

# Talbot County Juvenile Drug Court *Process Evaluation*



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## EXECUTIVE SUMMARY

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

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

The Talbot County Juvenile Drug Court (TCJDC) was recognized by the Judiciary as a drug court in October 2004, following several years as a pilot program. The TCJDC enrolled 32 participants from October 2004 through August 2007, with 16 participants graduating during that time period. Program capacity is 25.

Information was acquired for this process evaluation from several sources, including observations of a drug court session and team meeting during a site visit, key informant interviews, focus groups, and review of program documents. The methods used to gather this information from each source are described in detail in the main report.

The TCJDC's program goals are to help participants successfully transition to a drug-free life, and to prevent recidivism. To accomplish these goals, the program provides the groundwork necessary for the participants to make lifestyle changes that are sufficient to enable them to stay clean and sober after the support system has ended.

### Process Results

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

The TCJDC fulfills many of the 10 key components and 16 juvenile strategies through its current policies and structure. Partner agencies meet to discuss policy and programmatic issues, the defense and prosecuting attorneys working with the drug court present a united front in drug court while maintaining their traditional roles of legal advocacy and protecting public safety, treatment is well represented on the drug court team, there are clear requirements that must be satisfied before participants advance in the program, and families are recognized and valued as partners in the program. In addition, the drug court team works together to recommend sanctions and rewards, and has had the same judge since January 2005. The program enables staff to obtain drug court training, and has liaisons with the community in unique and reciprocal ways that provide services for participants (and vice versa).

There are several areas in which the TCJDC should and can make program improvements. The program should fully utilize the expertise and information available from all partner agencies when making participant-level decisions, ensure that all parties understand the rationale for the program's model and structure and each agency's role within them, consider encouraging regular participation in staffing meetings by prosecuting and defense attorneys and by the judge, ensure that all team members and staff from partner agen-

cies receive drug court training, continue to encourage referrals from a variety of sources, and find ways to minimize the time from arrest to drug court entry. The program should encourage participation in adolescent-specific Alcoholics Anonymous and/or Narcotics Anonymous groups (rather than predominantly adult groups) and make sure that sanctions and rewards quickly follow the behaviors they are intended to change or reinforce. In addition, the time structure for the treatment reviews needs to be flexible enough to accommodate parent/guardian schedules, in order to increase parent/guardian inclusion in the drug court process.

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

#### **SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS**

Continue to maintain and develop community resources, particularly transportation options for participants.

#### **SUMMARY OF AGENCY-LEVEL RECOMMENDATIONS**

The program should consider strategies for testing a fully operationalized team model for

the program, which would include all team members in pre-court case conferencing; increase communication and coordination with law enforcement agencies in order to clarify eligibility requirements and encourage even greater numbers of referrals; have a steering committee discussion about treatment intensity as a service issue rather than as part of graduated sanctions; retain the judge for as long a term as possible; and encourage drug court training for all team members.

#### **SUMMARY OF PROGRAM-LEVEL RECOMMENDATIONS**

The team should ensure that all parties understand the rationale for the program's model and structure, as well as each agency's role within them, and continue to encourage referrals from a variety of sources in order to meet program capacity. Also, program staff would benefit from cultural competency training and a review of policies and practices to be sure that all groups are being well served by the program. Participation in adolescent-specific AA and/or NA groups should be encouraged. In addition, the program should be more flexible in scheduling treatment reviews, in order to encourage family member attendance.

## BACKGROUND

In the last 18 years, one of the most dramatic developments in the movement to reduce substance abuse among the U. S. criminal justice population has been the spread of drug courts across the country. The first drug court was implemented in Florida in 1989. As of April 2007, there were at least 1,700 juvenile and adult drug courts, with drug courts operating or planned in all 50 states (including Native American Tribal Courts), the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam (BJA, 2007).

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

In the typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives who operate outside of their traditional roles. The team typically includes a drug court coordinator, addiction treatment providers, judge, prosecuting attorneys, defense attorneys, law enforcement officers, and pa-

role/probation officers who work together to provide needed services to drug court participants. Prosecuting attorneys and defense attorneys hold their usual adversarial positions in abeyance to support the treatment and supervision needs of program participants. Drug court programs can be viewed as blending resources, expertise, and interests of a variety of jurisdictions and agencies.

