measure is a periodic snapshot of how participants progress through the drug court program. Admissions cohorts are tracked until every member has exited and there are no more active participants in that cohort (i.e., *Active* category = 0%). When this milestone has been reached, this measure will consist of the percentage of participants discharged from the program through *Successful Completion*, *Unsuccessful*, or by *Neutral* means. Prior to this milestone, programs should calculate the percentage of participants who remain active at the time of reporting.

≥ 60% *Benchmark:* 60 percent of each admission cohort successfully complete drug court. It is recommended that this benchmark be revisited after two years to reassess its feasibility. It is possible that the unfolding opioid epidemic or focusing the target population on HR/HN population may have an impact on successful completion rates in future admission cohorts.

Implementation Issues: While Maryland’s drug courts are capturing discharge data in SMART (see **Appendix Table B-11**), there appears to be great variation among the courts regarding how discharges are classified. For example, some courts make much greater use of *Administrative Closures* than others. Courts should use the *Neutral* category sparingly in favor of the *Successful* and *Unsuccessful* categories whenever possible. Additionally, the Workgroup for this project identified several other types of exits currently used in SMART that do not readily fit into *Successful Completion*, *Unsuccessful*, and *Neutral*. These include *Medical Discharge*, *Not Sufficient Services*, *Death*, and *Expiration of Probation*. To accommodate these means of exit, and to better configure current discharge types to reflect participant behavior, NCSC recommends a reconfiguration of what is included in the *Neutral* category. The reconfiguration is listed below and shows how discharge categories currently recognized by SMART should be categorized:

- *Successful Completion, including:*
 - i. *Successful Completion*
 - ii. *Graduation*
- *Unsuccessful Discharge including:*
 - i. *Terminated, did not complete*
 - ii. *Failure/termination*
 - iii. *Voluntary withdrawal*
 - iv. *Death (as a result of overdose)*
- *Neutral including:*
 - i. *Administrative Closure*
 - ii. *Neutral disposition*
 - iii. *General discharge*
 - iv. *Expiration of Probation*
 - v. *Transfer*
 - vi. *Medical Discharge*
 - vii. *Not Sufficient Services*
 - viii. *Death (not as a result of overdose)*
- *Active*

Sources: Belenko, 1998; 2001
Cheesman et al., 2012
Heck, 2006
Rempel et al., 2003

USER'S NOTE:

The status of the admissions cohort at the time of reporting is described by the percentage of participants in each discharge category and is calculated by applying the following formula to each type of discharge. *Successful Completion* is the type of discharge used in this example.

Cohort:

- Semiannual Admission

Data Required:

- Date of Program Admission
- Date of Program Discharge
- Type of Program Discharge

$$\% \text{ [Successfully Completing]} = \frac{\# \text{ of Participants who were Discharged as [Successful]}}{\# \text{ of Participants in Admissions Cohort}} * 100$$

Replace *[Successfully Completing]* with *Unsuccessful*, *Neutral*, and *Active* to calculate rates for all discharge categories.

There are three sobriety performance measures. While the definitions of each measure are unique, the purpose, implementation issues, sources, and user's notes apply to all three.

Purpose: Sobriety is a goal of all drug courts because it fosters offender rehabilitation, public safety, and offender accountability.

20. POSITIVE DISCRETE DRUG AND ALCOHOL TESTS

Definition: The average percentage of total scheduled drug and alcohol tests that return positive for an illegal or banned substance (e.g., alcohol, prescription drugs used for non-medical purposes or without a valid prescription, etc.) or have results that the program considers positive (e.g., admission of use, late or missed test, diluted test, or tampered sample). Tests that are returned positive for prescription drugs used for valid medical purposes should be excluded. Insufficient samples due to leaking or spilling during transport are not included in the calculation since they are considered neither positive nor negative.

This measure should be based on semiannual discharge cohorts and broken out by type of test (e.g., drug or alcohol) and phase of program participation. Using phase in program provides the court with important information as to the rates of positive use during different stages of program participation (i.e., percentage of drug tests administered to the participants in the discharge cohort during their first phase of participation that returned as positive). The phase-based results will alert the drug court to any deficiencies in various phases of its program. The results from Preliminary Breath Tests (PBT) and sweat patches¹³ should also be included in the numerator and denominator of this measure. Continuous Monitoring tests (e.g., SCRAM® Continuous Alcohol Monitoring) should be excluded from this measure.

≤ 10%

Benchmark: Due to a lack of definitive research, the 10 percent or less benchmark for percentage of **Positive Discrete Drug and Alcohol Tests** is based largely on the Workgroup's professional expertise and benchmarks endorsed by other states in defining their performance management goals. The Workgroup considered data from SMART (see **Appendix Table B-12**) and drug court evaluations that NCSC conducted in jurisdictions outside of Maryland as anchors to arrive at a reasonable rate of positive drug and alcohol tests for Maryland's drug courts.

¹³ Although sweat patches provide continuous monitoring over a period of time, they only return one discrete positive or negative result, and cannot determine multiple instances of use over the period of their application. For this reason, sweat patches are recorded by each application rather than the number of days they are worn. For instance, if a sweat patch is applied for seven days and is determined to be positive upon removal, that one sweat patch is recorded as one administered drug test with one positive result.

21. POSITIVE CONTINUOUS MONITORING TESTS

Definition: The average percentage of days for which a participant had a positive result on continuous monitoring drug or alcohol tests of total days monitored. Positive results include indication of use, admission of use, and tampering with the monitoring device.

To account for the results from a continuous monitoring device (e.g. SCRAM®), this measure is distinguished from the discrete testing described in the previous measure. The continuous drug or alcohol measure is calculated by dividing the number of days of detected substance use divided by the total number of days of continuous monitoring to determine an overall percentage of days for which participants had a positive result while on continuous monitoring. Sweat patches should not be considered continuous monitoring tests.

≤ 10%

Benchmark: Due to a lack of definitive research, the 10 percent or less benchmark for percentage of *Positive Continuous Drug and Alcohol Tests* is based largely on the Workgroup’s professional expertise and benchmarks endorsed by other states in defining their performance management goals. The Workgroup considered data from SMART (see **Appendix Table B-13**) and drug court evaluations that NCSC conducted in jurisdictions outside of Maryland as anchors to arrive at a reasonable rate of positive drug and alcohol tests for Maryland’s drug courts.

22. TIME FROM LAST POSITIVE DRUG TEST TO PROGRAM DISCHARGE

Definition: The final sobriety measure is the average number of days between the last positive drug test and discharge by type of discharge. If there were no positive drug tests, this time period is equal to the participant’s length-of-stay in the program. If there was only one positive, this period is equal to the number of days between the date of that test and discharge. If there are multiple positive tests, it is equal to the date of the last positive drug or alcohol test and the discharge date.

> 90 days

Benchmark: Research suggests that drug courts that require participants to have greater than 90 days clean (negative drug tests) before graduation have reduced recidivism and produce significant cost savings over drug courts that do not have this requirement (Carey et al., 2012).

Implementation Issues: Treatment providers and probation/parole do not currently enter data in the SMART database, meaning that it is not possible to obtain an accurate count of the number of drug tests administered to drug court participants in all aspects of the drug court program. This impacts Measure 14, as well as the sobriety measures (Measures 20 and 21). For example, if only positive tests are entered, the percent positive will be inaccurate, possibly inflated (see example on page 30). All parties administering drug and alcohol tests should enter dates and results into SMART (see **Appendix Table B-14**).

Sources: Carey et al., 2012
Heck, 2006
Kelly and White, 2011
Waters et al., 2016

USER'S NOTE:

The ultimate determination of whether a drug test was positive or negative will be made only after all challenges to the test results have been resolved. These performance measures should include the results of all drug tests administered, not only those administered by the drug court but also including those administered by any external collaborating agencies.

The following formulas can be used to calculate the sobriety performance measures. Measure 20, **Positive Discrete Drug and Alcohol Tests**, can be calculated in two steps. First, the percent of positive discrete drug and alcohol tests is calculated for each participant using the following formula:

Cohort:

- Semiannual Discharge

Data Required:

- Date of Program Admission
- Date(s) of Drug or Alcohol Tests
- Result(s) of Drug or Alcohol Tests
- Date of Program Discharge
- Type of Program Discharge
- Date(s) of Phase Changes
- Date(s) Initiated Continuous Monitoring
- Date(s) Concluded Continuous Monitoring
- Date(s) of Continuous Monitoring Positive Result(s)
- Date(s) of Positive Drug Test(s)

$$\text{\% of Positive Tests for each Participant} = \frac{\text{Total \# of Positive Tests for each Participant}}{\text{Total \# of Tests for each Participant}} * 100$$

The Percent Positive Drug and Alcohol Tests per Participant are then averaged across the cohort:

$$\text{Average \% Positive Tests} = \frac{\text{Sum of \% Positive Tests per Participant}}{\text{\# of Participants}}$$

Measure 21, **Positive Continuous Monitoring (CM) Test**, can be calculated in two steps. First, calculate the Percent of Days with **Positive Continuous Monitoring Tests** for each Participant who was assigned continuous monitoring.

$$\text{\% of Days with Positive CM Tests per Participant} = \frac{\text{\# of Days with a Positive Test}}{\text{Total \# of Days on CM}} * 100$$

Then the percent of days with a positive test per participant are averaged across the members of the cohort who were on continuous monitoring:

$$\text{Average \% Positive CM Tests} = \frac{\text{Sum of \% of Days with Positive CM Tests per Participant}}{\text{\# of Participants on CM}}$$

Measure 22, Time between Last Positive Drug or Alcohol Test and Program Discharge, can be calculated in two steps. First, determine the average length of time between last positive and program discharge for each participant.

$$\text{\textit{\# of Days between Last Positive and Discharge per Participant}} = \text{\textit{Discharge Date – Date of Last Positive Test}}$$

Then average across the cohort.

$$\text{\textit{Average \# of Days Between Last Positive and Discharge}} = \frac{\text{\textit{Sum \# of Days Last Positive to Discharge per Participant}}}{\text{\textit{\# of Participants}}}$$

23. IN-PROGRAM REOFFENDING

Purpose: Drug courts are expected to produce low rates of in-program reoffending among drug court participants in comparison to other more traditional interventions for drug offenders such as probation or community-based treatment. The combination of judicial supervision, treatment, and incentives and sanctions that uniquely characterize drug courts are expected to lower reoffending, a finding that is supported by research.

Definition: The percentage of participants who have a case filed for a new jail-eligible offense with an offense date occurring between admission and discharge. In addition to the total in-program reoffending rate, reports should be disaggregated by type of program discharge and by offense level and type. Case filings for offenses that cannot result in incarceration, such as non-DUI traffic offenses, should be excluded from this measure.

≤ 20%

Benchmark: This measure allows programs to examine reoffending by participants while they are under the supervision of the drug court and explore changes over time which can illuminate effects of programmatic changes.

Reported rates of in-program reoffending vary widely, so the Workgroup arrived at the benchmark by considering reports from other jurisdictions and examining SMART reports for Maryland drug courts (see **Appendix Table B-15**).

Implementation Issues: The NCSC recommends that the OPSC form a sub-group to identify whether arrests are tracked locally, statewide, within surrounding states, or nationally. This sub-group should document processes used to obtain arrest data in a manner that is consistent statewide. The NCSC recommends that this sub-group identify the jail-eligible offenses for consistency in tracking events in SMART. Finally, for reporting purposes, while SMART captures the offense type for new charges, grouping the type of charge into person, property, and drug and the level of charge into misdemeanor and felony is useful with adequate number of participants in the discharge cohort.

Sources: GAO, 2005
Heck, 2006

USER'S NOTE:

If the offense is classified as a criminal offense for which the individual faces jail time, it should be included in this measure. To put the percentages in the proper context, frequencies should also be reported.

In-program Reoffending can be calculated with the following formula:

Cohort:

- Semiannual Discharge Cohort

Data Required:

- Date of Program Admission
- Date of Program Discharge
- Type of Program Discharge
- Date of Case Filing
- Level of Charge
- Type of Charge

$$\text{In-program Reoffending} = \frac{\text{\# of Participants with New Offense Resulting in a Charge During Program Participation}}{\text{\# of Participants in Specified Cohort}} * 100$$

24. POST-PROGRAM RECIDIVISM

Purpose: **Post-program recidivism** is an important measure of effectiveness for drug courts. By breaking recidivism down by length of time from program discharge until a new offense, (measured by the date of the new case filing that results in a conviction), programs can track the overall effectiveness and the duration of the effect of program participation. Programs can examine the effects of programmatic changes by examining changes in recidivism rates between discharge cohorts.

Definition: The post-program recidivism indicators measure the percentage of participants who were convicted of at least one jail-eligible offense within three years from time of discharge from drug court, reported by type of discharge. **Post-program Recidivism** for drug-court participants is defined as any new arrest that results in a conviction for a jail-eligible offense following discharge from the program. It is important to note that this is a measure of *incidence* and not a count of convictions within three years of discharge. It identifies the first instance of recidivism within three years of discharge. The measure is reported as a cumulative percentage for each of the following intervals, within:

- 1 year of discharge
- 2 years of discharge
- 3 years of discharge

The timing and type of post-program recidivism make use of only the most serious convicted offense resulting from the criminal case that occurs after discharge from the program. Cases that do not result in a conviction and convictions that occur after the initial conviction are not included in this measure.

Post-program recidivism will be reported similarly to in-program reoffending, by type of discharge, category, and level of offense. To put the percentages in the proper context, frequencies should also be reported.

1 year ≤ 20%
3 years ≤ 30%

Benchmark: The Workgroup agreed to a 1-year benchmark for post-program recidivism of < 20% and a 3-year benchmark of < 30% after consultation of other jurisdictions and review of research, which varied widely. The benchmarks selected fell at or near the center of recidivism rates discovered from previous research. While no benchmark is included for 2-years past program, we recommend the courts continue to track the data.

Implementation Issues: Monitoring post-program recidivism over time relies upon the consistent, accurate reporting of re-offenses among former participants. The NCSC recommends that jail-eligible offenses should be specified for consistency in tracking events in SMART. Collecting reliable data on arrests and convictions from different jurisdictions within the state and from other states is an important challenge, particularly for jurisdictions that fall on state boundaries. If re-offenses are underreported due to an inability to get arrest and conviction data, post-program recidivism will be artificially low.

Moreover, changes in the reliability of reported arrest and conviction data can lead to an apparent increase or decrease in recidivism post-program when no such change has occurred. If court staff know that systems of data sharing or other programmatic changes will occur that could affect the

accuracy of arrest or conviction information about their former participants, the timing of these changes should be noted when looking at recidivism over time.

As with the in-program reoffending measure, NCSC recommends that OPSC form a sub-group to identify whether arrests and convictions are tracked locally, statewide, within surrounding states, or nationally, perhaps through the integration with Maryland Electronic Courts (MDEC) or Criminal Justice Information System (CJIS).

Sources: Heck, 2006
Mitchell, Wilson, Eggers, and MacKenzie, 2012

USER'S NOTE:

Post-program Recidivism can be calculated with the following general formula:

$$\text{Post-program Recidivism} = \frac{\text{\# of Participants Convicted of a New Offense after Discharge}}{\text{\# of Participants in Discharge Cohort}} * 100$$

This measure should be reported by type of discharge, time frame of post-program offense, and type of post-program offense.

When reporting by type of discharge, the number of participants included in both the numerator and denominator should be restricted to only those in the discharge cohort who exited the program by the discharge type specified. For instance, a measure of recidivism among those completing the program successfully would exclude participants who did not complete successfully from the count of those convicted of new offenses and from the total count.

A report of recidivism by time frame includes only those offenses with arrest dates occurring within the specified time frame in the numerator, while the denominator does not change. As an example, the six-month measure would include only those convicted following arrests dated within six months of the participants' discharge dates. The twelve-month measure would also include participants arrested within twelve months of discharge and subsequently convicted. Unlike adjustments for type of discharge, the number of participants in the denominator does not change. These recidivism counts are cumulative (those re-offending within six months will also have re-offended within twelve months), so the twelve-month measure will be equal to or greater than the six-month measure, and so on for longer time frames.

Reporting recidivism by type of post-program offense can be accomplished by restricting the type of convictions qualifying as new offenses in the numerator. A measure of felony post-program recidivism, for instance, would include only those participants convicted of a felony after arrest; those convicted of lesser offenses would not be included in the count of re-offenders. Likewise, a "crimes against persons" recidivism measure would count only those participants convicted of a "person" offense in the tally of those committing a new offense after discharge. Again, the denominator does not change from the total number of participants in the discharge cohort.

Cohort:

- Semi-annual Discharge

Data Required:

- Date of Program Discharge
- Type of Program Discharge
- Date of New Arrest
- Level of New Offense
- Type of New Offense
- Date of New Conviction
- Level of New Conviction
- Type of New Conviction

CONCLUSIONS AND RECOMMENDATIONS

With performance measures and their associated targets, Maryland adult drug courts have a framework to begin the implementation of performance management. In many respects, Maryland is in a much better place to implement these two essential components of performance management than many other states, given adult drug courts access to the robust SMART database. This report contains many suggestions for using the current capabilities of SMART, as well as making modifications to SMART, that will assist in the development of the informational superstructure needed to support the performance management system. This report presents the performance measures and associated benchmarks as endorsed by the Maryland Adult Drug Court Performance Management Workgroup. The third and critical component to the performance management system is training on how to use this framework to assess performance and solve problems is not covered in this report.

The success of the performance management system is contingent upon the required data entered into or interfacing with the SMART database. As such, drug courts must fulfill their responsibilities for complete, accurate and timely data entry. A consistent and uniform understanding and use of data element definitions must be achieved by training and proper documentation. Memorandums of Understanding (MOUs) with external service providers requiring similar quality and timely data entry into SMART must be developed and enforced. For example, data will be needed from probation/parole on supervision contacts, drug testing frequency and results from all parties administering such tests, and from external service providers on units and types of treatment. Under-reporting due to omission of data from these sources seriously challenges the validity of the performance measures that depend on these data.

As explained earlier in this report, the *Access and Fairness* performance measure requires drug courts to track drug court referrals. The development of a statewide form to capture referral demographics and reasons for rejection of the referral, whenever that occurs, would greatly facilitate successful implementation of this performance measure. Likewise, capturing key data elements used in the calculation of measures such as improved housing or employment/education status requires uniform collection of data at intake. Therefore, NCSC recommends that a referral and intake form be developed and integrated into existing databases (e.g., MDEC and SMART).

Another challenge for the implementation of the performance measures stems from the fact that data elements contained in SMART do not completely align with the data elements required for some of the performance measures. Examples include that the way employment information as well as education goals and needs for improvement are currently defined within SMART do not align with the data elements required for the Employment/Education Status performance measure.

The NCSC recommends that subgroups tackle policy decisions and inconsistencies in data definitions to support the performance management system. For example, a uniform policy on when a case involving a participant who has absconded becomes “inactive” is needed. NCSC recommends that such cases be considered inactive after 31 days. A uniform decision on when an inactive case merits discharge is also needed.

In addition, a common Risk/Needs/Responsivity (RNR) instrument or suite of instruments needs to be selected and uniformly implemented across all adult drug courts. Implementation of such an instrument is required to fully implement the two performance measures associated with Objective 1, Target Population: Percent of admissions assessed to be (1) HighRisk/High Needs and (2) Low Risk. Once implemented, assessments may reveal that not all current participants are in the HR/HN category as desired. If so, drug courts are strongly encouraged to establish separate tracks for participants who are not HR/HN because allowing such participants to mix with HR/HN participants can be harmful to the latter, as explained by Marlowe (2012b). Marlowe also provides examples of alternative programming for participants who are not HR/HN. The Annals of Research and Knowledge (ARK) project of NADCP (NADCP, 2015) will soon have website available that lists evidence-based programs for offenders at all levels of risk and needs and will be a valuable resource for alternative programming in the near future.

To fully realize the promise of the performance management system described in this report to improve adult drug court performance, the information generated by this system must be shared with all drug court team members, consistent with the recommendations of Standard X of the *Adult Drug Court Best Practice Standards* (NADCP, 2015). If given the opportunity to participate in the review of performance-related information with fellow team members, each team member may have unique perspectives on and knowledge of performance issues that could prove to be of value to the whole team. This approach will encourage reciprocity in data sharing and mutual decision-making, which in turn, will support improved program management.

Careful consideration should be given to the strategy that will be used to introduce Maryland Drug Courts to the performance management system. Members of the Workgroup are a valuable resource in this regard, and the Statewide Problem-Solving Court Coordinator is encouraged to consider ways in which they could be employed to these ends. Conferences, webinars, training, and technical assistance also provide potential venues and mechanisms for disseminating information about the system. Statewide scenario-based training in the use of the performance measurement system to assess performance and solve problems is critical to the success of the system and provides an excellent means to demonstrate its utility to users.

It is our hope that the performance management system described in this report as well as the supporting informational infrastructure, will provide the Director of the Office of Problem-Solving Courts and other policy-makers with justification for the acquisition of additional resources required to implement the proposed system (e.g., a statewide RNR instrument) and make required modifications in SMART. Once implemented, the performance management system will also be useful for identifying “resource gaps” that may be detected through use of the performance measures, such as those related to housing, dosage of treatment, or programming. This information can provide evidence of resource needs and can also be used to argue for additional resources for the problem-solving court program. For example, the extent to which drug courts are achieving the performance target selected for successful completion rates provides a solid and objective indicator of the extent to which adult drug courts are achieving their proximal objectives. Performance measures provide both local courts and statewide leaders with a good starting point for an investigation into whether additional resources are warranted and, if so, the magnitude of the need. All of the performance targets selected by the Workgroup provide valuable benchmarks against which to gauge performance and aid in the identification of resource gaps and consequently should be uniformly adopted. It is recommended that a

systemwide performance review be conducted in two years to assess the performance targets and to consider whether they need to be adjusted to encourage a higher level of performance or in response to externalities such as the opioid epidemic.

Finally, by demonstrating that adult drug courts are actively assessing and seeking to improve their performance, the performance management system will assist in the sustainability of adult drug courts and encourage policymakers to invest in them. The promise for each drug court is that the performance management system will be a great tool to set them on a continuous “cycle of improvement.”

REFERENCES

- Andrews, D.A., and Bonta, J. (2010). *The Psychology of Criminal Conduct 5th Edition*. New Providence: LexisNexis Group.
- Belenko, S. (1998). "Research on Drug Courts: A Critical Review." *National Drug Court Institute Review* 1. (pp.1-42).
- Belenko, S. (2001). "Research on Drug Courts: A Critical Review: A 2001 Update." *National Drug Court Institute Review* 1.
- Bonta, J., Tanya R., Terri-Lynne S., Guy B., and Yessine, A. (2008). "Exploring the Black Box of Supervision." *Journal of Offender Rehabilitation* 47, no. 3 (pp. 248-270).
- Bourgon, G. and Armstrong, B. (2005). "Transferring the Principles of Effective Treatment into a "Real World" prison setting. *Criminal Justice and Behavior*, 32(1), 3-25.
- Carey, S. Mackin, J. and Finigan, M. (2012). "What Works? The Ten Key Components of Drug Court: Research-Based Best Practices." *Drug Court Review* 8, no. 1.
- Center for Substance Abuse Treatment. Substance Abuse Treatment for Adults in the Criminal Justice System. Treatment Improvement Protocol (TIP) Series 44. HHS Publication No. (SMA) 13-4056 (2005). Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Cheesman, F. Kunkel, T., Graves, S. Holt, K., Jones, T. and Lee, C. (2012). *Virginia Adult Drug Treatment Courts: Cost Benefit Analysis*. Williamsburg, VA: National Center for State Courts, 2012.
- Cissner, A. and Rempel, M. (2005). *The State of Drug Court Research: Moving Beyond 'Do They Work?'* New York, NY: Center for Court Innovation.
- Cissner, A., Rempel, M., Walker, A., Roman, J. Bieler, S., Cohen, R. and Cadoret, C. (2013). *A Statewide Evaluation of New York's Adult Drug Courts: Identifying Which Policies Work Best*. New York, NY.
- Cunningham, V. (2015). Biannual Grantee Feedback Report: Adult Drug Court. Washington, DC: Bureau of Justice Assistance.
- DeVall, K.E., & Lanier, C.L. (2012). Successful completion: An examination of factors influencing drug court completion for white and nonwhite male participants. *Substance Use & Misuse*, 47(10), (pp. 1106–1116).
- Gallagher, J.R., Nordberg, A., Deranek, M.S., Ivory, E., Carlton, J., & Miller, J.W. (2015). Predicting termination from drug court and comparing recidivism patterns: Treating substance use disorders in criminal justice settings. *Alcoholism Treatment Quarterly*, 33(1), (pp. 28–43).

- Government Accountability Office (GAO) (2005). *Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes*. Report to Congressional Committees, GAO-05-219.
- Gendreau, P. (1996). "The Principles of Effective Intervention with Offenders." In *Choosing Correctional Options that Work*, ed. Alan T. Harland. Thousand Oaks, CA: Sage.
- Gerrish, E. (2016). The Impact of Performance Management on Performance in Public Organizations: A Meta-Analysis. *Public Administration Review*, 76(1), (pp. 48-66).
- Green, M., & Rempel, M. (2012). Beyond crime and drug use: Do adult drug courts produce other psychosocial benefits? *Journal of Drug Issues*, 42(2), (pp. 156–177).
- Hannaford-Agor, Paula & Waters, Nicole L. (December 2011). Safe Harbors from Fair-Cross-Section Challenges? The Practical Limitations of Measuring Representation in the Jury Pool. *Journal of Empirical Legal Studies*, 8(4).
- Hatry, H. (2014). *Transforming Performance Measurement for the 21st Century*. Washington, DC: Urban Institute
- Heck, C. (2006). *Local Drug Court Research: Navigating Performance Measures and Process Evaluations*. Washington, DC: Bureau of Justice Assistance, U.S. Department of Justice.
- Hull, K., Stewart F., Brown, J., Jobe, D. and McCullen, C. (2000). "Analysis of Recidivism Rates for Participants of the Academic/Vocational/Transition Education Programs Offered by the Virginia Department of Correctional Education." *Journal of Correctional Education* 51, no. 2: (pp. 256-261).
- Kelly, John F. and William L. White, eds. (2011). *Addiction Recovery Management*. New York, NY: Springer.
- Tara L. Kunkel, Nicole L. Waters, Scott Graves, & Kathryn Lewis (September 2015). "McLean County Adult Treatment Court Collaborative: Final Report" An evaluation report of the recovery court (mental health) and adult drug court published for the McLean County Court by the National Center for State Courts.
- Lowenkamp, C., Latessa, E. and Holsinger, A. (2006). "The Risk Principle in Action: What Have we Learned from 13,676 Offenders and 97 Correctional Programs." *Crime & Delinquency* 52.
- Mackin, J.R., Lucas, L. M., Lambarth, C.H., Waller, M.S., Herrera, Allen, T., Carey, S.M., and Finigan, M.W. (2010). Maryland Problem-Solving Courts Evaluation, Phase III: Integration of Results from Process, Outcome, and Cost Studies Conducted 2007-2009. A report to the Maryland Judiciary, Office of Problem-Solving Courts. NPC Research: Portland, OR.

- Makarios, M., Sperber, K. and Latessa, E. (2014). "Treatment Dosage and the Risk Principle: A Refinement and Extension." *Journal of Offender Rehabilitation* 53.
- Marlowe, D (2009). "Evidence-Based Sentencing for Drug Offenders: An analysis of Prognostic Risks and Criminogenic Needs." *Chapman Journal of Criminal Justice*, 1.
- Marlowe, D. (2012a). "Drug Court Practitioner Fact Sheet" *Behavior Modification 101 for Drug Courts: Making the Most of Incentives and Sanctions*. National Association of Drug Court Professionals.
- Marlowe, D. (2012b). "Drug Court Practitioner Fact Sheet" *Targeting the Right Participants for Adult Drug Courts*. National Association of Drug Court Professionals.
- Marlowe, D. Dematteo, D. and Festinger, D. (2003). "A Sober Assessment of Drug Courts." *Federal Sentencing Reporter* 16, no. 1: 113-128.
- Marlowe, D. Festinger, D., Dugosh, K. Lee, P. and Benasutti, K. (2007). "Adapting Judicial Supervision to the Risk Level of Drug Offenders: Discharge and 6-month Outcomes from a Prospective Matching Study." *Drug and Alcohol Dependence*, 88S.
- Marlowe, D. and Kirby, K. (1993). "Effective Use of Sanctions in Drug Courts: Lessons from Behavioral Research." *National Drug Court Institute Review* 2: (pp. 1-31).
- Mateyoke-Scriver, A., Webster, J.M., Staton, M., & Leukefeld, C. (2004). Treatment retention predictors of drug court participants in a rural state. *American Journal of Drug and Alcohol Abuse*, 30(3), (pp. 605–625).
- McLellan, A., Alterman, A., Metzger, D. Grissom, G., Woody, G. Luborsky, L. and O'Brien, C. (1994). "Similarity of Outcome Predictors Across Opiate, Cocaine, and Alcohol Treatments: Role of Treatment Services." *Journal of Consulting and Clinical Psychology* 62, no. 6: (pp. 1141-1158).
- Mitchell, O. Wilson, D., Eggers, A. and MacKenzie, D. (2012). "Drug Courts' Effects on Criminal Offending for Juveniles and Adults." *Campbell Systematic Reviews* 4.
- Morse, D.S., Silverstein, J., Thomas, K., Bedell, P., & Cerulli, C. (2015). Finding the loopholes: A cross-sectional qualitative study of systemic barriers to treatment access for women drug court participants. *Health and Justice*, 3(12). doi:10.1186/s40352-015-0026-2
- National Association of Drug Court Professionals (NADCP) (2010). Resolution of the Board of Directors on the Equivalent Treatment of Racial and Ethnic Minority Participants in Drug Courts.
- National Association of Drug Court Professionals (NADCP) (2015). *Adult Drug Court Best Practice Standards: Volume II*. Alexandria, VA: NADCP.

- National Association of Drug Court Professionals (NADCP) (2013). *Adult Drug Court Best Practice Standards, Volume I*. Alexandria, VA: NADCP.
- National Association of Drug Court Professionals (NADCP) (2015). *Doing Justice: The Executive Summit on Criminal Justice Reform*. Alexandria, VA: NADCP.
- Ostrom, B. and Hanson, R. (2010). *Achieving High Performance: A Framework for Courts in High Performance Framework*. Williamsburg, VA: National Center for State Courts.
- Peters, R., Haas, A. and Murrin, M. (1999). "Predictors of Retention and Arrest in Drug Courts." *National Drug Court Institute Review* 2, no. 1: (pp. 33-60).
- Peters, R., Haas, A., and Hunt (2002). Treatment of "dosage" effects in drug court program, *Journal of Offender Rehabilitation*.
- Poister, T. (2003). *Measuring Performance in Public and Nonprofit Organizations*. San Francisco: Jossey-Bass.
- Quirouette, M., Hannah-Moffat, K., & Maurutto, P. (2015). 'A precarious place': Housing and clients of specialized courts. *British Journal of Criminology*. doi:10.1093/bjc/azv050
- Rempel, M., Fox-Kralstein, D., Cissner, A., Cohen, R., Labriola, M., Farole, D., Bader, A., and Magnani, M. (2003). *The New York State Adult Drug Court Evaluation: Policies, Participants, and Impacts*. New York, NY: Center for Court Innovation.
- Rottman, D. B. (2007). "Adhere to Procedural Fairness in the Justice System." *Criminology and Public Policy* 6, no. 4 (2007): 835-842.
- Sperber, K., Latessa, E. and Makarios, M. (2013). "Examining the Interaction between Level of Risk and Dosage of Treatment." *Criminal Justice and Behavior* 40, no. 3: (pp. 338-348)
- Tyler, T. R. (2003). "Procedural Justice, Legitimacy, and the Effective Rule of Law." Edited by Michael Tonry. *Crime and Justice: A Review of Research*: (pp. 431-505).
- Tyler, T. R. (2006). *Why People Obey the Law*. Princeton, NJ: Princeton University Press.
- Waters, N., Holt, K. and Johnson, T. (2016). "Miami-Dade County Adult Drug Court: Final Assessment Report". A report prepared for the Eleventh Judicial Circuit of Florida evaluating the project implementation of the Adult Drug Court program's SAMHSA and BJA joint enhancement grant.
- Wenzel, S., Longshore, D., Turner, S. and Ridgley, S. (2001). "Drug courts: A bridge between criminal justice and health services." *Journal of Criminal Justice* 29: (pp. 241-253).

Woodahl, E., Garland, B., Culhane, S. and McCarty, W. (2011). "Utilizing Behavioral Interventions to Improve Supervision Outcomes in Community-based Corrections". *Criminal Justice and Behavior* 38: (pp. 386-405).

Appendix A

Procedural Fairness Survey

Participant Experiences Survey Instructions

The Participant Experiences Survey¹ can be administered by recreating the survey in an online format or can be printed for participants. Specific instructions for data entry and interpreting score ranges are below.

Data entry should be as follows:

- “Strongly Agree” = 7
- “Agree” = 6
- “Somewhat Agree” = 5
- “Neither Disagree nor Agree” = 4
- “Somewhat Disagree” = 3
- “Disagree” = 2
- “Strongly Disagree” = 1
- “Not Applicable” = -98

Score ranges for all four sections are as follows:

1. Maximum Score = 7
2. “*High*” Score = 6
3. “*Low*” Score = 2
4. Minimum Score = 1

¹Measure items were developed by the National Center for State Courts or taken and amended from the following sources:

- Henderson, H., Wells, W., Maguire, E. R., & Gray, J. (2010). Evaluating the measurement properties of procedural justice in a correctional setting. *Criminal Justice and Behavior*, 37, 384-399.
- Skeem, J. L., Eno Louden, J., & Polaschek, D. (2007). Assessing relationship quality in mandated community treatment: Blending care with control. *Psychological Assessment*, 19, 397-410.
- Tomkins, A. J., Bornstein, B. H., Herian, M. N., & PytlikZillig, L. M. (2011-2014). Testing a three-stage model of institutional confidence across branches of government. Ongoing research project funded by National Science Foundation (SES-1061635).

Procedural Fairness Survey¹

Thank you for your willingness to complete this survey. We are interested in learning more about your personal experiences with the court staff and services to date. The following four sections specifically target the **judge, probation, treatment staff, and the court generally**. In each section, please consider all of your interactions with the indicated person or persons and indicate how much you agree or disagree with each statement listed in the left hand column. For each statement, please select the response option that **best represents your opinion** by placing an **X** in the corresponding box.

Today's Date: _____

What is the name of the court you are involved in?

What is your current phase in the program?

How long have you been in the program?

_____ *months*

¹Measure items were developed by the National Center for State Courts or taken and amended from the following sources:

- Henderson, H., Wells, W., Maguire, E. R., & Gray, J. (2010). Evaluating the measurement properties of procedural justice in a correctional setting. *Criminal Justice and Behavior*, 37, 384-399.
- Skeem, J. L., Eno Louden, J., & Polaschek, D. (2007). Assessing relationship quality in mandated community treatment: Blending care with control. *Psychological Assessment*, 19, 397-410.
- Tomkins, A. J., Bornstein, B. H., Herian, M. N., & PytlikZillig, L. M. (2011-2014). Testing a three-stage model of institutional confidence across branches of government. Ongoing research project funded by National Science Foundation (SES-1061635).

Section 1: Your Experiences with the Judge	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
In this section, please consider all of your interactions with the primary judge with whom you have had contact throughout your dealings with the court.							
1. The judge applies rules consistently to everyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The judge makes me feel comfortable enough to say how I really feel about things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The judge gives me a chance to tell my side of the story.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The judge treats me politely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The judge is knowledgeable about my case.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The judge makes decisions about how to handle my problems in a fair way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Your Experiences with your Case Manager	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
In this section, please consider all of your interactions with your primary case manager.							
7. My case manager interacts with me in a professional manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I know that my case manager truly wants to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My case manager gives me enough of a chance to say what I want to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The way my case manager handles my case is fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. My case manager treats all of his or her clients equally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I feel safe enough to be open and honest with my case manager.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Section 3: Your Experiences with Probation</u>	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
In this section, please consider all of your interactions with your primary probation officer.							
13. My probation officer interacts with me in a professional manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I know that my probation officer truly wants to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My probation officer gives me enough of a chance to say what I want to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The way my probation officer handles my case is fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. My probation officer treats all of his or her clients equally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I feel safe enough to be open and honest with my probation officer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Section 4: Your Experiences with Treatment</u>	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
In this section, please consider all of your interactions with your primary treatment provider.							
19. The treatment staff gives me a chance to tell my side of the story.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. I believe the treatment staff is genuinely interested in helping me with my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. The treatment staff interacts with me in a professional manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The treatment staff treats all clients equally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I feel safe enough to be open and honest with treatment staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. The way treatment handles my case is fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Your Experiences with the Court in General							
In this section, please consider all of your interactions with the staff of the court that have not been specifically mentioned above.	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
25. They treat all people and groups equally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. They are fair in their dealings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. They care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. They treat me with courtesy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. They listen to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. They are trustworthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix B

SMART Data

The tables within **Appendix B** are based on SMART data extractions performed by IGSR.¹⁴ The NCSC mapped data elements required for each of the measures against SMART report tables. In the spring of 2017, the NCSC requested data current through December of 2016.

Table B-1 displays descriptive data about each court, including the number admitted in 2014, the percent who were female, young, Black, White, and Hispanic. **Table B-2** provides a picture as to what percent of the 2014 admission cohort (i.e., participants who entered between January 1 through December 31 of 2014) were still active as of December 31, 2016. These data are informative as to how incomplete or complete the data were when reporting on the 2014 admission cohort. Incomplete data, in the sense that not all participants who entered in 2014 had been discharged by the end of 2016. This was relevant for M19 *Successful Completion* and M18 *Access and Fairness*. The remaining tables used a 2016 discharge cohort (i.e., those who left the program, successfully or unsuccessfully, between January 1 and December 31 of 2016).

Data tables are included in this Appendix when the underlying SMART data could inform the benchmarking process. Not all data contained within this Appendix are currently available in SMART reports, but these data provided a basis from which to identify recommendations for successful implementation of the full set of performance measures. Recommendations include improvements in data entry (both quality and completeness), revisions to current SMART reports (e.g., applying different filters or running reports by select discharge cohorts), and identified the need to reconcile inconsistencies in definitions across courts. The court names have been removed from all of the tables, as the purpose was to inform the discussion using current data anchors that displayed the range across local courts and reveal the statewide average, when available.

¹⁴ The NCSC would like to extend our gratitude to Stephan Sherman, Sharon Gibbs Cooper, and Shinyu Chang of the University of Maryland's Institute for Governmental Service and Research (IGSR). Our work would not have been possible without their assistance.

Table B - 1

Demographics of Drug Court Clients

Cohort: 2014 Admission

	# Clients Admitted	Gender Female	Age <=25	Race Black	Race White	Ethnicity Hispanic
STATEWIDE AVERAGE	37	30%	35%	34%	63%	1%
	126	27%	37%	14%	83%	1%
	71	25%	10%	82%	18%	0%
	60	45%	42%	2%	97%	0%
	56	14%	18%	95%	5%	0%
	52	25%	46%	12%	87%	0%
	37	16%	27%	41%	54%	3%
	37	24%	27%	11%	89%	0%
	35	43%	46%	9%	89%	0%
	28	50%	54%	18%	75%	0%
	27	37%	41%	26%	56%	15%
	23	13%	26%	87%	9%	4%
	22	36%	36%	41%	59%	0%
	22	50%	59%	5%	95%	5%
	18	17%	22%	67%	33%	0%
	15	33%	40%	40%	60%	0%
	15	20%	87%	27%	73%	7%
	14	64%	36%	21%	79%	0%
	6	50%	50%	33%	67%	0%

Note. Calvert County Circuit Drug Court omitted due to missing data.