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

This report contains the process evaluation for the Talbot County Juvenile Drug Court (TCJDC). The first section of this report is a description of the methods used to perform this process evaluation, including site visits and key stakeholder interviews. The second section contains the evaluation, including a detailed description of the drug court's process.



## METHODS

Information was obtained for the process evaluation from several sources, including observations of a court session and a team meeting during a site visit, key informant interviews, focus groups, and program materials. The methods used to gather information are described below.

### SITE VISITS

NPC Research (NPC) evaluation staff members met with the program's coordinator in October 2005, and traveled to Talbot County for a site visit in May 2006, where they observed a Talbot County Juvenile Drug Court (TCJDC) session and a drug court team meeting; interviewed key drug court staff; and facilitated focus groups with drug court participants (current and former) and their parents/guardians. These observations, interviews, and focus groups provided information about the structure, procedures, and routines used in the drug court.

### KEY INFORMANT INTERVIEWS

Key informant interviews, conducted in person or by telephone, were a critical component of the TCJDC process study. NPC staff conducted detailed interviews with individuals involved in the administration of the drug court, including current and former drug court judges, the administrative judge of the circuit court of Talbot County, chief trial counsel for Talbot County, case management program supervisor, public defender, addictions counselor, case manager specialist, and the art/family therapist.

NPC has designed a Drug Court Typology Interview Guide<sup>1</sup>, which provides a consis-

tent method for collecting structure and process information from drug courts. In the interest of making the evaluation reflect local circumstances, this guide was modified to fit the purposes of this evaluation and this particular drug court. The information gathered through the use of this guide assisted the evaluation team in focusing on the day-to-day operations as well as the most important and unique characteristics of the TCJDC.

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

### FOCUS GROUPS

NPC staff conducted two focus groups in the offices of the TCJDC during the May 2006 visit. Current drug court participants and graduates were included in one group, and parents/guardians comprised the second group. The focus groups provided current/former participants and parents/guardians with an opportunity to share their experiences and perceptions regarding the drug court process. A summary of results from these focus groups can be found in Appendix B.

### DOCUMENT REVIEW

To better understand the operations and practices of the TCJDC, the evaluation team reviewed the Talbot County Juvenile Drug Court Policy and Procedures Manual and the Talbot County Juvenile Drug Court Program Participant Handbook.

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<sup>1</sup> The Typology Guide was originally developed by NPC Research under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. A copy of this guide can be found at the NPC Research Web site: <http://www.npcresearch.com/materials.php> (see Drug Court Materials section).



# TALBOT COUNTY JUVENILE DRUG COURT PROCESS DESCRIPTION

## TALBOT COUNTY, MARYLAND

Talbot County, located on the Eastern shore of Chesapeake Bay, is primarily rural. As of the 2000 census, this county had a population of 33,812, with more than 78% of the population over the age of 18 (with a median age of 43). The racial composition of the county was 82% White, 15% African American, and 3% other races. The median household income was \$43,532, and the median family income was \$53,214, with 8.3% of individuals and 5.3% of families living below poverty level.<sup>2</sup>

## TALBOT COUNTY JUVENILE DRUG COURT OVERVIEW

The Talbot County Juvenile Drug Court (TCJDC), located in Easton, was piloted as a diversionary program in 1999, but did not become fully recognized by the Judiciary as a drug court until 2004, when it implemented guidelines and criteria established by the Maryland Drug Court Commission (now the Office of Problem-Solving Courts).

A variety of local agencies contribute to the drug court program. The core of the drug court team is composed of the drug court coordinator, addictions counselor, case manager, state's attorney, school board representative, and public defender. The TCJDC targets juvenile offenders with substance abuse problems, many of whom have been identified as habitual offenders. The TCJDC combines treatment, education, intensive case management, and court supervision in order to assist participant youth in overcoming substance abuse challenges and related criminal behavior.

According to the Talbot County Juvenile Drug Court Participant Handbook, "The Talbot County Juvenile Drug Court Program is a post-adjudication treatment program specifically designed for juveniles who are diagnosed chemically dependent. Youth enter the program at the recommendation of the Treatment Team and are Court Ordered by the Circuit Court of Talbot County into the program."

## IMPLEMENTATION

The Maryland Department of Juvenile Services (DJS) spearheaded a drug court program in 1998 that included a metropolitan model and a rural model. Talbot County was chosen as the rural model.

The motivation for implementing a drug court in Talbot County was based on the need for structured, regular monitoring of defendants, and information noting a higher success rate and lower recidivism rate in drug courts than in standard court procedures. This information helped convince the court system and the community at large to implement a drug court program in Talbot County.

The TCJDC was established as a pilot program in 1999, one of three in the state, along with Baltimore City and Wicomico County. The program was funded by the Maryland Department of Juvenile Services (DJS) and local Health Department monies. The Judiciary recognized Talbot County's program as drug court in October 2004 when they had a set drug court docket.

An adult dependency/drug court was slated to begin summer 2007.

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<sup>2</sup> U.S. Census, retrieved June 2007 from <http://factfinder.census.gov>

## **PARTICIPANT POPULATION AND PROGRAM CAPACITY**

Since it became operational, the TCJDC has been able to accommodate all eligible participants. Population has ranged from as few as 4 to as many as 24. The program capacity is 25.

According to Talbot County circuit court statistics, as of August 2007, the program had served 32 participants total since inception, with 36 cases<sup>3</sup>, 24 (75%) of whom were White, 6 (19%) were African American, and 2 (6%) participants were identified as “other” ethnicity. Twenty-six (81%) participants were male, and 6 (19%) were female.

The average age of participants through August 2007 was 16. The juvenile drug court has had participants until age 21; but generally individuals are not kept past age 19. Participants who are 18 and have an adult charge are terminated, because they are now in the adult system, and their juvenile cases are closed.

The primary drug of choice for most TCJDC participants was marijuana, followed by PCP, which was often used in laced marijuana cigarettes. Some participants who are initially brought in for marijuana use switch to predominantly alcohol use.

As of August 2007, there were 6 active participants, and there had been 16 graduations, 2 unsuccessful terminations and 1 transfer. Three individuals re-entered after a period out of the program.

As of August 2007, the average intake for the program was 1 person per month. The average length of stay in the program was 7 2/3 months (233 days).

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<sup>3</sup> Some participants re-entered the program following inpatient treatment.

## **DRUG COURT GOALS**

The TCJDC program’s goals are to help participants successfully transition to a drug-free life and to prevent recidivism. The TCJDC program provides the groundwork for the participants to make lifestyle changes that will enable them to stay clean and sober after this support system has ended.

Staff and parents/guardians of participants generally agree that these goals can be best achieved through focusing on general behavior and attitude changes, such as increased interest in academic progress, involvement with family and the community, as well as increased self-esteem.

## **ELIGIBILITY CRITERIA**

Juvenile offenders are eligible for the TCJDC if they:

- Are an adjudicated delinquent
- Do not have a history of violent convictions
- Do not have a history of drug dealing convictions (distribution charges may be reduced to possession to allow for drug court entry on a case-by-case basis)
- Are between the ages of 13 and 17 and reside in Talbot County
- Are charged with a non-violent and non-sexual crime

## **DRUG COURT PROGRAM SCREENING**

A potential participant is referred to drug court when arresting officers believe he/she has committed a crime with an indication of alcohol or drugs. The crime itself need not be drug related.

Law enforcement makes an immediate referral by faxing a standardized one-page form to DJS. DJS then contacts parents or guardians and may arrange drug and alcohol assessments with the potential participant and the addictions counselor. This information may

then be included at an arraignment hearing; the clinical information is prepared and ready before the initial court hearing.

The youth and at least one parent/guardian appear at DJS between 8:00 and 8:30 a.m. the next business day following the arrest. (A defendant arrested on a Friday night or during the weekend would come in on Monday.) A urinalysis (UA) is conducted at DJS, and the drug court process is described.