Table B - 2

Percent Active (as of December 2016)

Cohort: 2014 Admission

	Admitted		Discharged		Active	
	#		#	%	#	%
STATEWIDE AVERAGE	37		28	77%	9	23%
	22		22	100%	0	0%
	15		15	100%	0	0%
	37		35	95%	2	5%
	15		14	93%	1	7%
	14		13	93%	1	7%
	52		48	92%	4	8%
	126		110	87%	16	13%
	35		29	83%	6	17%
	37		30	81%	7	19%
	28		22	79%	6	21%
	18		14	78%	4	22%
	22		16	73%	6	27%
	6		4	67%	2	33%
	56		37	66%	19	34%
	60		37	62%	23	38%
	73		39	53%	34	47%
	27		12	44%	15	56%
	23		8	35%	15	65%

Note. Calvert County Drug Circuit Drug Court omitted due to missing data.

Table B – 3

M3: Arrest to Admission

Cohort: 2016 Admission

		Total # of Clients	Average # Days
STATEWIDE AVERAGE		7	281
		5	1140
		10	693
		3	583
		1	456
		6	450
		11	283
		9	208
		3	186
		1	158
		16	142
		11	138
		8	133
		3	112
		13	39
		3	7

Note. Howard County Drug Court, Calvert County Circuit Drug Court, Baltimore Circuit FDI DC, and Harford District Drug Court omitted due to missing data.

Final benchmark of ≤ 50 days applies to Measure 4: *Processing Time from Referral to First Treatment*.

Table B – 4

M5: Drug Court Status Hearings Attended

Cohorts: Discharge 2016

		● Met Proposed Benchmark ● Did not meet Proposed Benchmark		Proposed Benchmark: ≥ 2x/month in Phase 1			
	Total # of Clients		Phase 1	Phase 2	Phase 3	Phase 4	
STATEWIDE AVERAGE	18	●	0.8	0.7	0.7	0.8	
	20	●	5.0	4.3	5.7	3.4	
	32	●	1.7	0.7	0.4	0.0	
	11	●	1.1	0.0	0.9	0.7	
	21	●	0.8	1.4	0.9	5.3	
	16	●	0.7	0.3	0.4	0.4	
	32	●	0.6	0.6	0.6	0.5	
	13	●	0.4	0.8	0.9	0.4	
	7	●	0.1	0.0	0.0	0.2	
	25	●	0.0	0.0	0.0	0.0	
	15	●	0.0	0.0	0.0	0.0	
	1	●	0.0	0.0	0.0	0.0	
	32	●	0.0	0.0	0.1	0.1	
	8	●	0.0	0.0	0.0	0.0	
	27	●	0.0	0.7	0.0	0.0	
	26	●	0.0	0.0	0.0	0.0	
	0	●	0.0	0.0	0.0	0.0	

Note. Prince Georges County Circuit Drug Court, Baltimore City Circuit/FDI Drug Court, and Anne Arundel District Drug Court omitted due to missing data.

Table B - 5

M7: Supervision Contacts

Cohort: Discharge 2016

		● Met Proposed Benchmark	● Did not meet Proposed Benchmark						Proposed Benchmark: ≥ 4x/month in Phase 1
Average Monthly # of Supervision Contacts per Client									
	Total # of Clients		Phase 1	Phase 2	Phase 3	Phase 4	AC	% of Events as Summary Notes	
STATEWIDE AVERAGE	23	●	0.6	0.8	0.5	0.6	0.0	33%	
	20	●	5.0	4.3	5.7	3.4	0.0	1%	
	32	●	1.7	0.7	0.4	0.0	0.0	5%	
	11	●	1.1	0.0	0.9	0.7	0.0	--	
	21	●	0.8	1.4	0.9	5.3	0.0	62%	
	16	●	0.7	0.3	0.4	0.4	0.6	52%	
	32	●	0.6	0.6	0.6	0.5	0.0	1%	
	13	●	0.4	0.8	0.9	0.4	0.0	--	
	7	●	0.1	0.0	0.0	0.2	0.0	22%	
	25	●	0.0	0.0	0.0	0.0	0.0	98%	
	15	●	0.0	0.0	0.0	0.0	0.0	90%	
	1	●	0.0	0.0	0.0	0.0	0.0	100%	
	32	●	0.0	0.0	0.1	0.1	0.0	50%	
	8	●	0.0	0.0	0.0	0.0	0.0	36%	
	27	●	0.0	0.7	0.0	0.0	0.0	--	
	26	●	0.0	0.0	0.0	0.0	0.0	1%	
	45	●	0.0	0.0	0.0	0.0	0.0	65%	
	60	●	0.0	2.0	0.0	0.0	0.0	26%	

Note. Baltimore City Circuit/FDI Drug Court and Harford County District Drug Court were omitted due to missing data.

Table B - 6

M11: Response Time Between Negative Behavior and Response

Cohort: 2016 Discharge

- Met Proposed Benchmark
- Did not meet Proposed Benchmark

Proposed Benchmark:
≤ 7 days

	Incentives		Sanctions	
	Average # Per Client	Average # Per Client	Average # Days Btw Behavior and Response	
STATEWIDE AVERAGE	10.6	1.3	●	5.9
	2.3	0.6	●	18.1
	4.3	1.1	●	10.9
	19.5	3.3	●	10.2
	2.0	0.5	●	8.4
	11.8	0.2	●	8.1
	6.7	1.4	●	8.1
	6.4	1.4	●	7.6
	31.9	2.4	●	5.8
	11.0	1.1	●	5.7
	10.6	1.6	●	3.5
	25.2	2.9	●	3.2
	5.5	--	●	2.0
	1.3	0.2	●	1.9
	8.8	0.8	●	0.9
	3.5	0.6	●	0.2
	18.6	2.1	●	0.1
	17.8	2.1		--
	2.2	0.1		--
	7.9	0.9		--

Table B – 7

M12: Units of Treatment (Substance Abuse)

Cohort: 2014 Discharge

		Total # of Clients	Average # Attended/Client
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> ● Met Proposed Benchmark ● Did not meet Proposed Benchmark </div> <div style="border: 1px solid black; background-color: #8B4513; color: white; padding: 5px; text-align: center;"> Proposed Benchmark: ≥ 200 hours HRHN </div> </div>			
STATEWIDE AVERAGE		14	20
		27	32
		14	30
		3	30
		3	30
		20	28
		19	28
		16	27
		9	22
		19	16
		30	15
		11	14
		38	13
		6	9
		2	5
		5	5
		1	3
		7	2

Note. Calvert County Drug Circuit Drug Court and Talbot Problem Solving Court omitted due to missing data.

Table B - 8

M13: Length of Time in Program

Cohort: 2016 Discharge

	Total # Clients Discharged	Successful Completion	Average Days	
			Terminated	Neutral
STATEWIDE AVERAGE	31	623	462	217
	15	1002	791	216
	16	937	569	69
	7	834	321	608
	35	763	687	1144
	52	693	635	665
	75	688	651	0
	10	680	711	0
	86	669	326	0
	35	629	503	71
	11	587	438	0
	36	581	359	468
	52	550	507	186
	27	544	361	0
	26	485	407	225
	19	453	437	0
	13	397	281	0
	22	374	246	148
	22	321	322	195

- Met Proposed Benchmark
- Did not meet Proposed Benchmark

Proposed Benchmark:
 > 18 and < 21 months
 (> 540 and < 630 days)

Note. Calvert County Circuit Drug Court omitted due to missing data.

Final benchmark was >15 months and <21 months.

Table B – 9

M14: Weekly Drug/Alcohol Tests Administered

Cohort: 2016 Discharge



		Total # of Clients	Average # Tests/Week
 Met Proposed Benchmark  Did not meet Proposed Benchmark		Proposed Benchmarks ≥ 2x/week	
STATEWIDE AVERAGE		29	1.5
		16	4.2
		26	3.9
		22	2.3
		36	2.2
		19	2.2
		27	2.0
		35	1.8
		34	1.6
		22	1.3
		19	1.2
		7	0.7
		52	0.6
		11	0.6
		86	0.5
		13	0.2
		52	0.1
		12	0.1

Table B - 10

M18: Access & Fairness

Cohort: 2014 Admission

Demographic		Clients Admitted	Total Clients Successfully Completed		Difference
		#	#	%	%
Race					
White	421	138	33%	●	6.5%
Black/African American	229	90	39%	●	
Gender					
Male	467	163	35%	●	1.2%
Female	199	67	34%	●	
Age					
≤ 25	232	45	19%	●	23.2%
> 25	434	185	43%	●	

Note. Calvert County Drug Circuit Drug Court omitted due to missing data.

Final benchmark was ≤ 10% for age and ≤ 5% for all other characteristics.

Table B – 11

M19: Successful Completion

Cohort: 2014 Admission

		● Met Proposed Benchmark ● Did not meet Proposed Benchmark		Proposed Benchmark ≥ 60%	
	Total # Clients Admitted		Successful Completion	Unsuccessful	Neutral
STATEWIDE AVERAGE	37	●	47%	40%	12%
	23	●	88%	13%	0%
	56	●	81%	19%	0%
	52	●	65%	35%	0%
	37	●	63%	34%	3%
	73	●	62%	36%	3%
	37	●	57%	40%	3%
	15	●	53%	47%	0%
	15	●	50%	50%	0%
	18	●	50%	50%	0%
	27	●	50%	50%	0%
	35	●	41%	48%	10%
	14	●	38%	46%	15%
	28	●	36%	64%	0%
	60	●	30%	65%	5%
	126	●	26%	24%	46%
	6	●	25%	75%	0%
	22	●	18%	55%	27%
	22	●	6%	88%	6%

Table B – 12

M20: Positive Discrete Drug and Alcohol Tests

Cohort: 2016 Discharge










		Total # of Clients	% Positive
STATEWIDE AVERAGE		19	11.4%
		4	23.1%
		58	20.9%
		23	18.9%
		6	16.7%
		7	16.5%
		30	16.2%
		8	16.2%
		16	9.9%
		18	9.8%
		15	8.1%
		31	8.0%
		8	5.3%
		29	4.9%
		22	2.6%
		25	2.5%
		16	1.0%

Note. Montgomery County Drug Court, Baltimore City District Court, and Baltimore City Circuit/FDI Drug Court omitted due to missing data.

Table B - 13

M21: Positive Continuous Monitoring Tests

Cohort: Discharge 2016

		Specimens Collected			Average % Positive per Client	
		Total # of Clients	Transdermal	Sweat Patch		
	Met Proposed Benchmark					23.8%
	Did not meet Proposed Benchmark					8.0%
		3	19	18		0.7%
		15	1	41		0.0%
		7	493	--		0.0%
		2	3	--		0.0%
		6	393	--		0.0%



Proposed Benchmark:
≤ 10%

Note. Most courts had missing data. Courts above include: Howard County Drug Court, Carroll County Circuit Drug Court, Wicomico City Circuit Drug Court, St. Mary's Circuit Drug Court, and Frederick County Drug Court.

Table B – 14

M22: Time from Last Positive Drug Test to Program Discharge

Cohort: 2016 Discharge

		Proposed Benchmark: > 90 days	
	Met Proposed Benchmark		
	Did not meet Proposed Benchmark		
		Total # of Clients	Average # Days
STATEWIDE AVERAGE		19	96
		8	250
		7	176
		25	169
		31	119
		58	116
		15	116
		6	112
		4	109
		18	97
		30	84
		16	73
		16	73
		29	49
		23	48
		8	34

Note. Montgomery County Drug Court, St. Mary's Circuit Drug Court, Baltimore City District Court, and Baltimore City Circuit/FDI Drug Court omitted due to missing data.

Table B - 15

M23: In-Program Reoffending

Cohort: 2016 Discharge

		In - Program	
		Total	2016
STATEWIDE AVERAGE		44	16%
		27	74%
		25	32%
		46	30%
		17	29%
		205	24%
		21	19%
		23	13%
		45	11%
		37	5%
		152	1%
		18	0%
		14	0%
		7	0%
		16	0%
		24	0%
		20	0%

Note. Calvert County Circuit Drug Court, Baltimore City District Drug Court, and Talbot Problem Solving Court omitted due to missing data.

Appendix C

Technical Specifications

1. ADMISSIONS CLASSIFIED AS HIGH RISK/HIGH NEEDS

The percentage of admissions classified as High Risk/High Needs is calculated for a specified semiannual admissions cohort. It is required that Risk and Needs scores (calculated before or, minimally, close to admission) for each member of the admissions cohort are available. Further, a protocol must exist to classify both Risk and Needs Scores as either “High” or “Low.”

Step 1: Identify and define the admissions cohort and determine its size

Define the admissions cohort as the set of participants whose admission date [*Admission/Profile; Admission Date*]¹⁵ falls on or within the start and end date defining the admissions cohort. Note that the start and end dates defining the admissions cohort must be separated by six months. The size of the admissions cohort is the number of participants admitted between these two dates.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the admissions cohort.

40 people were admitted the program between 1/1/2017 and 6/30/2017.

N of the admission cohort = 40.

Step 2: Stratify the admissions cohort by quadrant

Determine the *number* of the admissions cohort that were classified into each quadrant of *Figure C-1*, based on the combination of their Risk and Needs scores [*No SMART field: Risk and Needs Categorization*]. Then, calculate the *percentage* of the admissions cohort that were classified into each quadrant by dividing the number of admissions for each quadrant by the total number of admissions in the admissions cohort.

¹⁵ Data elements are identified by [*Screen Name; Screen Item(s)*], as applicable. If SMART does not currently capture the data element, it will be represented by [*No SMART field; data element name*].

Figure C-1: Admissions by Risk and Need

		Criminogenic Risk	
		High	Low
Criminogenic Need	High	24 (60%)	8 (20%)
	Low	4 (10%)	4 (10%)

Example:

The performance measure is the upper left-hand quadrant of *Figure C-1*.

24 of the 40 participants were classified as High Risk/High Needs.

$$24 / 40 = 60\% \text{ HR/HN}$$

The performance target is 100% of the cohort should be classified as High Risk/High Need. However, all quadrants should be calculated.

8 of the 40 participants were classified as Low Risk/High Need

$$8 / 40 = 20\% \text{ LR/HN}$$

4 of the 40 participants were classified as High Risk/Low Need

$$4 / 40 = 10\% \text{ HR/LN}$$

The fourth quadrant is the performance measure **Admissions Classified as Low Risk** described below.

2. ADMISSIONS CLASSIFIED AS LOW RISK

The percentage of **Admissions Classified as Low Risk** is calculated for a specified semiannual admissions cohort. It is required that Risk and Needs scores (calculated before or, minimally, close to admission) for each member of the admissions cohort are available. Further, a protocol must exist to classify both Risk and Needs Scores as either “High” or “Low.”

Step 1: Identify and define the admissions cohort and determine its size

Define the admissions cohort as the set of participants whose admission date [*Admission/Profile; Admission Date*] falls on or within the start and end date defining the admissions cohort. The size of the admissions cohort is the number of participants admitted between these two dates that are six months apart.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the admissions cohort.

40 people were admitted the program between 1/1/2017 and 6/30/2017.

N of the admission cohort = 40.

Step 2: Determine the percentage of the specified admissions cohort classified into the Low Risk quadrant

Calculate the *percentage* of the admissions cohort that were classified into the Low Risk and Low Needs quadrant by dividing the number of admissions classified as Low Risk/Low Need by the total number of admissions in the admissions cohort.

Example:

The performance measure is the lower right-hand quadrant of *Figure C-1*. The performance target is 0%.

4 of the 40 participants were classified as High Risk/High Needs.

$4 / 40 = 10\% \text{ LR/LN}$

3. AVERAGE PROCESSING TIME FROM ARREST TO FIRST TREATMENT EPISODE

Calculation of the average processing time from **Arrest to First Treatment Episode** is performed on semiannual admission cohorts. Thus, one reporting of this performance measure will include data from all the participants admitted within a selected six-month period.

Step 1: Identify and define the discharge cohort and calculate its size

Define the admissions cohort as the set of participants whose admission date falls on or within the start and end date defining the admissions cohort. The size of the admissions cohort is the number of participants admitted between these two dates that are six months apart.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the admissions cohort.

100 people were admitted the program between 1/1/2017 and 6/30/2017.

N of the admission cohort = 100.

Step 2: Calculate the time in days from Arrest to First Treatment Episode

Identify Arrest Date [*Admission/Legal; Date of Instant Arrest*] and Date of First Treatment Episode [*No SMART field; Date of First Treatment Episode*] for all participants and calculate the number of days between these events.

Example:

For every individual in the admission cohort find:

(Date of First Treatment Episode) minus (Arrest Date) = Days from Arrest to First Treatment Episode

Sum (Days from Arrest to First Treatment Episode) for all participants in the admission cohort.

Total Discharge Cohort (N=100 Participants): 9,062 Days

Step 3: Calculate the average processing time from Arrest to First Treatment Episode

Divide the total number of days from Arrest to First Treatment Episode by the number of participants to find the average time from Arrest to First Treatment Episode.

Example:

Total Admission Cohort (N=100 Participants):

9,062 Days/100 Participants = 90.6 Days

The sub-intervals capturing milestones between Arrest and First Treatment Episode should be tracked and computed. These include the average processing time (i.e., number of days) between the following milestones:

- Arrest to Referral for Screening
- Referral to Eligibility Determination
- Eligibility Determination to Admission
- Admission to First Treatment

No performance benchmark was set for this measure.

4. PROCESSING TIME FROM REFERRAL TO FIRST TREATMENT EPISODE

Calculation of the **Processing Time from Referral to First Treatment** episode is performed on semiannual discharge cohorts by type of discharge. Thus, one reporting of this performance measure will include data from all the participants discharged within a selected six-month period and produce one average for each discharge type observed.

Step 1: Identify and define the discharge cohort and calculate its size

Define the discharge cohort as the set of participants whose exit date [*Discharge/Profile; Date Discharged*] falls on or within a start date and end date separated by six months. The discharge cohort size is the number of participants satisfying this criterion.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the discharge cohort.

100 people exited the program between 1/1/2017 and 6/30/2017 for any reason.

N of the discharge cohort = 100.

Step 2: Stratify the total number of participants into discharge type

Divide the number of participants into groups, or strata, based on discharge type (*Successful Completion, Unsuccessful and Neutral*).

Example:

N=100 people in the discharge cohort.

Separate those 100 people into groups by their discharge types.

For this example:

Successful Completion N = 45

Unsuccessful Completion N = 40

Neutral N = 15

Step 3: Calculate the time in days from Referral to First Treatment Episode for each discharge strata

Identify Referral Date [*No SMART field; Date of Referral*] and Date of First Treatment Episode [*No SMART field; Date of First Treatment Episode*] for all participants in each discharge stratum.

For all discharge groups, find the number of days between Referral Date and Date of First Treatment Episode.

Example:

For every individual in the discharge cohort find:

(Date of First Treatment Episode) minus (Referral Date) = Days from Referral to First Treatment Episode

Participant 1: (March 24, 2015) – (February 1, 2015) = 51 days

Participant 2: (April 21, 2015) – (February 15, 2015) = 65 days

...

Participant 100: (February 21, 2015) – (January 5, 2015) = 47 days

Step 4: Sum total number of days across participants

Sum (Days from Referral to First Treatment Episode) for all participants in the discharge cohort to find the total number of days from Referral to First Treatment Episode.