The youth is then sent to the Health Department for an addiction assessment, during which the addictions counselor performs an assessment using the Problem-Oriented Screening Instrument for Teenagers (POSIT), the adolescent Substance Abuse Screening Instrument (SASI), PsychoSocial Background Assessment Tool, and the Decisional Balance Sheet (23 questions measuring an individual's attitudes towards substance use). These may be performed by the addictions counselor or another adolescent counselor, who may bring questions or concerns to the addictions counselor. A follow-up meeting is scheduled at DJS to review the addiction assessment and the police report.

Charges are then forwarded to the state's attorney, who determines whether the case should be adjudicated. If the state's attorney and DJS agree about moving the case to drug court, the drug court team staffs that case, and the individual enters drug court (upon the judge making the final decision to accept the youth into drug court). In summary, there is a linear process of a clinical decision, a legal decision, and a final decision by the juvenile judge. Under certain circumstances, an individual could be brought in after adjudication but prior to disposition.

At the next meeting between the youth and DJS staff, additional details are explained about drug court for the specific case, and the potential participant and parents/guardians are given program handbooks to ensure that they are all informed about the program and

will be prepared when appearing before court in the near future.

If the charge that brought the individual to court is substantiated, the judge requires the individual to enter drug court as a condition of probation.

### **INCENTIVES FOR OFFENDERS TO ENTER (AND COMPLETE) THE TCJDC PROGRAM**

The TCJDC is a post-adjudication program. Upon a participant's successful completion of the program, the charge that led to participation in drug court is expunged from the youth's criminal record.

Additional incentives for offenders to enter and complete the drug court program include support in their recovery from treatment and case management, avoiding incarceration or inpatient therapy, and receiving verbal praise from the judge. Participants also receive material rewards for successfully completing the program, such as digital cameras or partial college scholarships.

### **DRUG COURT PROGRAM PHASES**

TCJDC was originally designed to be a 6-month program. In April 2007, the program expanded to become a 9-month program. However, completion is based on meeting program expectations rather than on how long the participant remains involved in the program. Current participants have been in the program from 5½ to 18 months, with an average of 6½ months. The program has four phases. Phases I and II are the most intense phases, when participants are involved with Moral Reconciliation Therapy (MRT) with DJS, an addictions group at the Health Department, individual sessions with the addictions counselor and the case manager, and art therapy; all of which occur weekly, in addition to the biweekly meeting with the judge in court.

MRT essays that are written by participants are a major factor in determining whether they are meeting the goals of the program. These essays are submitted to the court, and

then read by the participants in open court. In rare cases, when an individual has poor reading and writing skills, the judge may read it himself in court or simply respond to it in court, instead of expecting the participant to struggle in front of his/her peers. If a participant wrote an essay that did not satisfy the expectations for that exercise, the judge would not move the individual to the next level. However, to date this has not happened.

In Phase III, the participant has completed MRT, but attends an addictions task group every other week and individual sessions weekly. Court appearances are required once per month.

In Phase IV, participants have monthly sessions with the addictions counselor and with the case manager, and monthly court appearances. Staff work to connect participants with support groups such as NA or AA, help them identify a sponsor, and help them take the next steps necessary to be in charge of their own recovery.

A pre-dispositional phase was recently implemented, as well.

### Phase Schedule and Requirements<sup>4</sup>

Requirement	PHASE I (Estimated minimum 45 Days)	PHASE II (Estimated minimum 60 Days)	PHASE III (Estimated minimum 60 Days)	PHASE IV (Estimated minimum 30 Days)
<b>Moral Reconciliation Therapy (MRT)</b>	Weekly, completed Step 5	Weekly, completed Step 10	Weekly, completed MRT	
<b>Art Therapy</b>	Weekly	Weekly	Weekly, if needed	
<b>Addictions Task Group</b>	Weekly	Weekly	Once every 2 weeks	
<b>Individual Addictions Sessions</b>	Weekly	Weekly	Once every 2 weeks	Once every 2 weeks
<b>Drug Detection Methods</b>	Minimum of 2 per week plus random	Minimum of 2 per week plus random	Minimum 1 time weekly plus random	Random
<b>Judicial Monitoring/ Court Appearances</b>	Every two weeks	Every two weeks	Once monthly	Once monthly
<b>AA/NA meeting attendance</b>	Minimum of 3 per week	Minimum of 2 per week	Minimum of 2 per week	Minimum of 2 per week

<sup>4</sup> This schedule was created for the program when it was of 6 months' duration; it has been a 9-month program since April 2007.