Participant 1 (51 days) + Participant 2 (65 days) + ... + Participant 100 (47 days) = 4,776

Total Discharge Cohort (N=100 Participants): 4,776 Days

Next, break out participants by discharge type and sum for each category.

Successful Completion participant 1 total (75 days) + Successful Completion participant 2 total (43 days) + ... Successful Completion participant 45 total (40 days) = 2,125 Days

Successful Completion (N=45 Participants): 2,145 Days

Repeat for each discharge type:

Unsuccessful Completion (N=40 Participants): 1,875 Days

Neutral Completion (N=15 Participants): 756 Days

Step 5: Calculate the average processing time from Referral to First Treatment Episode for each discharge strata

Divide the total number of days from Referral to First Treatment Episode by the number of participants in the discharge cohort and each discharge strata to find the average time from Referral to First Treatment Episode

Example:

Total Discharge Cohort (N=100 Participants):

4,776 Days/100 Participants = 47.8 Days

Successful Completion (N=45 Participants):

2,145 Days/45 Participants = 47.7 Days

Unsuccessful Completion (N=40 Participants):

1,875 Days/40 Participants = 46.9 Days

Neutral Completion (N=15 Participants):

756 Days/15 Participants = 50.4 Days

The performance benchmark set for the time period between the date of referral and the first treatment episode is less than or equal to 50 days.

5. DRUG COURT STATUS HEARINGS ATTENDED

Calculation of the monthly average number of **Drug Court Status Hearings Attended or Review Hearings** per participant is performed on semiannual discharge cohorts by phase in the program and by type of discharge. Thus, one reporting of this performance measure will include data from all the participants discharged within a selected six-month period and produce one average for each phase of participation and each discharge type observed during the six months selected.

For example, if a discharge cohort for a given six-month interval includes successfully completed and unsuccessfully completed participants and each of those groups contains participants who achieved Phase 4 of the program, then eight status hearing averages will be produced, one for each phase within each discharge type (4 phases from each of 2 discharge types equals 8 reporting categories). Alternatively, if the highest phase achieved within the terminated participants in the cohort was Phase 3, then only seven averages will be produced.

Step 1: Identify and define the discharge cohort and calculate its size

Define the discharge cohort as the set of participants whose exit date [*Discharge/Profile; Date Discharged*] falls on or within a start date and end date separated by six months. The discharge cohort size is the number of participants satisfying this criterion.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the discharge cohort.

100 people exited the program between 1/1/2017 and 6/30/2017 for any reason.

N of the discharge cohort = 100.

Step 2: Stratify the discharge cohort by discharge type

Divide the discharge cohort into groups, or strata, based on discharge type [*Discharge/Profile; Disposition*]. The number of participants in each specified discharge type is the discharge type cohort size, or discharge strata size.

There will be as many discharge strata sizes as there are discharge types within the cohort.

Example:

N=100 people who exited the program for any reason.

Separate those 100 people into groups by their discharge types.

For this example:

Successful Completion N = 45

Unsuccessful Completion N = 40

Neutral N = 15

Step 3: Calculate the total number of Status or Review Hearings participants attended by phase for each discharge strata

Identify the set of Court Status or Review Hearings [*Court & Other Justice; Event*] by date [*Court & Other Justice; Event Date*] attended by participants in each discharge stratum and count their occurrences within phase [*Court & Other Justice; Court Phase*].

Sum the total number of Court Status or Review Hearings occurring within each phase for all participants within each discharge strata [*Discharge/Profile; Disposition*].

The number of Status or Review Hearing totals will be equal to the number of phases observed within each discharge stratum. Thus, if four phases are observed in the “Successfully Completed” discharge stratum and three phases are observed in the “Unsuccessfully Completed” discharge stratum, there will be seven Status or Review Hearing totals. The following example uses four phases for all discharge types.

Example:

Count the number of Status/Review Hearings for each of the above groups of discharge type per phase.

Successful Completion:

Phase 1 (N=45 Participants): 660 Hearings

Phase 2 (N=45 Participants): 640 Hearings

Phase 3 (N=45 Participants): 615 Hearings

Phase 4 (N=45 Participants): 620 Hearings

Unsuccessful Completion (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=40 Participants): 425 Hearings

Phase 2 (N=25 Participants): 325 Hearings

Phase 3 (N=10 Participants): 105 Hearings

Phase 4 (N=8 Participants): 95 Hearings

Neutral Discharge (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=15 Participants): 145 Hearings

Phase 2 (N=8 Participants): 90 Hearings

Phase 3 (N=5 Participants): 45 Hearings

Phase 4 (N=4 Participants): 23 Hearings

Step 4: Calculate the number of months that participants spent in each phase within discharge strata

For the set of participants in the discharge cohort, identify Program Admission Date [Admission/Profile; Admission Date], all change of phase events [Court & Other Justice; Event] by date [Court & Other Justice; Event Date], and Date of Program Discharge [Discharge/Profile; Date Discharged] and calculate the number of days spent in each phase [Court & Other Justice; Court Phase] by taking the difference between events for each phase.

Separate the participants' total days spent in each phase by discharge type strata [Discharge/Profile; Disposition] and sum the total number of days spent by all participants within each phase in each discharge type strata. Divide these figures by 30.4 to approximate the average length of a month. This will produce the number of months spent in each phase for all participants within each discharge cohort.

Example:

For every individual in the discharge cohort find:

For Successful Completion:

(Date of Promotion to Phase 2) minus (Date Participant Entered the Program) = Days in Phase 1

(Date of Promotion to Phase 3) minus (Date of Promotion to Phase 2) = Days in Phase 2

(Date of Promotion to Phase 4) minus (Date of Promotion to Phase 3) = Days in Phase 3

(Date of Exit from Program) minus (Date of Promotion to Phase 4) = Days in Phase 4

For Unsuccessful and Neutral Completion:

It is important to note that not all unsuccessful/neutral completers will have progressed to the final phase of the program. If a participant spent 0 days in any phase, they should not be included in calculations for that phase. This is why the N for the unsuccessful/neutral groups decreases as the phase increases.

For participants who were never promoted to Phase 2 (exited before completing Phase 1):

(Date of Exit from Program) minus (Date Participant Entered the Program) = Days in Phase 1

For participants who were never promoted to Phase 3 (exited before completing Phase 2):

(Date of Promotion to Phase 2) minus (Date Participant Entered the Program) = Days in Phase 1

(Date of Exit from Program) minus (Date of Promotion to Phase 2) = Days in Phase 2

For participants who were never promoted to Phase 4 (exited before completing Phase 3):

(Date of Promotion to Phase 2) minus (Date Participant Entered the Program) = Days in Phase 1

(Date of Promotion to Phase 3) minus (Date of Promotion to Phase 2) = Days in Phase 2

(Date of Exit from Program) minus (Date of Promotion to Phase 3) = Days in Phase 3

For participants who were promoted to Phase 4 but did not successfully exit the program:

(Date of Promotion to Phase 2) minus (Date Participant Entered the Program) = Days in Phase 1

(Date of Promotion to Phase 3) minus (Date of Promotion to Phase 2) = Days in Phase 2

(Date of Promotion to Phase 4) minus (Date of Promotion to Phase 3) = Days in Phase 3

(Date of Exit from Program) minus (Date of Promotion to Phase 3) = Days in Phase 4

Sum (Days in Phase 1) for all participants in each discharge group, and divide that number by 30.4 to find (Months in Phase 1). Repeat this calculation for (Days in Phase 2), (Days in Phase 3), and (Days in Phase 4) to approximate (Months in Phase 2), (Months in Phase 3), and (Months in Phase 4), respectively.

Successful Completion:

Phase 1 (N=45 Participants): 7,425 Days / 30.4 = 244.2 Months

Phase 2 (N=45 Participants): 7,000 Days / 30.4 = 230.3 Months

Phase 3 (N=45 Participants): 7,965 Days / 30.4 = 262.0 Months

Phase 4 (N=45 Participants): 7,765 Days / 30.4 = 255.4 Months

Unsuccessful Completion (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=40 Participants): 4,895 Days / 30.4 = 161.0 Months

Phase 2 (N=25 Participants): 3,500 Days / 30.4 = 115.1 Months

Phase 3 (N=10 Participants): 1,245 Days / 30.4 = 41.0 Months

Phase 4 (N=8 Participants): 1,075 Days / 30.4 = 35.4 Months

Neutral Discharge (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=15 Participants): 1,950 Days / 30.4 = 64.1 Months

Phase 2 (N=8 Participants): 1,235 Days / 30.4 = 40.6 Months

Phase 3 (N=5 Participants): 775 Days / 30.4 = 25.5 Months

Phase 4 (N=4 Participants): 400 Days / 30.4 = 13.2 Months

Step 5: Calculate the average number of Status or Review Hearings attended per month by phase and discharge cohort

For each phase within each discharge cohort, divide the number of Status or Review Hearings held (calculated in Step 3) by the number of months the participants spent in each phase (calculated in Step 4). This will produce the average number of Status or Review Hearings participants attended per month for each phase within each discharge cohort. There will be as many quotients as there are phases observed within discharge cohorts, as before.

Example:

Successful Completion:

Phase 1 (N=45 Participants): 660 Hearings / 244.2 Months = 2.7 Hearings/Month

Phase 2 (N=45 Participants): 640 Hearings / 230.3 Months = 2.8 Hearings/Month

Phase 3 (N=45 Participants): 615 Hearings / 262.0 Months = 2.4 Hearings/Month

Phase 4 (N=45 Participants): 620 Hearings / 255.4 Months = 2.4 Hearings/Month

Unsuccessful Completion (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=40 Participants): 425 Hearings / 161.0 Months = 2.6 Hearings/Month

Phase 2 (N=25 Participants): 325 Hearings / 115.1 Months = 2.8 Hearings/Month

Phase 3 (N=10 Participants): 105 Hearings / 41.0 Months = 2.6 Hearings/Month

Phase 4 (N=8 Participants): 95 Hearings / 35.4 Months = 2.7 Hearings/Month

Neutral Discharge (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=15 Participants): 145 Hearings / 64.1 Months = 2.3 Hearings/Month

Phase 2 (N=8 Participants): 90 Hearings / 40.6 Months = 2.2 Hearings/Month

Phase 3 (N=5 Participants): 45 Hearings / 25.5 Months = 1.8 Hearings/Month

Phase 4 (N=4 Participants): 23 Hearings / 13.2 Months = 1.8 Hearings/Month

The benchmark for the number of drug court status hearings attended is at least two times a month while in Phase 1.

6. PROCEDURAL FAIRNESS

The average ratings for the Participants Experiences Survey is calculated semiannually for all *active* participants in the program. The measures are reported for each key program team member or role (judge, coordinator, treatment, probation, state’s attorney, etc.) as well as a score for the court program overall and by participant’s progress in the program (i.e., defined by the current phase or number of months in the program). Thus, a set of scores for a program with a judge, drug court coordinator, treatment provider, and probation as well as active participants whose phase includes the first, second, and third phase would have 15 scores (four team members and the overall rating, or five scores, reported in three groups.) If the program also had participants who had achieved fourth phase, there would be 20 scores.

Step 1: Identify and define the active participant cohort and calculate its size

Define the active participant cohort as the set of participants who were active during the time of the survey administration. The active participant cohort size is the number of participants currently active, but the response rate (i.e., those who complete the survey) may be lower.

Example:

The count of active participants is 130, but only 100 complete the survey.

N of the cohort to report on is = 100.

Step 2: Stratify the active participant cohort by current phase

Divide the active participant cohort into strata by the current court phase identified on the survey.

Example:

N= 100 active participants

Sort this cohort into groups by the highest phase value for each category.

Example:

Orientation Phase, N = 5

Phase 1, N = 35

Phase 2, N = 30

Phase 3, N = 25

Phase 4, N = 5

Step 3: Calculate the average scores for each team member and for the court overall for each phase stratum

Separately sum the scores for each team member and for the court as a whole [*No SMART field; Participant Experiences Survey score*] for all active participants within each phase stratum.

For those in each phase stratum, sum up the scores in each section of the survey (see Appendix A).

Example:

For those in Phase 1 (N=35), sum up the scores from questions 1 through 6 in “Section 1: Your Experiences with the Judge.”

Participant 1, Item 1 (7) + Participant 1, Item 2 (6) + ... + Participant 1, Item 6 (2)

$$7 + 6 + \dots + 2 = 24$$

Add up the scores for all participants currently in Phase 1 and divide by the number of questions in Section 1 (i.e., there are 6 questions on the survey in Section 1).

Participant 1 Section 1 score + Participant 2 Section 1 score + ... + Participant 35 Section 1 score

$$24 + 30 + \dots + 18 = 840$$

$$840 \text{ total section 1 score} / 6 \text{ questions} = 140$$

Divide the section score by the number of active participants currently in each phase to arrive at an average score per participant.

Section 1: Experiences with the Judge average = total score for section 1 / N participants currently in phase 1.

$$140 \text{ average section 1 score} / 35 \text{ participants} = 4$$

This same procedure in the example above should be repeated for each section in the survey as well as each phase stratum. The benchmark for this measure is an average score greater than 4.

7. ACCOUNTABILITY CONTACTS

Calculation of the monthly average number of **Accountability Contacts** per participant is performed on semiannual discharge cohorts by phase in the program and by type of discharge. Thus, one reporting of this performance measure will include data from all the participants discharged within a selected six-month period and produce one average for each phase of participation and each discharge type observed during the six months selected.

For example, if a discharge cohort for a given six-month interval includes successfully completed and unsuccessfully terminated participants and each of those groups contains participants who achieved Phase 4 of the program, then eight accountability contact averages will be produced, one for each phase within each discharge type (4 phases from each of 2 discharge types equals 8 reporting categories). Alternatively, if the highest phase achieved within the terminated participants in the cohort was Phase 3, then only seven averages will be produced.

Step 1: Identify and define the discharge cohort and calculate its size

Define the discharge cohort as the set of participants whose exit date [*Discharge/Profile; Date Discharged*] falls on or within a start date and end date separated by six months. The discharge cohort size is the number of participants satisfying this criterion.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the discharge cohort.

100 people exited the program between 1/1/2017 and 6/30/2017 for any reason.

N of the discharge cohort = 100.

Step 2: Stratify the discharge cohort by discharge type

Divide the discharge cohort into groups, or strata, based on discharge type [*Discharge/Profile; Disposition*]. The number of participants in each specified discharge type is the discharge strata size. There will be as many discharge strata sizes as there are discharge types within the cohort.

Example:

N=100 people who exited the program for any reason.

Separate those 100 people into groups by their discharge types.

For this example:

Successful Completion N = 45

Unsuccessful Completion N = 40

Neutral N = 15

Step 3: Calculate the total number of Accountability Contacts participants attended by phase for each discharge strata

Identify the set of Accountability Contacts [*Court & Other Justice; Event*] by date [*Court & Other Justice; Event Date*] attended by participants in each discharge stratum and count their occurrences within phase [*Court & Other Justice; Court Phase*].

Sum the total number of Accountability Contacts occurring within each phase for all participants within each discharge strata [*Discharge/Profile; Disposition*].

The number of Accountability Contact totals will be equal to the number of phases observed within each discharge stratum. Thus, if four phases are observed in the “Successfully Completed” discharge stratum and three phases are observed in the “Unsuccessfully Completed” discharge stratum, there will be seven Accountability Contact totals.

Example:

Count the number of Accountability Contacts for each of the above groups of discharge type per phase.

Successful Completion:

Phase 1 (N=45 Participants): 990 Contacts

Phase 2 (N=45 Participants): 960 Contacts

Phase 3 (N=45 Participants): 923 Contacts

Phase 4 (N=45 Participants): 930 Contacts

Unsuccessful Completion (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=40 Participants): 638 Contacts

Phase 2 (N=25 Participants): 488 Contacts

Phase 3 (N=10 Participants): 158 Contacts

Phase 4 (N=8 Participants): 143 Contacts

Neutral Discharge (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=15 Participants): 246 Contacts

Phase 2 (N=8 Participants): 157 Contacts

Phase 3 (N=5 Participants): 97 Contacts

Phase 4 (N=4 Participants): 52 Contacts

Step 4: Calculate the number of months that participants spent in each phase within discharge strata

For the set of participants in the discharge cohort, identify Program Admission Date [Admission/Profile; Admission Date], all change of phase events [Court & Other Justice; Event] by date [Court & Other Justice; Event Date], and Date of Program Discharge [Discharge/Profile; Date Discharged] and calculate the number of days spent in each phase [Court & Other Justice; Court Phase] by taking the difference between events for each phase.

Separate the participants' total days spent in each phase by discharge type strata [Discharge/Profile; Disposition] and sum the total number of days spent by all participants within each phase in each discharge type strata. Divide these figures by 30.4 to approximate the average length of a month. This will produce the number of months spent in each phase for all participants within each discharge cohort.

Example:

For every individual in the discharge cohort find:

For Successful Completion:

(Date of Promotion to Phase 2) minus (Date Participant Entered the Program) = Days in Phase 1

(Date of Promotion to Phase 3) minus (Date of Promotion to Phase 2) = Days in Phase 2

(Date of Promotion to Phase 4) minus (Date of Promotion to Phase 3) = Days in Phase 3

(Date of Exit from Program) minus (Date of Promotion to Phase 4) = Days in Phase 4

For Unsuccessful and Neutral Completion:

It is important to note that not all unsuccessful/neutral completers will have progressed to the final phase of the program. If a participant spent 0 days in any phase, they should not be included in calculations for that phase (this is why the N for the unsuccessful/neutral groups decreases as the phase increases).

For participants who were never promoted to Phase 2 (exited before completing Phase 1):

(Date of Exit from Program) minus (Date Participant Entered the Program) = Days in Phase 1

For participants who were never promoted to Phase 3 (exited before completing Phase 2):

(Date of Promotion to Phase 2) minus (Date Participant Entered the Program) = Days in Phase 1

(Date of Exit from Program) minus (Date of Promotion to Phase 2) = Days in Phase 2

For participants who were never promoted to Phase 4 (exited before completing Phase 3):

(Date of Promotion to Phase 2) minus (Date Participant Entered the Program) = Days in Phase 1

(Date of Promotion to Phase 3) minus (Date of Promotion to Phase 2) = Days in Phase 2

(Date of Exit from Program) minus (Date of Promotion to Phase 3) = Days in Phase 3

For participants who were promoted to Phase 4 but did not successfully exit the program:

(Date of Promotion to Phase 2) minus (Date Participant Entered the Program) = Days in Phase 1

(Date of Promotion to Phase 3) minus (Date of Promotion to Phase 2) = Days in Phase 2

(Date of Promotion to Phase 4) minus (Date of Promotion to Phase 3) = Days in Phase 3

(Date of Exit from Program) minus (Date of Promotion to Phase 3) = Days in Phase 4

Sum (Days in Phase 1) for all participants in each discharge group, and divide that number by 30.4 to find (Months in Phase 1). Repeat this calculation for (Days in Phase 2), (Days in Phase 3), and (Days in Phase 4) to approximate (Months in Phase 2), (Months in Phase 3), and (Months in Phase 4), respectively.

Successful Completion:

Phase 1 (N=45 Participants): 7,425 Days / 30.4 = 244.2 Months

Phase 2 (N=45 Participants): 7,000 Days / 30.4 = 230.3 Months

Phase 3 (N=45 Participants): 7,965 Days / 30.4 = 262.0 Months

Phase 4 (N=45 Participants): 7,765 Days / 30.4 = 255.4 Months

Unsuccessful Completion (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=40 Participants): 4,895 Days / 30.4 = 161.0 Months

Phase 2 (N=25 Participants): 3,500 Days / 30.4 = 115.1 Months

Phase 3 (N=10 Participants): 1,245 Days / 30.4 = 41.0 Months

Phase 4 (N=8 Participants): 1,075 Days / 30.4 = 35.4 Months

Neutral Discharge (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=15 Participants): 1,950 Days / 30.4 = 64.1 Months

Phase 2 (N=8 Participants): 1,235 Days / 30.4 = 40.6 Months

Phase 3 (N=5 Participants): 775 Days / 30.4 = 25.5 Months

Phase 4 (N=4 Participants): 400 Days / 30.4 = 13.2 Months

Step 5: Calculate the average number of Accountability Contacts attended per month by phase and discharge cohort

For each phase within each discharge cohort, divide the number of Accountability Contacts held (calculated in Step 3) by the number of months the participants spent in each phase (calculated in Step 4). This will produce the average number of Accountability Contacts participants attended per month for each phase within each discharge cohort. There will be as many quotients as there are phases observed within discharge cohorts, as before.

Example:

Successful Completion:

Phase 1 (N=45 Participants): 990 Contacts / 244.2 Months = 4.1 Contacts/Month

Phase 2 (N=45 Participants): 960 Contacts / 230.3 Months = 4.2 Contacts/Month

Phase 3 (N=45 Participants): 923 Contacts / 262.0 Months = 3.5 Contacts/Month

Phase 4 (N=45 Participants): 930 Contacts / 255.4 Months = 3.6 Contacts/Month

Unsuccessful Completion (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=40 Participants): 638 Contacts / 161.0 Months = 4.0 Contacts/Month

Phase 2 (N=25 Participants): 488 Contacts / 115.1 Months = 4.2 Contacts/Month

Phase 3 (N=10 Participants): 158 Contacts / 41.0 Months = 3.9 Contacts/Month

Phase 4 (N=8 Participants): 143 Contacts / 35.4 Months = 4.0 Contacts/Month

Neutral Discharge (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=15 Participants): 246 Contacts / 64.1 Months = 3.8 Contacts/Month

Phase 2 (N=8 Participants): 157 Contacts / 40.6 Months = 3.9 Contacts/Month

Phase 3 (N=5 Participants): 97 Contacts / 25.5 Months = 3.8 Contacts/Month

Phase 4 (N=4 Participants): 52 Contacts / 13.2 Months = 4.0 Contacts/Month

The benchmark for this measure is at least 4 times per month in Phase 1.

8. AVERAGE NUMBER OF SANCTIONS ADMINISTERED TO PARTICIPANTS

The **Average Number of Sanctions Administered to Participants** is performed on semiannual discharge cohorts by discharge type (*Successful Completion, Unsuccessful and Neutral*).

Step 1: Identify and define the discharge cohort and calculate its size

Define the discharge cohort as the set of participants whose exit date [*Discharge/Profile; Date Discharged*] falls on or within a start date and end date separated by six months. The discharge cohort size is the number of participants satisfying this criterion.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the discharge cohort.

100 people exited the program between 1/1/2017 and 6/30/2017 for any reason.

N of the discharge cohort = 100.

Step 2: Stratify the total number of participants by each discharge type

Divide the discharge cohort into groups, or strata, based on discharge type (*Successful Completion, Unsuccessful and Neutral*).

Example:

N=100 people who exited the program for any reason.

Separate those 100 people into groups by their discharge types.

For this example:

Successful Completion N = 50

Unsuccessful Completion N = 40

Neutral N = 10

Step 3: Stratify the total number of sanctions received by each discharge type

Separate the sanctions received by discharge type (*Successful Completion, Unsuccessful and Neutral*).

Example:

N=800 sanctions were received by all participants.

Separate those 800 sanctions into groups by their discharge types.

For this example, participants who exited by:

Successful Completion received 200 sanctions

Unsuccessful Completion received 480 sanctions

Neutral category received 120 sanctions

Step 4: Calculate the average number of sanctions administered to participants by discharge type

For each category in the discharge cohort, divide the total number of sanctions (calculated in step 3) by the number of participants by discharge type (calculated in step 2). This will produce the Average Number of Sanctions administered to participants by discharge type.

Example:

Total: 800 sanctions received / 100 participants = 8 (average number of sanctions per participant)

Successful: 200 sanctions / 50 participants = 4 (average number of sanctions per participant for the discharge group)

Unsuccessful: 480 sanctions / 40 participants = 12 (average number of incentives per participant for the discharge group)

Neutral: 120 sanctions / 10 participants = 12 (average number of sanctions per participant for the discharge group)

There was no benchmark set for this measure.

9. AVERAGE NUMBER OF INCENTIVES ADMINISTERED TO PARTICIPANTS

The **Average Number of Incentives Administered to Participants** is performed on semiannual discharge cohorts by discharge type (*Successful Completion, Unsuccessful and Neutral*).

Step 1: Identify and define the discharge cohort and calculate its size

Define the discharge cohort as the set of participants whose exit date [*Discharge/Profile; Date Discharged*] falls on or within a start date and end date separated by six months. The discharge cohort size is the number of participants satisfying this criterion.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the discharge cohort.

100 people exited the program between 1/1/2017 and 6/30/2017 for any reason.

N of the discharge cohort = 100.

Step 2: Stratify the total number of participants by each discharge type

Divide the discharge cohort into groups, or strata, based on discharge type (*Successful Completion, Unsuccessful and Neutral*).

Example:

N=100 people who exited the program for any reason.

Separate those 100 people into groups by their discharge types.

For this example:

Successful Completion N = 50

Unsuccessful Completion N = 40

Neutral N = 10

Step 3: Calculate the total number of incentives received by each discharge type

Using the [*Incentives/Sanctions; Behavior Type*] categorized as “Positive,” sum the number of incentives received across the entire cohort and separate into discharge types.

Example:

N=800 incentives were received by all participants.

Separate the 800 incentives into groups by their discharge types.

For this example:

Successful Completion N = 200 incentives

Unsuccessful Completion N = 480 incentives

Neutral N = 120 incentives

Step 4: Calculate the average number of incentives administered to participants by discharge type

For each category in the discharge cohort, divide the total number of incentives (calculated in step 3) by the number of participants in each discharge type (calculated in step 2). This will produce the Average Number of Incentives per participants by discharge type.

Example:

Total: 800 incentives received / 100 participants = 8 (average number of incentives per participant)

Successful: 200 incentives / 50 participants = 4 (average number of incentives per participant)

Unsuccessful: 480 incentives / 40 participants = 12 (average number of incentives per participant)

Neutral: 120 incentives / 10 participants = 12 (average number of incentives per participant)

There was no benchmark set for this measure.

10. RATIO OF INCENTIVES TO SANCTIONS

The calculation of the average **Ratio of Incentives to Sanctions** is performed on a semiannual discharge cohort.

Step 1: Identify and define the discharge cohort and calculate its size

Define the discharge cohort as the set of participants whose exit date [*Discharge/Profile; Date Discharged*] falls on or within a start date and end date separated by six months. The discharge cohort size is the number of participants satisfying this criterion.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the discharge cohort.

60 people exited the program between 1/1/2017 and 6/30/2017 for any reason.

N of the discharge cohort = 60.

Step 2: Sum the number of incentives for each participant

For each participant in the discharge cohort (N = 60), calculate the number of incentives [*Incentives/Sanctions; Responses*] (positive responses) earned while in the drug court. This calculation uses responses that are categorized as “Positive.” This measure, unlike most of the other measures, calculates the average per participants before summing across the cohort.

Example:

Participant 1: 10 incentives

Participant 2: 2 incentives

Participant 3: 5 incentives

Participant 4: 0 incentives

...

Participant 60: 2 incentives

Step 3: Sum the number of sanctions for each participant

For each participant in the discharge cohort (N = 60), calculate the number of sanctions [*Incentives/Sanctions; Responses*] (negative responses) earned while in the drug court. This calculation uses responses that are categorized as “Negative.” Any participants who did not receive any sanctions should be removed from this calculation. An individual average approach

is used for this measure, as participants without any sanctions will report a 0 in the denominator for the ratio (see step 4).

Example:

Participant 1: 10 sanctions

Participant 2: 0 sanctions [exclude from the analysis]

Participant 3: 2 sanctions

Participant 4: 3 sanctions

...

Participant 60: 1 sanction

Step 4: Calculate the ratio for each participant

For each participant divide the number of incentives from step 2 by the number of sanctions from step 3 to express as a decimal representing the ratio.

Example:

Participant 1: 10 incentives / 1 sanction = 10.0

Participant 2: [excluded]

Participant 3: 5 incentives / 2 sanctions = 2.5

Participant 4: 0 incentives / 3 sanctions = 0

...

Participant 60: 2 incentives / 1 sanction = 2.0

Step 5: Calculate the average ratio across the discharge cohort

To calculate the average ratio of incentives to sanctions, sum up the numbers calculated from step 4 and divide by the number of participants in the discharge cohort who received at least one sanction (N = 59).

Example:

$(10.0 + 2.5 + 0 + \dots + 2.0) / 59 = 3.6$ average ratio (expressed as a decimal)

There was no benchmark set for this measure.

11. RESPONSE TIME TO NEGATIVE BEHAVIOR

Calculation of the average **Response Time (in days) to Negative Behavior** and the date of response by administration of a sanction is performed on semiannual discharge cohorts by discharge type (*Successful Completion, Unsuccessful and Neutral*). Thus, one reporting of this performance measure will include data from all the participants discharged within a selected six-month period and produce one average for each discharge type observed.

Step 1: Identify and define the discharge cohort and calculate its size

Define the discharge cohort as the set of participants whose exit date [*Discharge/Profile; Date Discharged*] falls on or within a start date and end date separated by six months, and who have been administered at least one sanction during program participation. The discharge cohort size is the number of participants with at least one sanction whose exit date falls within the dates defining the discharge cohort.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the discharge cohort.

100 people exited the program between 1/1/2017 and 6/30/2017 for any reason.

N of the total discharge cohort = 100.

Identify participants with no sanctions during their time in the program.

N with 0 sanctions = 10

Then calculate the applicable cohort size.

$(N \text{ of the discharge cohort}) - (N \text{ with 0 sanctions}) = 100 - 10 = 90$

Step 2: Stratify the total number of participants into discharge type

Divide the number of participants into groups, or strata, based on discharge type (*Successful Completion, Unsuccessful and Neutral*).

Example:

N=90 people in the discharge cohort with at least one sanction.

Separate those 90 people into groups by their discharge types.

For this example:

Successful Completion N = 45

Unsuccessful Completion N = 35

Neutral N = 10

Step 3: Identify the total number of sanctions received for participants in each discharge type

Total Discharge Cohort with At Least One Sanction (N= 90 Participants) = 320 total sanctions

Successful Completion (N = 45 Participants) =127 total sanctions

Unsuccessful Completion (N = 35 Participants) =156 total sanctions

Neutral (N = 10 Participants) =37 total sanctions

Step 4: Calculate the time in days from Negative Behavior to Response for each instance of Negative Behavior

For every instance of non-compliance or negative behavior [*Incentives/Sanctions; Behavior Type*] categorized as “Negative” (identified in step 3) identify the Date of the Non-Compliant Event [*Incentives/Sanctions; Behavior Date*] and Date of Response [*Incentives/Sanctions; Response Date*] for participants in each discharge stratum.

For all sanctions, find the number of days between the negative behavior and response.

Example:

For every individual in the discharge cohort find:

(Date of Response) minus (Date of Non-Compliant Event) = Days Between Negative Behavior and Response

Participant 1, Sanction 1: (March 26, 2015) – (March 24, 2015) = 2 Days

Participant 1, Sanction 2: (April 10, 2015) – (April 7, 2015) = 3 Days

Participant 2, Sanction 1: (April 21, 2015) – (April 14, 2015) = 7 Days

...

Participant 90, Sanction 1: (February 21, 2015) – (February 15, 2015) = 6 Days

Participant 90, Sanction 2: (March 23, 2015) – (March 14, 2015) = 9 Days

Participant 90, Sanction 3: (April 5, 2015) – (April 13, 2015) = 8 Days

Step 5: Sum total number of Days Between Negative Behavior and Response for each participant

For each participant with at least one sanction in the discharge cohort, sum (Total Days Between Negative Behavior and Response) for all sanctions to find the total number of days per participant from negative behavior to response.

Example:

Participant 1, Sanction 1 (2 Days) + Participant 1, Sanction 2 (3 Days) = 5 Days total

Participant 2, Sanction 1 (2 Days) = 2 Days total

...

Participant 90, Sanction 1 (6 Days) + Participant 90, Sanction 2 (9 Days) + Participant 90, Sanction 3 (8 Days) = 23 days total

Sum the Total Days Between Negative Behavior and Response for all participants.

Participant 1 (5 Days total) + Participant 2 (2 Days total) + ... + Participant 90 (23 Days total)

Total Discharge Cohort With At Least One Sanction (N=90 Participants): 2,543 Days

Step 6: Separate participants by discharge type

Next, break out participants by discharge type and sum for each category.

Example:

Successful Completion participant 1, Days total (5 Days) + Successful Completion participant 2 total (2 Days) + ... Successful Completion participant 45 total (15 Days) = 1,125 days

Successful Completion (N=45 Participants): 1,125 Days

Repeat for each discharge type:

Unsuccessful Completion (N=35 Participants): 1,190 Days

Neutral (N=10 Participants): 205 Days

Step 7: Calculate the average time between Negative Behavior and Response for each discharge strata

Divide the total number of days between Negative Behavior and Response by the number of sanctions received by all participants in the discharge cohort and each discharge strata to find the average time between Negative Behavior and Response.

Example:

Total Discharge Cohort (N=90 Participants): 2,543 Days/320 Sanctions = 7.9 Days

Successful Completion (N=45 Participants):

1,125 Days/127 Sanctions = 8.9 Days

Unsuccessful Completion (N=35 Participants):

1,190 Days/156 Sanctions = 7.6 Days

Neutral (N=10 Participants):

205 Days/37 Sanctions = 5.5 Days

The benchmark set for this measure is a response time of less than or equal to 7 Days.

12. UNITS OF TREATMENT

The average number of **Units of Treatment** attended by participants is calculated and disaggregated by treatment type and by type of discharge (*Successful Completion, Unsuccessful, and Neutral*) for a specified semiannual discharge cohort.

Step 1: Identify and define the discharge cohort and determine its size

Define the discharge cohort as the set of participants whose discharge date [*Discharge/Profile; Date Discharged*] falls on or within a start date and end date defining the discharge cohort. Note that the start and end dates defining the discharge cohort must be separated by six months. The size of the discharge cohort is the number of participants discharged between these two dates.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the discharge cohort.

100 people exited the program between 1/1/2017 and 6/30/2017 for any reason.

N of the discharge cohort = 100

Step 2: Stratify the Units of Treatment by service type and discharge type

Units of Treatment are first categorized by type of service provided, as shown in Table 3, p.26 of the report [*Case Management/ Events/Services*]. Major service categories include:

- *Substance Use Treatment*
- *Mental Health Treatment*
- *Residential Treatment (Substance Use and/or Mental Health)*
- *Ancillary Services*

However, there are an array of services included under the Ancillary Services category. Units of Treatment are reported for each type of ancillary service.

Units of Treatment for each Service Category are reported for participants who received at least one Unit of Treatment for the type of service in question. As shown in *Table C - 1*, the total Units of Treatment received for the service in question are disaggregated by the type of discharge.

Example:

Of the N=100 discharge cohort, 40 participants received at least one day of Residential Substance Use Treatment.

Sum the total units (sessions, hours, or days) received by the 40 participants.

Participant 1 (28 Days) + Participant 2 (112 Days) + ... + Participant 40 (91 Days) = 3,050 Days

Disaggregate by the type of discharge.

Successful Completion participants = 450 total Days

Unsuccessful Completion participants = 2,100 total Days

Neutral participants = 500 total Days

Step 3: Calculate the average number of Units of Treatment received per participant by service type

For each Service Category, divide the total units from step 2 by the number of participants with at least one unit of the relevant service type.

Example:

For Residential Substance Use Treatment:

Successful Completion (N=5): 450 Days / 5 participants = 90 Days per participant

Unsuccessful Completion (N=30): 2,100 Days / 30 participants = 70 Days per participant

Neutral (N=5): 500 Days / 5 participants = 100 Days per participant

For Substance Use Treatment:

Successful Completion (N=50): 10,000 hours / 50 participants = 200 hours per participant

Unsuccessful Completion (N=40): 4,800 hours / 40 participants = 120 hours per participant

Neutral (N=10): 1,800 hours / 10 participants = 180 hours per participant

Table C – 1 provides an example for the array of Service Types. The benchmark for this measure, set to 200 hours, only applies to the Substance Use Treatment category.

Table C – 1: Total Units of Treatment Received by Discharge Cohort by Type of Service

<i>Type of Service</i>	<i>Unit of Count</i>	<i>Type of Discharge</i>	<i>N</i>	<i>% Receiving Service</i>	<i>Units Received</i>	<i>Average Units Received</i>
Mental Health Treatment	Hours	<i>All Discharges</i>	100	100	7,800	78
		Successful Completion	50	100	5,000	100
		Unsuccessful Completion	40	100	2,000	50
		Neutral	10	100	800	80
Substance Use Treatment	Hours	<i>All Discharges</i>	100	100	16,600	166
		Successful Completion	50	100	10,000	200
		Unsuccessful Completion	40	100	4,800	120
		Neutral	10	100	1,800	180
Residential Mental Health Treatment	Days	<i>All Discharges</i>	12	12	1,140	95
		Successful Completion	5	4	240	120
		Unsuccessful Completion	5	13	450	90
		Neutral	5	50	450	90
Residential Substance Use Treatment	Days	<i>All Discharges</i>	40	40	3,050	76
		Successful Completion	5	10	450	90
		Unsuccessful Completion	30	75	2,100	70
		Neutral	5	50	500	100
Ancillary Service						
Medical/Dental services	Appointment	<i>All Discharges</i>	10	10	20	2
		Successful Completion	5	10	10	2
		Unsuccessful Completion	4	10	8	2
		Neutral	1	10	2	2
Anger management/Conflict resolution	Session	<i>All Discharges</i>	20	20	200	10
		Successful Completion	10	20	100	10
		Unsuccessful Completion	8	20	80	10
		Neutral	2	20	20	10
Employment services	Session	<i>All Discharges</i>	50	50	250	5
		Successful Completion	25	50	125	5
		Unsuccessful Completion	20	50	100	5
		Neutral	5	50	25	5
Family/Parenting counseling	Session	<i>All Discharges</i>	35	35	350	10
		Successful Completion	10	20	100	10
		Unsuccessful Completion	20	50	200	10
		Neutral	5	50	50	10
GED/Educational services	Session	<i>All Discharges</i>	21	21	210	10
		Successful Completion	10	20	100	10
		Unsuccessful Completion	8	20	80	10
		Neutral	3	30	30	10
Legal services (civil and criminal)	Appointment	<i>All Discharges</i>	35	35	35	1
		Successful Completion	10	20	10	1
		Unsuccessful Completion	20	50	20	1
		Neutral	5	50	5	1
Social services	Session	<i>All Discharges</i>	45	45	135	3
		Successful Completion	20	40	60	3
		Unsuccessful Completion	20	50	60	3
		Neutral	5	50	15	3

13. LENGTH OF TIME IN PROGRAM

Calculation of the monthly average **Length of Time in Program** is performed on semiannual discharge cohorts by type of discharge. Thus, one reporting of this performance measure will include data from all the participants discharged within a selected six-month period and produce one average for each discharge type observed during the six months selected.

For example, if a discharge cohort for a given six-month interval includes successfully completed and unsuccessfully completed participants, then two status hearing averages will be produced, one for each discharge type. Alternatively, if participants with a neutral discharge type are within the discharge cohort, then three averages will be produced.

Step 1: Identify and define the discharge cohort and calculate its size

Define the discharge cohort as the set of participants whose exit date [*Discharge/Profile; Date Discharged*] falls on or within a start date and end date separated by six months. The discharge cohort size is the number of participants satisfying this criterion.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the discharge cohort.