<b>Requirement</b>	<b>PHASE I (Estimated minimum 45 Days)</b>	<b>PHASE II (Estimated minimum 60 Days)</b>	<b>PHASE III (Estimated minimum 60 Days)</b>	<b>PHASE IV (Estimated minimum 30 Days)</b>
<b>School/Work</b>	Demonstrating academic progress and compliance with attendance and discipline policies or be employed.	Demonstrating academic progress and compliance with attendance and discipline policies or be employed.	Demonstrating academic progress and compliance with attendance and discipline policies or be employed.	Demonstrating academic progress and compliance with attendance and discipline policies or be employed.
<b>Family Counseling/Support Groups</b>	Must attend at least 1 session within duration of phase.	Must attend at least 2 sessions within duration of phase.	Must attend at least 2 sessions within duration of phase.	Attendance suggested but not required.
<b>Community Service</b>		10 hours (Step 6 in MRT)	10 hours (Step 9 in MRT)	
<b>Alumni Group</b>				Monthly
<b>Promotional Requirements (Decided by Drug Court Treatment Team.)</b>	Drug- and alcohol-free for a minimum of 30 consecutive days. Compliant with all program requirements. Other ordered	Drug- and alcohol-free for a minimum of 60 consecutive days. Compliant with all program requirements. Other ordered	Drug- and alcohol-free for a minimum of 90 consecutive days. Compliant with all program requirements. Other ordered services as required.	No positive urinalysis or breathalyzer for 90 days prior to graduation. Completion of all program requirements.

Requirement	PHASE I (Estimated minimum 45 Days)	PHASE II (Estimated minimum 60 Days)	PHASE III (Estimated minimum 60 Days)	PHASE IV (Estimated minimum 30 Days)
<b>Clinical Benchmarks (For Phase advancement)</b>	Established abstinence as evidenced by negative urinalysis results. Showing up on time, consistently for scheduled group and individual sessions. Attending required number of self-help meetings in the community. Voluntarily contributes in	Internalization of information as evidenced by “I” statements in group discussions. Able to give examples of their own self-defeating attitudes and behaviors. Maintaining abstinence. Able to listen to and consider new behaviors.	Able to apply new skills & information to avoid substance/behavior relapse. Able to connect relationship between attitudes, behaviors, and consequences.	Able to share and pass on what they have learned to other group members.

Times noted are approximate; phases depend on progress more than on time in the phase.

Participants are given copies of written phase requirements, which are included in the Talbot County Juvenile Drug Court Participant Handbook.

At the time of the stakeholder interviews, there were policy changes regarding after-care/alumni groups being considered by the steering committee, such as the expansion of Phase IV. Under this new policy, participants will attend the alumni group once a month as part of Phase IV. After graduation, they will have the option of continuing to meet with the alumni group. There is ample funding to create an alumni group, but alumni groups are difficult to do with juveniles for a variety of reasons, including transportation issues

and individuals moving away or going to out-of-town colleges. However, staff have expressed concern about graduation being too sudden an end to treatment, so expanding Phase IV to include participation in an alumni group is being considered.

At the time of the stakeholder interviews, there were two or three participants about to enter Phase IV. Drug court staff plan to meet to discuss the alumni group and other potential additions to the program with participants. (Staff members are concerned that programs that are not mandated must appeal to the youth involved.) Currently, the plan is to focus aftercare around art therapy, which seems most popular and productive with participants.

An exception to the four phases of the drug court program may occur when the drug court is used as aftercare for an individual coming out of inpatient therapy. Such persons also have a “pre-participation” phase during inpatient care.