100 people exited the program between 1/1/2017 and 6/30/2017 for any reason.

N of the discharge cohort = 100.

Step 2: Stratify the discharge cohort by discharge type

Divide the discharge cohort into groups, or strata, based on discharge type [*Discharge/Profile; Disposition*]. The number of participants in each specified discharge type is the discharge strata size. There will be as many discharge strata sizes as there are discharge types within the cohort.

Example:

$N=100$ people who exited the program for any reason.

Separate those 100 people into groups by their discharge types.

For this example:

Successful Completion N = 45

Unsuccessful Completion N = 40

Neutral N = 15

Step 3: Calculate the length of stay in program in days for participants

The length of stay in program for each participant is calculated by subtracting eligible periods of inactivity from the total length of program for each participant. To calculate the number of days inactive for each participant, subtract the event date [*Court & Other Justice; Event Date*] if the associated outcome [*Court & Other Justice; Outcome*] is “FTA” from the next subsequent event date [*Court & Other Justice; Event Date*] and if the associated outcome [*Court & Other Justice; Outcome*] is “Attend.” If the resulting total is less than 30 days for a particular period of inactivity, the total is discarded as it fails to meet the threshold (30 days or more) established for inactivity. If the total is 30 days or greater, it should be retained. Each participant may have more than one period of inactivity, and the totals for each period of inactivity that is equal to or greater than 30 days are summed to produce the total number of days inactive.

Calculate the total length of program for each participant in the discharge cohort by subtracting admission date [*Admission/Profile; Admission Date*] from discharge date [*Discharge/Profile; Date Discharged*]. Produce the length of stay in program for each participant by subtracting the total for length of program from the sum of retained days inactive.

Example:

For a single participant:

Periods of inactivity:

Jan. 20th, 2016 to Mar. 4th, 2016 = 44 Days (eligible)

Jul. 11th, 2016 to Jul. 22nd, 2016 = 11 Days (ineligible)

Oct. 2nd, 2016 to Nov. 6th, 2016 = 35 Days (eligible)

Number of days inactive = 44 + 35 = 79 Days

Length of program:

Admission Date (Oct. 15th, 2016) - Discharge Date (Feb. 27th, 2016) = 501 Days

Length of stay in program:

$$\text{Length of program (501 days)} - \text{Number of days inactive (79 days)} = 422 \text{ Days}$$

Perform this calculation for all participants of the discharge cohort.

Step 4: Calculate the average length of time in program within discharge strata

Sum the length of stay in program for each participant in the discharge cohort stratified by type of discharge. Divide the resulting totals for each discharge type by the discharge strata size.

Example:

Length of stay in program for all participants within discharge strata:

$$\text{Successful Completion (N = 45)} = 23,497$$

$$\text{Unsuccessful Completion (N=40)} = 19,084$$

$$\text{Neutral (N=15)} = 5,835$$

Average length of stay in program for each discharge strata:

$$\text{Successful Completion (N = 45)} = 23,497 / 45 = 522.2 \text{ Days}$$

$$\text{Unsuccessful Completion (N = 40)} = 19,084 / 40 = 477.1 \text{ Days}$$

$$\text{Neutral (N = 15)} = 5,835 / 15 = 389.0 \text{ Days}$$

The benchmark set for this measure is an average of more than 15 months (or 450 days) and less than 21 months (630 days).

14. DRUG/ALCOHOL TESTING

Calculation of the weekly average number of **Drug and Alcohol Tests** per participant is performed on semiannual discharge cohorts by phase in the program and by type of discharge. Thus, one reporting of this performance measure will include data from all the participants discharged within a selected six-month period and produce one average for each phase of participation and each discharge type observed during the six months selected.

For example, if a discharge cohort for a given six-month interval includes successfully completed and unsuccessfully terminated participants and each of those groups contains participants who achieved Phase 4 of the program, then eight drug and alcohol test averages will be produced, one for each phase within each discharge type (4 phases from each of 2 discharge types equals 8 reporting categories). Alternatively, if the highest phase achieved within the terminated participants in the cohort was Phase 3, then only seven averages will be produced.

Step 1: Identify and define the discharge cohort and calculate its size

Define the discharge cohort as the set of participants whose exit date [*Discharge/Profile; Date Discharged*] falls on or within a start date and end date separated by six months. The discharge cohort size is the number of participants satisfying this criterion.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the discharge cohort.

100 people exited the program between 1/1/2017 and 6/30/2017 for any reason.

N of the discharge cohort = 100.

Step 2: Stratify the discharge cohort by discharge type

Divide the discharge cohort into groups, or strata, based on discharge type [*Discharge/Profile; Disposition*]. The number of participants in each specified discharge type is the discharge type cohort size, or discharge strata size.

There will be as many discharge strata sizes as there are discharge types within the cohort.

Example:

N=100 people who exited the program for any reason.

Separate those 100 people into groups by their discharge types.

For this example:

Successful Completion N = 45

Unsuccessful Completion N = 40

Neutral N = 15

Step 3: Calculate the total number of Drug and Alcohol Tests administered to participants by phase for each discharge strata

Identify the set of Drug and Alcohol Tests [*Drug Testing Demographic, Specimen Type*] by date [*Drug Testing Demographic; Date*] administered to participants in each discharge stratum and count their occurrences within each phase [*Court & Other Justice; Court Phase*]. Preliminary Breath Tests (PBT) and sweat patches should be included in this calculation.

Sum the total number of Drug and Alcohol Tests administered within each phase for all participants within each discharge strata [*Discharge/Profile; Disposition*].

The number of Drug and Alcohol Test totals will be equal to the number of phases observed within each discharge stratum. Thus, if four phases are observed in the “Successfully Completed” discharge stratum and three phases are observed in the “Unsuccessfully Completed” discharge stratum, there will be seven Drug and Alcohol Test totals.

Example:

Count the total number of Drug and Alcohol Tests administered for each of the discharge types per phase.

Successful Completion:

Phase 1 (N=45 Participants): 2,277 Tests

Phase 2 (N=45 Participants): 2,208 Tests

Phase 3 (N=45 Participants): 2,123 Tests

Phase 4 (N=45 Participants): 2,139 Tests

Unsuccessful Completion (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=40 Participants): 1,468 Tests

Phase 2 (N=25 Participants): 1,123 Tests

Phase 3 (N=10 Participants): 3,64 Tests

Phase 4 (N=8 Participants): 329 Tests

Neutral (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=15 Participants): 566 Tests

Phase 2 (N=8 Participants): 362 Tests

Phase 3 (N=5 Participants): 224 Tests

Phase 4 (N=4 Participants): 120 Tests

Step 4: Calculate the number of weeks that participants spent in each phase within discharge strata

For the set of participants in the discharge cohort, identify Program Admission Date [Admission/Profile; Admission Date], all change of phase events [Court & Other Justice; Event] by date [Court & Other Justice; Event Date], and Date of Program Discharge [Discharge/Profile; Date Discharged] and calculate the number of days spent in each phase [Court & Other Justice; Court Phase] by taking the difference between events for each phase.

Separate the participants' total days spent in each phase by discharge type strata [Discharge/Profile; Disposition] and sum the total number of days spent by all participants within each phase in each discharge type strata. Divide these figures by 7 to approximate the average length of a week. This will produce the number of weeks spent in each phase for all participants within each discharge cohort.

Example:

For every individual in the discharge cohort find:

For Successful Completion:

(Date of Promotion to Phase 2) minus (Date Participant Entered the Program) = Days in Phase 1

(Date of Promotion to Phase 3) minus (Date of Promotion to Phase 2) = Days in Phase 2

(Date of Promotion to Phase 4) minus (Date of Promotion to Phase 3) = Days in Phase 3

(Date of Exit from Program) minus (Date of Promotion to Phase 4) = Days in Phase 4

For Unsuccessful Completion and Neutral:

It is important to note that not all unsuccessful/neutral completers will have progressed to the final phase of the program. If a participant spent 0 days in any phase, they should not be included in calculations for that phase. Therefore, the N for the unsuccessful/neutral groups decreases as the phase increases.

For participants who were never promoted to Phase 2 (exited before completing Phase 1):

(Date of Exit from Program) minus (Date Participant Entered the Program) = Days in Phase 1

For participants who were never promoted to Phase 3 (exited before completing Phase 2):

(Date of Promotion to Phase 2) minus (Date Participant Entered the Program) = Days in Phase 1

(Date of Exit from Program) minus (Date of Promotion to Phase 2) = Days in Phase 2

For participants who were never promoted to Phase 4 (exited before completing Phase 3):

(Date of Promotion to Phase 2) minus (Date Participant Entered the Program) = Days in Phase 1

(Date of Promotion to Phase 3) minus (Date of Promotion to Phase 2) = Days in Phase 2

(Date of Exit from Program) minus (Date of Promotion to Phase 3) = Days in Phase 3

For participants who were promoted to Phase 4 but did not successfully exit the program:

(Date of Promotion to Phase 2) minus (Date Participant Entered the Program) = Days in Phase 1

(Date of Promotion to Phase 3) minus (Date of Promotion to Phase 2) = Days in Phase 2

(Date of Promotion to Phase 4) minus (Date of Promotion to Phase 3) = Days in Phase 3

(Date of Exit from Program) minus (Date of Promotion to Phase 3) = Days in Phase 4

Sum (Days in Phase 1) for all participants in each discharge group, and divide that number by 7 to find (Weeks in Phase 1). Repeat this calculation for (Days in Phase 2), (Days in Phase 3), and (Days in Phase 4) to approximate (Weeks in Phase 2), (Weeks in Phase 3), and (Weeks in Phase 4), respectively.

Successful Completion:

Phase 1 (N=45 Participants): 7,425 Days / 7 = 1,060.7 Weeks

Phase 2 (N=45 Participants): 7,000 Days / 7 = 1,000.0 Weeks

Phase 3 (N=45 Participants): 7,965 Days / 7 = 1,137.9 Weeks

Phase 4 (N=45 Participants): 7,765 Days / 7 = 1,109.3 Weeks

Unsuccessful Completion (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=40 Participants): 4,895 Days / 7 = 699.3 Weeks

Phase 2 (N=25 Participants): 3,500 Days / 7 = 500.0 Weeks

Phase 3 (N=10 Participants): 1,245 Days / 7 = 177.9 Weeks

Phase 4 (N=8 Participants): 1,075 Days / 7 = 153.6 Weeks

Neutral (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=15 Participants): 1,950 Days / 7 = 278.57 Weeks

Phase 2 (N=8 Participants): 1,235 Days / 7 = 176.43 Weeks

Phase 3 (N=5 Participants): 775 Days / 7 = 110.71 Weeks

Phase 4 (N=4 Participants): 400 Days / 7 = 57.14 Weeks

Step 5: Calculate the average number of Drug and Alcohol Tests administered per week by phase and discharge cohort

For each phase within each discharge cohort, divide the number of Drug and Alcohol Tests administered (calculated in Step 3) by the number of weeks the participants spent in each phase (calculated in Step 4). This will produce the average number of Drug and Alcohol Tests administered to participants per week for each phase within each discharge cohort. There will be as many quotients as there are phases observed within discharge cohorts, as before.

Example:

Successful Completion:

Phase 1 (N=45 Participants): 2,277 Tests / 1,060.7 Weeks = 2.2 Tests/Week

Phase 2 (N=45 Participants): 2,208 Tests / 1,000 Weeks = 2.2 Tests/Week

Phase 3 (N=45 Participants): 2,123 Tests / 1137.9 Weeks = 1.9 Tests/Week

Phase 4 (N=45 Participants): 2,139 Tests / 1,109.3 Weeks = 1.9 Tests/Week

Unsuccessful Completion (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=40 Participants): 1,468 Tests / 699.3 Weeks = 2.1 Tests/Week

Phase 2 (N=25 Participants): 1,123 Tests / 500 Weeks = 2.3 Tests/Week

Phase 3 (N=10 Participants): 364 Tests / 177.9 Weeks = 2.1 Tests/Week

Phase 4 (N=8 Participants): 329 Tests / 153.6 Weeks = 2.1 Tests/Week

Neutral (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=15 Participants): 566 Tests / 278.6 Weeks = 2.0 Tests/Week

Phase 2 (N=8 Participants): 362 Tests / 176.4 Weeks = 2.1 Tests/Week

Phase 3 (N=5 Participants): 224 Tests / 110.7 Weeks = 2.0 Tests/Week

Phase 4 (N=4 Participants): 120 Tests / 57.1 Weeks = 2.1 Tests/Week

The benchmark set for this measure was greater than or equal to 2 times per week.

15. QUALITY OF RESIDENCY STATUS

Calculation of the percentage of participants with an improved **Quality of Residency Status** between the time of admission and time of discharge is performed on a semiannual discharge cohort. Quality housing is a current residence that is habitable, safe, and free of conflicts with other residents.

Step 1: Identify and define the discharge cohort and calculate its size

Define the discharge cohort as the set of participants whose exit date [*Discharge/Profile; Date Discharged*] falls on or within a start date and end date separated by six months. The discharge cohort size is the number of participants satisfying this criterion.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the discharge cohort.

100 people exited the program between 1/1/2017 and 6/30/2017 for any reason.

N of the discharge cohort = 100.

Step 2: Identify participants with quality residency improvement needs

Any participant who, at the time of admission, has a residence that is not habitable, safe, or free of conflict should be included.

Do not include participants who:

- at admission meet all three conditions of quality housing
- fall into this discharge cohort, but have no residential data at admission
- were in the program less than 6 months.

Count the number of participants to be included [*No SMART field; Quality of Residency Needs*].

Example:

Of the discharge cohort (n=100), 40 participants have identified needs for quality of housing.

Step 3: Count the number of participants with improved status

Count the number of participants from the select discharge cohort who, at the time of discharge, report an improved status in the quality of their residency [*No SMART field; Improved Quality of Housing*].

Example:

Of those with identified needs (n=40 participants), 24 secured quality housing at the time of exit.

Step 4: Calculate the percentage

The percentage of participants who realized an improvement in the quality of residency status between admission and discharge is as follows:

$[No\ SMART\ field:\ Improved\ Quality\ of\ Residency] / [No\ SMART\ field:\ Quality\ of\ Housing\ Needs] = \%$

Example:

$24 / 40 = 40\%$

The benchmark set for this measure was to see more than 75% of those with needs realize improvements in the quality of residency status.

16. RESIDENTIAL STABILITY

Calculation of the percentage of participants with an improvement in the **Residential Stability** between the time of admission and time of discharge is performed on a semiannual discharge cohort. Stability is defined as less than two residential changes in a one-year time frame. The one-year time frame applies to the year prior to admission and the year prior to discharge.

Step 1: Identify and define the discharge cohort and calculate its size

Define the discharge cohort as the set of participants whose exit date [*Discharge/Profile; Date Discharged*] falls on or within a start date and end date separated by six months. The discharge cohort size is the number of participants satisfying this criterion.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the discharge cohort.

100 people exited the program between 1/1/2017 and 6/30/2017 for any reason.

N of the discharge cohort = 100.

Step 2: Identify participants with residential stability needs

Any participant who, in the year prior to the date of admission, changed residences two or more times should be included.

Do not include participants who:

- changed residences one time
- those who did not change residences during the one year period prior to admission
- fall into this discharge cohort, but have no residential data at admission
- were in the program less than 6 months.

Count the number of participants to be included [*No SMART field; Residential Stability Needs*].

Example:

Of the discharge cohort (n=100), 80 participants have identified needs for residential stability.

Step 3: Count the number of participants with improved status

Count the number of participants from the select discharge cohort who changed residences less than two times in the one year time frame prior to discharge [*No SMART field; Improved Residential Stability*].

Example:

Of those with identified needs (n= 80 participants) 60 had one year of residential stability prior to exit.

Count the number of participants from the select discharge cohort who, at the time of discharge, report an improved status in residential stability [*No SMART field; Improved Residential Stability*].

Example:

Of those with identified needs (n=80 participants), 60 secured quality housing at the time of exit.

Step 4: Calculate the percentage

The percentage of participants who realized an improvement in residential stability prior to admission and discharge is as follows:

$$\frac{[\text{No SMART field; Improved Residential Stability}]}{[\text{No SMART field; Residential Stability Needs}]} = \%$$

Example:

$$60 / 80 \text{ participants} = 75\%$$

The benchmark for this measure is greater than 60% of those with needs realizing an improvement in the status of residential stability.

17. EMPLOYMENT/EDUCATION STATUS

The calculation of improvement in **Employment and Education Status** is performed on a semiannual discharge cohort. The SMART data pertaining to [Admission/Profile; Employment Status – list 1] and [Admission/Profile; School/Vocational Training Status – list 2] need to be mapped to the following Educational/Employment Matrix to determine which participants, at the time of admission, have been identified as needing to improve their educational and/or employment status.

Table C – 2: Educational / Employment Matrix

		<i>Enrolled in Educational/Vocational Training</i>		
		<i>Full-time</i>	<i>Part-time</i>	<i>Not enrolled</i>
<i>Employment Status</i>	<i>Full-time</i>	<i>Full-time</i>	<i>Full-time</i>	<i>Full-time</i>
	<i>Part-time</i>	<i>Full-time</i>	<i>Full-time</i>	<i>B – Needs Improvement</i>
	<i>Seeking work</i>	<i>Full-time</i>	<i>C – Needs Improvement</i>	<i>A - Needs Improvement</i>
	<i>Unable to Work/ Not seeking work</i>	<i>Exclude</i>	<i>Exclude</i>	<i>Exclude</i>

SMART data elements require a comparison of the participant’s responses to both the [Admission/Profile; Employment Status] and [Admission/Profile; School/Vocational Training Status].

The *School/Vocational Training Status* must be identified for participants with the following status at admission:

Employed Part Time in Steady Job

Unemployed, seeking work

The *Employment Status* must be identified for participants with the following status at admission:

Attending Part Time

Step 1: Identify and define the discharge cohort and calculate its size

Define the discharge cohort as the set of participants whose exit date [*Discharge/Profile; Date Discharged*] falls on or within a start date and end date separated by six months. The discharge cohort size is the number of participants satisfying this criterion.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the discharge cohort.

100 people exited the program between 1/1/2017 and 6/30/2017 for any reason.

N of the discharge cohort = 100.

Step 2: Identify participants with a need for improvement

From the discharge cohort identified in step 1, identify participants who have an educational/employment need identified. Exclude those who were enrolled in school/vocational training and/or employed full-time (see “Full-time” categories in *Table C- 2*).

The following categories from [*list 1*] are considered “full-time” status:

Attending Full Time School

Employed Full Time

And the category from [*list 2*] is also considered “full-time” status:

Attending Full Time

Exclude participants who, at the time of admission, were not seeking work.

From [*list 1*]:

Disabled (cannot work)

Homemaker Full Time

Incarcerated (cannot work)

Unemployed, not seeking work

Retired/Permanently Out of Work Force

The remaining participants fall under categories A, B, or C from *Table C - 2*.

Category A:

[Admission/Profile; Employment Status = Unemployed, seeking work] AND

[Admission/Profile; School/Vocational Training Status = No SMART Category: “Not enrolled”]

Category B:

[Admission/Profile; Employment Status = Employed Part Time In Steady Job] AND

[Admission/Profile; School/Vocational Training Status = No SMART Category: “Not enrolled”]

Category C:

[Admission/Profile; Employment Status = Unemployed, seeking work] AND

[Admission/Profile; School/Vocational Training Status = Attending Part Time]

Example:

Of the discharge cohort (N = 100), 80 participants have identified educational and/or employment needs. Sum the number of participants in Categories A, B, and C.