### TREATMENT OVERVIEW

Drug court is technically voluntary, premised on a contract between the offender, defense attorney, state’s attorney, and judge. The contract states what the participant will do and what the drug court team will do. The youth has the option of rejecting treatment and taking a punishment. This program is based on the belief that the program will be more effective if the participant is making a voluntary choice to participate, in lieu of other consequences.

TCJDC works with a disease model of recovery. In addition to individual and group counseling sessions, TCJDC involves both Moral Reconciliation Therapy (MRT) and art therapy.

DJS does home and school visits during normal business hours to informally check in with participants or parents/guardians, and to administer drug tests as needed. Some participants have a pager system that they use to call the case manager. Parents/guardians, school administration and law enforcement notify the case manager of non-compliance. Some participants are sanctioned with an electronic monitoring device.

Participants may be removed/terminated from the program at the discretion of the drug court judge, after continued non-compliance with the treatment plan.

#### *Moral Reconciliation Therapy*

Moral Reconciliation Therapy (MRT) is a cognitive-based program that includes 12 steps. (The steps do not correlate to the 12 steps in Alcoholics Anonymous [AA], Narcotics Anonymous [NA] or other “12-Step” programs.) Each week, participants present their

work on that week’s step, and move on or not based on a vote of their peers. Steps 6 and 10 each involve 10 hours of community service. The goal of MRT is to get individuals to think about and be responsible for their activities, attitudes and companions. In addition to having a focused personal growth exercise, MRT has been cited by staff as allowing further insight into participants’ lifestyles and mindsets.

MRT is organized and funded by DJS.

#### *Art Therapy*

Art therapy is a major and fairly unusual aspect of TCJDC. The focus of art therapy is the therapeutic process, not the aesthetics of the end result; it is not an art class. The art in the therapy program is used to encourage individuals to talk about their feelings, thoughts, and addiction issues.

It is noted that using art as therapy is usually met with confusion, if not suspicion, by most participants initially—in this drug court program and in other art therapy situations. However, most people are willing to try art therapy even if they don’t “get” it. A minority (estimated at 5% of participants, most of whom are male) of participants refuse art therapy. In creating an art project, the creative process often leads a participant to think about and to discuss what the elements of the art project remind them of or mean to them. Art stimulates the right side of the brain, which focuses on emotions and memories.

Art therapy is the highest-rated drug court activity on exit interviews, and is highly praised by staff and parents/guardians. Many of the participants have limited experience creating or observing art before the program. Staff have noted that in addition to the therapeutic value, art therapy shows participants more positive lifestyle choices than they have experienced in the past.

The art therapist (who is also the family therapist) helped create a community service venue by approaching a community church

several blocks away from both the DJS office and the courthouse. This allowed a larger space appropriate for art projects, with sinks, restrooms, and refrigerator access, to be used free each week for an hour and a half. In exchange, the participants helped the church prepare food boxes for distribution.

Digital cameras used for art therapy were purchased at Wal-Mart, which provided a \$100 per camera discount on cameras that sell for \$400.

Some examples of art therapy projects are: mask making, creating photo collages, participating in an art opening at the local welcome center, and working with Habitat for Humanity. Future plans are to have an art therapy class follow a rowing team on a chase boat and then document the experience with photos.

#### **CASA**

Count Appointed Special Advocates (CASA) are personnel appointed to advocate for minors. One individual works with a child all the way through the court system, and has a vested interest in the child. CASA, an active part of the family dependency court in Talbot County, has shown interest in the Talbot County drug court program, and this may lead to drug court participants having a person to confide in throughout the process and perhaps after graduation.

Specific discussion has focused on CASA being involved during Phase IV of drug court, when there is less structure for the participants: they are finished with art therapy and MRT, so the court is looking to find things such as freedom rowers, alumni groups, or social activities to fill that void.

#### **THE JUVENILE DRUG COURT JUDGE**

The TCJDC judge was appointed by the governor, and serves as the administrative judge of circuit court of Talbot County. He is the only full-time judge in the county, and has jurisdiction over all juvenile matters. How-

ever, there is a domestic relations master who has authority to handle juvenile matters if needed; and a retired judge who adjudicates juveniles and may or may not divert them to juvenile drug court. This prevents the judge from being in the position of ordering individuals to drug court and then being the judge that they see at the next court appearance.