Category A = 24 participants

Category B = 42 participants

Category C = 14 participants

$24 + 42 + 14 = 80$ participants

Step 3: Count the number of participants with improved status

Count the number of those 80 participants who, at discharge, move from the needs improvement categories (A, B, or C) to a “Full-time” status by meeting any of the following criteria:

Using the [Discharge/Profile; Employment Status], the following categories from [list 1] are considered “full-time” status:

Attending Full Time School

Employed Full Time

Or from [Discharge/Profile; School/Vocational Training Status], the category from [list 2] is also considered “full-time” status:

Attending Full Time

Or finally, participants who are part-time enrolled and part-time employed are considered “full-time” status:

[Discharge/Profile; School/Vocational Training Status = Attending Part Time] AND

[Discharge/Profile; Employment Status = Employed Part Time in Steady Job]

Example:

For the 80 participants identified in step 2, sum the number of participants in each category whose status improved at the time of discharge.

Category A = 20 participants moved to “Full-time” status

Category B = 18 participants moved to “Full-time” status

Category C = 6 participants moved to “Full-time” status

20 + 18 + 6 = 46 participants

Step 4: Calculate the percentage

Calculate the percentage of participants who realized an improvement in educational and/or employment status by dividing the number from step 3 (improved status) by the number in step 2 (improvement needed).

Example:

46 / 80 participants = 57.5%

The benchmark for this measure is to have more than 60% of the participants with needs realize an improved educational and/or employment status.

18. ACCESS AND FAIRNESS

The percent of participants with a demographic characteristic of interest (race, ethnicity, gender, or age) are examined at each stage of processing (e.g., referral to admission; admission to successful completion) is compared. This is the only performance measure employing a referral cohort.

Step 1: Identify and define the referral cohort and determine its size

Define the referral cohort as the set of candidates referred to the drug court whose referral date [No SMART field; referral date] falls on or within a start date and end date defining the referral cohort. Note that the start and end dates defining the referral cohort must be separated by six months. The size of the referral cohort is the number of candidates referred to drug court between these two dates.

Example:

January 1, 2015 to June 30, 2015 is selected as the 6-month time period to be used to define the referral cohort.

173 candidates were referred to the program between 1/1/2015 and 6/30/2015 from a variety of sources.

N of the referral cohort = 173.

Step 2: Obtain census and arrest information

Both census and arrest data is usually available only annually, so compare the demographic data for a six-month period to Census and Arrest data from the entire calendar year.

Obtain annual Census data from US Census Quick Facts for the county or jurisdiction of interest. Obtain annual arrest data (for drug/narcotics arrests) from the state Uniform Crime Reporting program for the relevant county or jurisdiction. Both sources report data by gender, age, ethnicity, and race.

Example:

Drug/Narcotic arrest data, by race:

All Races: 2,131 drug/narcotic arrests

White: 1,402 arrests or 65.8% of all drug/narcotic arrests

Black/African-American: 718 arrests or 33.7% of all drug/narcotic arrests

Other: 11 arrests or 0.5% of all drug/narcotic arrests

Step 3: Compare the representation of arrestees with the representation of drug court referrals

Compile the demographic characteristics for drug court referrals from the referral cohort.

Example:

Of the 173 participants referred to the drug court, determine the representation of racial categories:

White: 144 participants or 83% of all referrals

Black/African-American: 29 participants or 17% of all referrals

Other: 0 participants or 0% of all referrals

Compare the representation of drug/narcotic arrests with those referred to the drug court. Subtract the percentage from each category of the relevant demographic characteristic to arrive at the difference.

White: 65.8% - 83.0% = 17.2% difference

Black/African-American: 33.7% - 17.0% = -16.7% difference

Other: 0.5% - 0.0% = -.05% difference

Table C – 3 provides an illustration of this comparison. In this example, Whites are over-represented and African-Americans under-represented among referrals to drug court relative to the drug/narcotics arrest rates for this county or jurisdiction.

Table C – 3: Comparing Arrests with Referral Rates

<i>Race</i>	Drug/Narcotic Arrests		Drug Court Referrals		Difference in Rates
	N	%	N	%	%
<i>All</i>	2,131	100.0	173	100.0	--
<i>White</i>	1,402	65.8	144	83.0	17.2
<i>Black/African American</i>	718	33.7	29	17.0	-16.7
<i>Other</i>	11	0.5	0	0.0	- 0.5

Step 5: Compare the percentages of each demographic characteristic of interest for participants referred to drug court against those who are admitted to drug court

Compile the percentage of participants with demographic characteristics (age, race, ethnicity, and gender) who are admitted to drug court. The demographic characteristics of admissions [Demographic Screens], with the “screen items” gender and Date of Birth (DOB) found in the [Demographic Screen/Client Profile Screen] while the screen item for race is found in the [Demographic Screen/Additional Items Screen]. Age is calculated as the number of years between the DOB and the date of referral, although age at admission can be used until SMART incorporates referral information. Demographic characteristics of referrals are not currently available in SMART [No SMART field; Referral Profile Screen/Race/Gender/Age].

Continuing with the example of race, derive the percentage of each category admitted into drug court from the referral cohort.

Example:

Of the 173 referred to drug court 110 were admitted 63.6%. The racial breakdown of the 110:

White: 90 admitted

Black/African-American: 20 admitted

No participants of “other” race were admitted from the referral cohort.

Calculate the percentage of each category admitted from those referred.

White: 90 admitted of 144 referrals or 62.5%

Black/African-American: 20 admitted of 29 or 69.0%

Subtract the percentages to determine the difference as illustrated in *Table C - 3*.

62.5% - 69.0% = -6.5% difference

Table C – 4: Comparison of Rates of Admission and Successful Completion, by Race

<i>Race</i>	Referrals		Admissions		Successful Completion	
	N	%	N	%	N	%
<i>All</i>	173	100.0	110	63.6	59	53.6
<i>White</i>	144	83.2	90	62.5	50	55.6
<i>Black/African American</i>	29	16.8	20	69.0	9	45.0
Difference in Rates				-6.5		10.6

Step 6: Compare the percentages of each demographic characteristic of interest for participants from the referral cohort who successfully complete drug court against those who were admitted to drug court

Derive the number and percentage of those from the referral cohort who successfully complete the drug court.

Example:

Of the 110 participants who were admitted to drug court, 59 participants (53.6%) successfully completed the program. The racial breakdown of the 59 successful completers:

White: 50 successfully completed

Black/African-American: 9 successfully completed

Calculate the percentage of each category who successfully complete from those admitted. Note that the denominator is the number from the previous case processing stage. In this example, those who were admitted now becomes the denominator.

White: 50 successfully completed of 90 admitted, or 55.6%

Black/African-American: 9 successfully completed of 20 admitted or 45.0%

Subtract the percentages to determine the difference. Comparisons can only be made between two of the categories at a time. The difference between the rates of Whites and Black/African-Americans is illustrated in *Table C - 4*.

55.6% - 45.0% = 10.6% difference

Follow similar procedures as outlined in this example of racial categories for the other demographic characteristics including ethnicity, gender, and age. The targeted levels of performance should not exceed 5% for race, ethnicity, or gender. For age, the targeted levels of performance are that the difference between those 25 and under and those over 25 years of age with regards to their probability of transitioning from each stage in case processing (e.g., referral to admission and then from admission to successful completion) should not exceed 10%.

19. SUCCESSFUL COMPLETION

The percentage of admissions who **Successfully Complete** Drug Court is calculated for a specified semiannual admissions cohort. This performance measure requires that an admissions cohort be tracked until all of its members have been discharged in some fashion.

Step 1: Identify and define the admissions cohort and determine its size

Define the admissions cohort as the set of participants whose admission date [*Admission/Profile; Admission Date*] falls on or within the start and end date defining the admissions cohort. Note that the start and end dates defining the admissions cohort must be separated by six months. The size of the admissions cohort is the number of participants admitted between these two dates.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the admissions cohort.

100 people were admitted the program between 1/1/2017 and 6/30/2017.

N of the admission cohort = 100

Step 2: Track the admissions cohort until all of its members have been discharged and stratify the cohort by type of discharge

This performance measure requires that the admissions cohort of interest be tracked until every member of the cohort has been discharged in some fashion [*Discharge/Profile; Date Discharged*] and there are consequently no more “active” participants. This is a requirement for the calculation of the final successful completion rate though users are encouraged to periodically examine admissions cohorts while they still contain some active participants to gain a sense of how the admissions cohort is progressing through the drug court program.

Example:

Of the 100 participants in the admissions cohort:

50 Successfully Completed

40 Unsuccessful Completed

10 Neutral

0 Remain Active

Step 3: Calculate the percentage of the specified admissions cohort in each discharge category.

Divide the number of participants from each discharge category by the number of participants in the selected admissions cohort.

Example:

Successful Completion: 50 / 100 participants = 50%

Unsuccessful Completion: 40 / 100 participants = 40%

Neutral: 10 / 100 participants = 10%

Active: 0 / 100 participants = 0%

Compare the percentage of the admissions cohort who “Successfully Complete” to the performance target of greater than or equal to 60%.

20. POSITIVE DISCRETE DRUG AND ALCOHOL TESTS

Calculation of the average percent of **Positive Discreet Drug and Alcohol** Tests per participant is performed on semiannual discharge cohorts by phase in the program and by type of discharge. Thus, one reporting of this performance measure will include data from all the participants discharged within a selected six-month period and produce one average for each phase of participation and each discharge type observed during the six months selected.

For example, if a discharge cohort for a given six-month interval includes successfully completed and unsuccessfully completed participants and each of those groups contains participants who achieved Phase 4 of the program, then eight status hearing averages will be produced, one for each phase within each discharge type (4 phases from each of 2 discharge types equals 8 reporting categories). Alternatively, if the highest phase achieved within the terminated participants in the cohort was Phase 3, then only seven averages will be produced.

Step 1: Identify and define the discharge cohort and calculate its size

Define the discharge cohort as the set of participants whose exit date [*Discharge/Profile; Date Discharged*] falls on or within a start date and end date separated by six months. The discharge cohort size is the number of participants satisfying this criterion.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the discharge cohort.

100 people exited the program between 1/1/2017 and 6/30/2017 for any reason.

N of the discharge cohort = 100.

Step 2: Stratify the discharge cohort by discharge type

Divide the discharge cohort into groups, or strata, based on discharge type [*Discharge/Profile; Disposition*]. The number of participants in each specified discharge type is the discharge strata size. There will be as many discharge strata sizes as there are discharge types within the cohort.

Example:

N=100 people who exited the program for any reason.

Separate those 100 people into groups by their discharge types.

For this example:

Successful Completion N = 45

Unsuccessful Completion N = 40

Neutral N = 15

Step 3: Calculate the total number of Drug and Alcohol Tests administered to participants by phase for each discharge strata

Identify the set of Drug and Alcohol Tests [*Drug Testing Demographic; Specimen Type*] by date [*Drug Testing Demographic; Date*] administered to all participants in each discharge stratum and count their occurrences within phase [*Court & Other Justice; Court Phase*]. Preliminary Breath Tests (PBT) and sweat patches should be included in this calculation.

Sum the total number of Drug and Alcohol Tests occurring within each phase for all participants within each discharge strata [*Discharge/Profile; Disposition*].

The number of Drug and Alcohol Test totals will be equal to the number of phases observed within each discharge stratum. Thus, if four phases are observed in the “Successfully Completed” discharge stratum and three phases are observed in the “Unsuccessfully Completed” discharge stratum, there will be seven Drug and Alcohol Test totals.

Example:

Count the total number of Drug and Alcohol Tests administered for each of the above groups of discharge type per phase.

Successful Completion:

Phase 1 (N=45 Participants): 2,277 Tests

Phase 2 (N=45 Participants): 2,208 Tests

Phase 3 (N=45 Participants): 2,123 Tests

Phase 4 (N=45 Participants): 2,139 Tests

Unsuccessful Completion (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=40 Participants): 1,468 Tests

Phase 2 (N=25 Participants): 1,123 Tests

Phase 3 (N=10 Participants): 364 Tests

Phase 4 (N=8 Participants): 329 Tests

Neutral (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=15 Participants): 566 Tests

Phase 2 (N=8 Participants): 362 Tests

Phase 3 (N=5 Participants): 224 Tests

Phase 4 (N=4 Participants): 120 Tests

Step 4: Calculate the total number of positive Drug and Alcohol Tests administered to participants by phase for each discharge strata

Identify the set of Drug and Alcohol Tests which returned a positive result [*Drug Testing Demographic, Specimen Type; Test Result*] by date administered to all participants in each discharge stratum and count their occurrences within phase [*Court & Other Justice; Court Phase*]. Preliminary Breath Tests (PBT) and sweat patches should be included in this calculation.

Sum the total number of positive Drug and Alcohol Tests occurring within each phase for all participants within each discharge strata [*Discharge/Profile; Disposition*].

Example:

Count the number of positive Drug and Alcohol Tests for each of the above groups of discharge type per phase.

Successful Completion:

Phase 1 (N=45 Participants): 234 Positive Tests

Phase 2 (N=45 Participants): 198 Positive Tests

Phase 3 (N=45 Participants): 68 Positive Tests

Phase 4 (N=45 Participants): 12 Positive Tests

Unsuccessful Completion (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=40 Participants): 217 Positive Tests

Phase 2 (N=25 Participants): 165 Positive Tests

Phase 3 (N=10 Participants): 43 Positive Tests

Phase 4 (N=8 Participants): 39 Positive Tests

Neutral (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=15 Participants): 78 Positive Tests

Phase 2 (N=8 Participants): 43 Positive Tests

Phase 3 (N=5 Participants): 23 Positive Tests

Phase 4 (N=4 Participants): 11 Positive Tests

Step 5: Calculate the percentage of positive Drug and Alcohol Tests by phase and discharge cohort

For each phase within each discharge cohort, divide the number of positive Drug and Alcohol Tests (calculated in Step 4) by the total number of Drug and Alcohol Tests administered

(calculated in Step 3). This will produce the percentage of positive Drug and Alcohol Tests administered to participants for each phase within each discharge cohort. There will be as many quotients as there are phases observed within discharge cohorts, as before.

Example:

Successful Completion:

Phase 1 (N=45 Participants): 234 Positive Tests / 2,277 Total Tests = 10% Positive Tests

Phase 2 (N=45 Participants): 198 Positive Tests / 2,208 Total Tests = 9% Positive Tests

Phase 3 (N=45 Participants): 68 Positive Tests / 2,123 Total Tests = 3% Positive Tests

Phase 4 (N=45 Participants): 12 Positive Tests / 2,139 Total Tests = 1% Positive Tests

Unsuccessful Completion (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=40 Participants): 217 Positive Tests / 1,468 Total Tests = 15% Positive Tests

Phase 2 (N=25 Participants): 165 Positive Tests / 1,123 Total Tests = 15% Positive Tests

Phase 3 (N=10 Participants): 43 Positive Tests / 364 Total Tests = 12% Positive Tests

Phase 4 (N=8 Participants): 39 Positive Tests / 329 Total Tests = 12% Positive Tests

Neutral (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=15 Participants): 78 Positive Tests / 566 Total Tests = 14% Positive Tests

Phase 2 (N=8 Participants): 43 Positive Tests / 362 Total Tests = 12% Positive Tests

Phase 3 (N=5 Participants): 23 Positive Tests / 224 Total Tests = 10% Positive Tests

Phase 4 (N=4 Participants): 11 Positive Tests / 120 Total Tests = 9% Positive Tests

The benchmark for this measure is to have less than or equal to 10% positive test results.

21. POSITIVE CONTINUOUS MONITORING TESTS

Calculation of the average percent of **Positive Continuous Drug and Alcohol Tests** per participant is performed on semiannual discharge cohorts by phase in the program and by type of discharge. Thus, one reporting of this performance measure will include data from all the participants discharged within a selected six-month period and produce one average for each phase of participation and each discharge type observed during the six months selected.

For example, if a discharge cohort for a given six-month interval includes successfully completed and unsuccessfully completed participants and each of those groups contains participants who achieved Phase 4 of the program, then eight status hearing averages will be produced, one for each phase within each discharge type (4 phases from each of 2 discharge types equals 8 reporting categories). Alternatively, if the highest phase achieved within the terminated participants in the cohort was Phase 3, then only seven averages will be produced.

Step 1: Identify and define the discharge cohort and calculate its size

Define the discharge cohort as the set of participants whose exit date [*Discharge/Profile; Date Discharged*] falls on or within a start date and end date separated by six months. The discharge cohort size is the number of participants satisfying this criterion.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the discharge cohort.

100 people exited the program between 1/1/2017 and 6/30/2017 for any reason.

N of the discharge cohort = 100.

Step 2: Stratify the discharge cohort by discharge type

Divide the discharge cohort into groups, or strata, based on discharge type [*Discharge/Profile; Disposition*]. The number of participants in each specified discharge type is the discharge strata size. There will be as many discharge strata sizes as there are discharge types within the cohort.

Example:

N=100 people who exited the program for any reason.

Separate those 100 people into groups by their discharge types.

For this example:

Successful Completion N = 45

Unsuccessful Completion N = 40

Neutral N= 15

Step 3: Calculate the total number of days Continuous Drug and Alcohol Tests were used by phase for each discharge strata

Identify the set of Continuous Drug and Alcohol Tests (i.e., Transdermal Devices) [*Drug Testing Demographic; Specimen Type*] by date [*Drug Testing Demographic; Date*] administered to all participants in each discharge stratum and count their occurrences within phase [*Court & Other Justice; Court Phase*].

Sum the total number of *days* Continuous Drug and Alcohol Tests were used (for example, if one transdermal device is worn for a period of 2 weeks by one participant, that is included as 14 days) within each phase for all participants within each discharge strata [*Discharge/Profile; Disposition*]. Preliminary Breath Tests (PBT) and sweat patches should not be included in this calculation.

The number of Continuous Drug and Alcohol Test totals will be equal to the number of phases observed within each discharge stratum. Thus, if four phases are observed in the “Successfully Completed” discharge stratum and three phases are observed in the “Unsuccessfully Completed” discharge stratum, there will be seven Continuous Drug and Alcohol Test totals.

Example:

Count the total number of days Continuous Drug and Alcohol Tests were used for each of the above groups of discharge type per phase.

Successful Completion:

Phase 1 (N=45 Participants): 63 Days

Phase 2 (N=45 Participants): 42 Days

Phase 3 (N=45 Participants): 23 Days

Phase 4 (N=45 Participants): 10 Days

Unsuccessful Completion (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=40 Participants): 72 Days

Phase 2 (N=25 Participants): 53 Days

Phase 3 (N=10 Participants): 21 Days

Phase 4 (N=8 Participants): 14 Days

Neutral (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=15 Participants): 45 Days

Phase 2 (N=8 Participants): 30 Days

Phase 3 (N=5 Participants): 14 Days

Phase 4 (N=4 Participants): 7 Days

Step 4: Calculate the total number of days Continuous Drug and Alcohol Tests returned a *positive* result by phase for each discharge strata

Identify the number of days Continuous Drug and Alcohol Tests returned a positive result [*Drug Testing Demographic; Specimen Type; Test Result*] by date reported for all participants in each discharge stratum and identify their occurrences within phase [*Court & Other Justice; Court Phase*]. Again, Preliminary Breath Tests (PBT) and sweat patches should not be included in this calculation.

Sum the total number of positive days recorded for Continuous Drug and Alcohol Tests occurring within each phase for all participants within each discharge strata [*Discharge/Profile; Disposition*].

Example:

Count the number of positive days recorded for Continuous Drug and Alcohol Tests for each of the above groups of discharge type per phase.

Successful Completion:

Phase 1 (N=45 Participants): 8 Positive Days

Phase 2 (N=45 Participants): 4 Positive Days

Phase 3 (N=45 Participants): 2 Positive Days

Phase 4 (N=45 Participants): 1 Positive Days

Unsuccessful Completion (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=40 Participants): 16 Positive Days

Phase 2 (N=25 Participants): 10 Positive Days

Phase 3 (N=10 Participants): 3 Positive Days

Phase 4 (N=8 Participants): 2 Positive Days

Neutral (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=15 Participants): 4 Positive Days

Phase 2 (N=8 Participants): 2 Positive Days

Phase 3 (N=5 Participants): 1 Positive Day

Phase 4 (N=4 Participants): 1 Positive Day

Step 5: Calculate the percentage of days with positive Continuous Drug and Alcohol Test results by phase and discharge cohort

For each phase within each discharge cohort, divide the number of days with positive Continuous Drug and Alcohol Test results (calculated in Step 4) by the total number of days Continuous Drug and Alcohol Tests were used (calculated in Step 3). This will produce the percentage days with positive Continuous Drug and Alcohol Test results for each phase within each discharge cohort. There will be as many quotients as there are phases observed within discharge cohorts, as before.

Example:

Successful Completion:

Phase 1 (N=45 Participants): 8 Positive Days / 63 Total Days = 13% Positive Days

Phase 2 (N=45 Participants): 4 Positive Days / 42 Total Days = 10% Positive Days

Phase 3 (N=45 Participants): 2 Positive Days / 23 Total Days = 9% Positive Days

Phase 4 (N=45 Participants): 1 Positive Days / 10 Total Days = 10% Positive Days

Unsuccessful Completion (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=40 Participants): 16 Positive Days / 72 Total Days = 22% Positive Days

Phase 2 (N=25 Participants): 10 Positive Days / 53 Total Days = 19% Positive Days

Phase 3 (N=10 Participants): 3 Positive Days / 21 Total Days = 14% Positive Days

Phase 4 (N=8 Participants): 2 Positive Days / 14 Total Days = 14% Positive Days

Neutral (Note that the N of participants will likely decrease as participants leave the program):

Phase 1 (N=15 Participants): 4 Positive Days / 45 Total Days = 9% Positive Days

Phase 2 (N=8 Participants): 2 Positive Days / 30 Total Days = 7% Positive Days

Phase 3 (N=5 Participants): 1 Positive Days / 14 Total Days = 7% Positive Days

Phase 4 (N=4 Participants): 1 Positive Days / 7 Total Days = 14% Positive Days

The benchmark for this measure is to have less than or equal to 10% positive test results.

22. TIME FROM LAST POSITIVE DRUG TEST TO PROGRAM DISCHARGE

Calculation of the average **Time From Last Positive Drug or Alcohol Test to Program Discharge** is performed on semiannual discharge cohorts by type of discharge. Thus, one reporting of this performance measure will include data from all the participants discharged within a selected six-month period and produce one average for each discharge type observed during the six months selected.

Step 1: Identify and define the discharge cohort and calculate its size

Define the discharge cohort as the set of participants whose exit date [*Discharge/Profile; Date Discharged*] falls on or within a start date and end date separated by six months. The discharge cohort size is the number of participants satisfying this criterion.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the discharge cohort.

100 people exited the program between 1/1/2017 and 6/30/2017 for any reason.

N of the discharge cohort = 100.

Step 2: Stratify the discharge cohort by discharge type

Divide the discharge cohort into groups, or strata, based on discharge type [*Discharge/Profile; Disposition*]. The number of participants in each specified discharge type is the discharge strata size. There will be as many discharge strata sizes as there are discharge types within the cohort.

Example:

N=100 people who exited the program for any reason.

Separate those 100 people into groups by their discharge types.

For this example:

Successful Completion N = 45

Unsuccessful Completion N = 40

Neutral N = 15

Step 3: Calculate the time in days from last positive Drug or Alcohol Test to Program Discharge for each discharge strata

Identify the last positive Drug or Alcohol Test [*Drug Testing Demographic, Specimen Type*] by date [*Drug Testing Demographic, Date*] for all participants in each discharge stratum. If there are no positive drug tests for any participant, identify the date the participant entered the program [*Admission/Profile; Admission Date*].

For all discharge groups, find the number of days between the last positive Drug or Alcohol Test and the participant's date of exit from the program. For participants who had no positive Drug or Alcohol Tests during their time in the program, find the number of days from admission to the program and exit from the program.

Example:

For every individual in the discharge cohort find:

*(Date Participant Exited the Program) minus (Date of last positive Drug or Alcohol Test)
= Days from last positive Drug or Alcohol Test*

Or (if the participant had no positive Drug or Alcohol Tests during the program)

*(Date Participant Exited the Program) minus (Date Participant Entered the Program) =
Days without a positive Drug or Alcohol Test*

Sum (Days from last positive Drug or Alcohol Test) and (Days without a positive Drug or Alcohol Test) for all participants in each discharge group to find the total number of days from last positive Drug or Alcohol Test to Program Discharge.

Successful Completion (N=45 Participants): 9,168 Days

Unsuccessful Completion (N=40 Participants): 3,720 Days

Neutral (N=15 Participants): 1,118 Days

Step 4: Calculate the average number of days from last positive Drug or Alcohol Test for each discharge strata

Divide the total number of days from last positive Drug or Alcohol Test to Program Discharge by the number of participants in each discharge strata to find the average time from last positive Drug and Alcohol Test to Program Discharge.

Example:

Successful Completion (N=45 Participants): 5,168 Days / 45 Participants = 114.8 Days

Unsuccessful Completion (N=40 Participants): 2,725 Days / 40 Participants = 68.1 Days

Neutral (N=15 Participants): 1,118 Days / 15 Participants = 74.5 Days

The benchmark for this measure is for greater than 90 days from the time of the last positive drug test until program discharge.

23. IN-PROGRAM REOFFENDING

Calculating the percentage of participants who have a case filed for a new jail-eligible offense while in the drug court should be run on a semiannual discharge cohort and disaggregated by type of program discharge and by offense level and type of offense. Thus, one reporting of this performance measure will include summarized data from all the participants discharged within a selected six-month period. However, the breakdown by Offense Type (three categories), Offense Level (two categories), and by Discharge Type (three categories) will produce a table of 18 percentages (3 x 2 x 3) along with subtotals, as determined useful.

Step 1: Identify and define the discharge cohort and calculate its size

Define the discharge cohort as the set of participants whose exit date [*Discharge/Profile; Date Discharged*] falls on or within the selected six-month timeframe. The discharge cohort size is the number of participants satisfying this criterion.

Example:

July 1, 2017 to December 31, 2017 is selected as the 6-month time period to be used to define the discharge cohort.

50 people exited the program between 7/1/2017 and 12/31/2017 for any reason.

N of the discharge cohort = 50.

Step 2: Stratify the discharge cohort by discharge type

Divide the discharge cohort into groups, or strata, based on discharge type [*Discharge/Profile; Disposition*]. The number of participants in each specified discharge type is the discharge strata size. There will be as many discharge strata sizes as there are discharge types within the cohort.

Example:

N=50 people who exited the program for any reason.

Separate those 50 people into groups by their discharge types.

For this example:

Successful Completion N = 25

Unsuccessful Completion N = 20

Neutral N = 5

Step 3: Identify participants who incurred new charges

Of those in the identified discharge cohort, identify participants who had any new charges, by discharge strata.

Example:

Of the N = 25 Successful Completion: 3 participants incurred new charges.

Of the N = 20 Unsuccessful Completion: 9 incurred new charges.

Of the N = 5 Neutral: 3 incurred new charges.

Step 4: Count the number of new charges that occurred during the drug court episode for each discharge stratum

Count the number of occurrences of new charge dates [*New Charges; New arrest date*] that fall on or between the participant's admission date [*Admission/Profile; Admission Date*] and discharge date [*Discharge/Profile; Date Discharge*] (i.e., occur during drug court episode) for each stratum. See *Table C – 5* for illustration.

Example:

Count new charges that occur during the drug court episode for each discharge type along with a subtotal for all discharge types.

Successful Completion:

Participant X: New arrest date (August 5, 2016) occurred between admission date (February 2, 2015) and discharge date (March 3, 2017).

08/15/2016 < 03/03/2017 AND 8/15/2016 > 02/02/2015

[New Charges; New arrest date] < [Discharge/Profile; Date Discharge] AND

[New Charges; New arrest date] > [Admission/Profile; Admission Date]

Total # of participants for which this statement was true (N = 3)

Unsuccessful Completion:

[New Charges; New arrest date] < [Discharge/Profile; Date Discharge] AND

[New Charges; New arrest date] > [Admission/Profile; Admission Date]

Total # of participants for which this statement was true (N = 9)

Neutral:

[New Charges; New arrest date] < [Discharge/Profile; Date Discharge] AND

[New Charges; New arrest date] > [Admission/Profile; Admission Date]

Total # of participants for which this statement was true ($N = 2$)

All Discharge Types:

Sum the total number across the discharge strata.

$3 + 9 + 2 = 14$ total participants incurred a new charge during the drug court episode

Step 5: Calculate the percentage of in-program reoffending by discharge strata

Using the numbers obtained in Step 4, divide by the number in the discharge cohort.

Example:

For Successful Completion:

3 participants with new charges / 25 participants in discharge stratum = 12%

For Unsuccessful Completion:

9 participants with new charges / 20 participants in discharge stratum = 43%

For Neutral:

2 participants with new charges / 5 participants in discharge stratum = 40%

For All Discharge Types:

14 participants with new charges / 50 participants in discharge cohort = 28%

This is the performance measure that will be compared to the benchmark of 20% . It is highlighted in *Table C – 5*.

Step 6: Disaggregate reoffending rates by type of offense

The following calculations provide additional insights into patterns of reoffending. However, the utility of these calculations is dependent on the size of the discharge cohort and subsequent disaggregation (i.e., by discharge strata). See *Table C - 5* for further illustration.

The type of offense (most serious charge) is currently tracked in SMART [*list 5*]. However, for reporting purposes, [*list 5*] should be aggregated or grouped into three basic offense type categories: person offenses, property offenses, and drug offenses.

For each discharge stratum, count the number of new charges for each offense type.

Example:

Successful Completion ($N= 25$):

Of the N = 3 participants with new charges:

1 was a person offense (1 / 25 = 4%)

1 was a property offense (1 / 25 = 4%)

1 was a drug offense (1 / 25 = 4%)

Unsuccessful Completion (N = 20):

Of the N = 9 participants with new charges:

2 were person offenses (2 / 20 = 10%)

4 were property offenses (4 / 20 = 20%)

3 were drug offenses (3 / 20 = 13%)

Neutral (N = 5):

Of the N = 2 participants with new charges:

0 person offenses (0 / 5 = 0%)

1 was a property offense (1 / 5 = 20%)

1 was a drug offense (1 / 5 = 20%)

Step 7: Further disaggregate reoffending rates by level of offense

As was stated in step 6, the utility of further disaggregation is dependent upon the size of the relevant cohort. The level of offense for new charges is not currently tracked in SMART. However, using [list 5], the level of charge (i.e., misdemeanor or felony) can be determined.

For each discharge stratum, count the number of new charges for each offense type and then calculate the percentage.

Example:

The 3 participants who successfully completed the drug court and the 2 who were discharged as neutral do not warrant further disaggregation. The following example is for those in the Unsuccessful Completion discharge stratum.

Unsuccessful Completion:

Of the N = 9 participants with new charges:

Person Offenses

2 of the 2 person offenses were misdemeanor offenses

2 misdemeanor / 20 unsuccessful completion = 10% Misdemeanor Person

0 felony / 20 unsuccessful completion = 0% Felony Person

Property Offenses

3 of the 4 property offenses were misdemeanor offenses and 1 was a felony offense

3 misdemeanor / 20 unsuccessful completion = 15% Misdemeanor Property

1 felony / 20 unsuccessful completion = 5% Felony Property

Drug Offenses

2 of the 3 drug offenses were misdemeanor offenses and 1 was a felony offense

2 misdemeanor / 20 unsuccessful completion = 8% Misdemeanor Drug

1 felony / 20 unsuccessful completion = 5% Felony Drug

The benchmark for this measure is for less than or equal to 20% in-program reoffending.

Table C – 5: In-Program Reoffending by Offenses and Discharge Types

Number in Discharge Cohort	Successful Completion		Unsuccessful Completion		Neutral		All Discharge Types		
	#	%	#	%	#	%	#	%	
	25		20		5		50		
Person	Misdemeanor	1	4%	2	10%	0	0%	3	6%
	Felony	0	0%	0	0%	0	0%	0	0%
	<i>All Person Offenses</i>	1	4%	2	10%	0	0%	3	6%
Property	Misdemeanor	1	4%	3	15%	1	20%	5	10%
	Felony	0	0%	1	5%	0	0%	1	2%
	<i>All Property Offenses</i>	1	4%	4	20%	1	20%	6	12%
Drug	Misdemeanor	1	4%	2	8%	1	20%	4	8%
	Felony	0	0%	1	5%	0	0%	1	2%
	<i>All Drug Offenses</i>	1	4%	3	13%	1	20%	5	10%
	<i>All Offense Types</i>	3	12%	9	43%	2	40%	14	28%

24. POST-PROGRAM RECIDIVISM

Calculation of the **Post-Program Recidivism** rate is performed on semiannual discharge cohorts and reported by type of program discharge, offense level, and type of offense committed. Thus, one reporting of this performance measure will include data from all the participants discharged within a selected six-month period. The measure is also performed for four separate periods following discharge. The number of recidivism rates produced will depend on the level of disaggregation desired, but for each level of disaggregation selected, there will be three measures, one each for recidivism within 1 year of discharge, 2 years of discharge, and 3 years of discharge.

Step 1: Identify and define the discharge cohort and calculate its size

Define the discharge cohort as the set of participants whose exit date [*Discharge/Profile; Date Discharged*] falls on or within a start date and end date separated by six months. The discharge cohort size is the number of participants satisfying this criterion.

Example:

January 1, 2017 to June 30, 2017 is selected as the 6-month time period to be used to define the discharge cohort.

100 people exited the program between 1/1/2017 and 6/30/2017 for any reason.

N of the discharge cohort = 100.

Step 2: Stratify the discharge cohort by discharge type

Divide the discharge cohort into groups, or strata, based on discharge type [*Discharge/Profile; Disposition*]. The number of participants in each specified discharge type is the discharge strata size. There will be as many discharge strata sizes as there are discharge types within the cohort.

Example:

Separate the 100 participants into groups by their discharge types.

For this example:

Successful Completion $N = 50$

Unsuccessful Completion $N = 40$

Neutral $N = 10$

Step 3: Identify participants who incurred new charges resulting in a conviction

For participants in the discharge cohort, identify those who incurred new charges resulting in a conviction within each follow-up period. This is done by identifying participants with at least one new arrest date [*New Charges; New Arrest Date*] that falls within the follow-up period (1 year, 2 years, or 3 years) of the participant's discharge date [*Discharge/Profile; Date Discharged*] and is associated with a disposition of conviction [*New Charges; Disposition*].

Example:

Of the 100 participants within the discharge cohort:

N = 18 participants have an arrest dated within 1 year of discharge with a disposition indicating conviction

N = 24 participants have an arrest dated within 2 years of discharge with a disposition indicating conviction

N = 28 participants have an arrest dated within 3 years of discharge with a disposition indicating conviction

Step 4: Identify the number of participants who incurred new charges resulting in a conviction falling within each discharge stratum

Count the number of participants with new charges (resulting in a conviction) that occur within each follow-up period [*Discharge/Profile; Disposition*].

Example:

For the 1-year follow-up period

Of the 18 participants who have an arrest dated within 12 months of discharge with a disposition indicating conviction

N = 5 participants had a discharge type of Successful Completion

N = 9 participants had a discharge type of Unsuccessful Completion

N = 4 participants had a discharge type of Neutral

For the 2-year follow-up period

Of the 24 participants who have an arrest dated within 24 months of discharge with a disposition indicating conviction

N = 6 participants had a discharge type of Successful Completion

N = 13 participants had a discharge type of Unsuccessful Completion

N = 5 participants had a discharge type of Neutral

For the 3-year follow-up period

Of the 28 participants who have an arrest dated within 36 months of discharge with a disposition indicating conviction

N = 7 participants had a discharge type of Successful Completion

N = 15 participants had a discharge type of Unsuccessful Completion

N = 6 participants had a discharge type of Neutral

Step 5: Calculate the percentage of post-program recidivism by discharge strata

Using the figures calculated in step 4, divide each count by the size of the discharge cohort.

Example:

For the 1-year follow-up period

N = 18 participants have an arrest dated within 1 year of discharge with a disposition indicating conviction

Successful Completion (N = 50):

5 participants recidivated within 1 year of discharge / 50 = 10% recidivism rate

Unsuccessful Completion (N = 40):

9 participants recidivated within 1 year of discharge / 40 = 22.5% recidivism rate

Neutral (N = 10):

4 participants recidivated within 1 year of discharge / 10 = 40% recidivism rate

Step 6: Disaggregate recidivism rates by type of offense

The following calculations provide additional insights into patterns of reoffending. However, the utility of these calculations is dependent on the size of the discharge cohort, count of events, and subsequent disaggregation (i.e., by discharge strata).

The type of offense (most serious charge) is currently tracked in SMART [*New Charges; Disposition Charge*]. However, for reporting purposes, the categories for this data element [*list 5*] should be aggregated or grouped into three basic offense type categories: person, property, and drug offenses.

For each discharge stratum, count the number of new charges for each offense type.

The recidivism counts for some follow-up periods are small enough (i.e., $N < 10$) to make disaggregation of little use.

Example:

For the 1-year follow-up period

N = 18 participants had an arrest dated within 1 year of discharge with a disposition indicating conviction

For Successful Completion (N = 50):

Of the N = 5 participants with new charges resulting in conviction:

1 was a person offense (1 / 50 = 2%)

2 were a property offense (2 / 50 = 4%)

2 were a drug offense (2 / 50 = 4%)

For Unsuccessful Completion (N = 40):

Of the N = 9 participants with new charges resulting in conviction:

2 were person offenses (2 / 40 = 10%)

3 were property offenses (3 / 40 = 7.5%)

4 were drug offenses (4 / 40 = 10%)

For Neutral (N = 10):

Of the N = 4 participants with new charges resulting in conviction:

1 person offense (1 / 5 = 10%)

1 was a property offense (1 / 10 = 10%)

2 were a drug offense (2 / 10 = 20%)

Step 7: Further disaggregate reoffending rates by level of offense

As stated above in step 6, the utility of further disaggregation is dependent on the size of the relevant cohort and number of new charges. The level, or severity, of new charges is not currently tracked in SMART, but the values of the new conviction charge [*New Charges; Disposition Charge*] found in [*list 5*] are sufficiently detailed that the level of conviction (i.e., felony or misdemeanor) can be determined.

For each discharge stratum and offense type, count the number of new conviction for each offense type and then calculate the percentage.

Example:

Having disaggregated the 18 participants who recidivated within the 1-year follow-up period into offense types, further disaggregation of the 5 participants in the successful discharge cohort and the neutral discharge cohort is not warranted. The following example disaggregates the 1-year follow-up period for those discharged unsuccessfully.

Unsuccessful Completion (N = 40):

Of the N = 18 participants with new charges:

Person Offenses

2 of the 2 person offenses were misdemeanor offenses.

2 misdemeanor / 40 unsuccessful completion = 5% Misdemeanor Person

0 felony / 40 unsuccessful completion = 0% Felony Person

Property Offenses

2 of the 3 property offenses were misdemeanor offenses and 1 was a felony offense

3 misdemeanor / 40 unsuccessful completion = 7.5% Misdemeanor Property

1 felony / 40 unsuccessful completion = 2.5% Felony Property

Drug Offenses

2 of the 4 drug offenses were misdemeanor offenses and 2 were felony offenses

2 misdemeanor / 40 unsuccessful completion = 5% Misdemeanor Drug

2 felony / 40 unsuccessful completion = 5% Felony Drug

This measure has two benchmarks. The rate of recidivism should be less than or equal to 20% within 1 year of discharge and should be less than or equal to 30% within 3 years of discharge.