The current judge became involved with TCJDC on January 27, 2005. He is expecting to retire at the end of 2007, but has expressed interest in staying on as drug court judge because of his interest in the program.

During drug court sessions, the judge provides participants with positive encouragement when they are doing well (or at least trying) and imposes sanctions when they are not following program requirements. He makes the final decisions on sanctions, rewards and on whether or not to allow new participants to enter the program.

#### **THE DRUG COURT TEAM**

##### *Drug Court Coordinator*

The drug court coordinator is the key staff person who ensures implementation of the drug court according to its mission and vision. He takes a lead role in meetings and in court reviews. He compiles information from treatment providers and communicates this information to the public defender, to the state's attorney, and to the judge. He works to enroll potential participants into the program, leverages funding, writes grant proposals, and manages grants.

The current drug court coordinator started working with the program in August 2006. He has been asked to sit on other commissions and boards related to substance abuse, issues relevant to drug court, etc., and is currently sitting on a Blue Ribbon Commission at the hospital, looking into alcohol and drug abuse in the county. He is also president of the local drug and alcohol council, which is

composed of members of the drug and alcohol treatment community and law enforcement, and gives recommendations to the Maryland Alcohol and Drug Abuse Administration as to what should be top priorities for the county.

#### *Treatment Providers*

The formal title of the treatment provider is Certified Supervised Counselor of Alcohol and Drug, or CSC-AD Addictions Counselor. He acts as the participants' primary care person, attends court sessions, and provides feedback as treatment provider; facilitates the Alcohol and Drug Task Group, which meets weekly; facilitates individual sessions with juvenile drug court participants; facilitates participant therapy groups (unless other duties such as trainings prevent him, in which case a juvenile counselor fills in); does initial assessments of defendants considered for drug court in a manner meeting American Society of Addiction Medicine (ASAM) criteria, and is responsible for transportation and chain of custody<sup>5</sup> of drug test samples. Outside of drug court, he has similar duties with the Health Department's outpatient program.

The current addictions counselor has been involved with the drug court program since November 2005. Although the Health Department supervises the addictions counselor, DJS pays his salary.

In addition to the addictions counselor, treatment staff include a clinical supervisor, who also attends drug court team meetings, a backup addictions counselor, and an administrative staff person.

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<sup>5</sup> Chain of custody refers to policies and procedures for collecting, handling, testing, storing, transporting, and disseminating results of urine or blood tests to ensure that the specimen has not been tampered with and that the results are matched to the person who provided the specimen.

#### *Probation*

The formal title of the probation officer involved in the drug court is Case Management Program Supervisor/Case Management Specialist. He manages the probation requirements of drug court participants and is responsible for DJS operations and staff in Talbot County. The probation officer has been involved with the TCJDC since 1998, when he volunteered to help DJS implement the rural model juvenile drug court.

#### *Public Defender*

The TCJDC team includes an assistant public defender. He provides legal representation to individuals and sits on the drug court steering committee. Most of his duties are limited to dealing with client problems, such as risk of removal from the program. The assistant public defender maintains his traditional legal advocacy role in TCJDC.

As the nature of the drug court is a team approach, the prosecution and defense present a united front. Due to staffing issues, prosecution and defense counsel do not attend drug court staffings. As a result, they "walk in cold" when they come to court proceedings. While the attorneys may make suggestions, for the most part they go along with team decisions.

#### *Prosecutor*

The prosecutor (state's attorney) has two roles. The first is to facilitate the treatment of the participants, and in doing so he works with and supports the drug court team. The second is to protect public safety, which is achieved by monitoring the participants. The prosecutor often is the first team member to recommend a course of action for a defendant.

As mentioned above, the prosecution and defense present a united front during court. Due to staffing issues, they do not attend drug court staffings. As a result, they "walk in cold" when they come to court proceed-

ings. While the attorneys may make suggestions, for the most part they go along with team decisions.

#### *Law Enforcement Agencies*

Law enforcement agencies do not currently have a role in TCJDC other than referring potential candidates to the program.

At the early stages of the drug court program, it was noted that many local police agencies were not referring youth, because of a concern that “nothing was happening with these kids” based on misconceptions about drug court. Talbot county drug court staff members met with the chiefs of the seven local police agencies to seek their assistance. Since these meetings, referrals have increased. In fact, about 90% of the referrals to drug court come through law enforcement agencies. The day of the interview, there were three referrals from a single community’s police department. This same department made no referrals the previous year.

#### *Case Manager*

The case manager started working with the drug court in November 2006. She works for DJS as a Case Manager Specialist 1, with job duties that combine the roles of probation officer, counselor, family counselor, and employment counselor. The case manager works with participants in group treatments and MRT sessions, in addition to attending meetings with staff and parents/guardians.

The case manager is supervised by the case management program supervisor (probation). Parents/guardians of drug court participants have noted that the case manager seems especially empathetic to and insightful about their situation, due to her personal experience as a parent/guardian.

#### *Art/Family Therapist*

The art/family therapist started working with the drug court in June 2005. She is a Licensed Clinical Professional Counselor (LCPC) for the State of Maryland, is a regis-

tered and board-certified art therapist, a certified family mediator, and also serves as an art therapy supervisor. In addition to her role as art/family therapist, she has written grants for the drug court program. She attends staffings and provides feedback about participant progress.

#### *Other Team Members*

The drug court program has been improved by school system representatives being involved with staffings, and by law enforcement working closely with the program. A law enforcement representative attends all quarterly steering committee meetings, though not staffing or court reviews.

### **DRUG COURT TEAM TRAINING**

Not all drug court team members receive drug court-specific training before or in conjunction with starting work as part of the drug court. Training is generally in-house and informal. Team members attended a national drug court conference for training close to the initial implementation of the program. Since then, various team members have attended a number of drug court trainings, including National Drug Court Conferences, which the prosecutor attended in Orlando, 2005; and The National Association of Drug Court Professionals Conference, which the case manager attended in Phoenix in 2000 and several staff attended in Washington, DC, in 2006.

The addictions counselor attended two annual symposia in 2006 and 2007, which were facilitated by the Maryland Office of Problem-Solving Courts. In 2007, the judge, coordinator, state’s attorney and other members of the team attended as well. These symposia featured workshops facilitated by experts in multicultural considerations, legal aspects of treatment, court proceedings, and other related issues. Most recently, in 2007, the judge, coordinator, and treatment staff attended a training by lawyer, psychologist, and drug court expert Doug Marlowe.

The current and past case managers were specifically trained in MRT, urinalysis (UA) collection and chain of custody both before and after starting their respective drug court-related positions. In lieu of training, the coordinator has been researching the best practices of other drug courts to integrate into the Talbot County program. The program has arranged to have Dr. Doug Marlowe<sup>6</sup> present on August 20, 2007, to train the entire team.

### **TEAM MEETINGS**

The drug court steering committee meets quarterly and is attended by the judge, drug court coordinator, art/family therapist, members of the state's attorney's office and the office of the public defender, and representatives from Talbot County Addictions Program, Department of Juvenile Services, Talbot Family Network, Talbot Partnership, law enforcement and the School Board.

The role of the steering committee includes:

- Examining and updating drug court policies and procedures.
- Evaluating the role of the drug court within the community.
- Examining the program's referral process.
- Seeking out new grants and funding opportunities.
- Conducting community outreach and seeking local support for the program.

The drug court team consists of the coordinator, DJS agent, DJS supervisor, treatment counselor, treatment counselor's supervisor, and the art/family therapist. This group staffs the cases and provides a report to the judge. Representatives from the Board of Education are also present at staffing meetings. Decisions regarding participant behavior, rewards, sanctions and/or termination are made

at these pre-court team meetings, which occur bi-weekly. These meetings often do not include the judge or attorneys because of scheduling and staffing problems. The state's attorney is contacted regarding possible terminations.

This team and/or select members also meet as needed to discuss specific topics or concerns. Drug court policy decisions are made by general consensus of the team. Participant graduations and terminations are based on team consensus regarding participant participation. However, the judge has the final say. Most team members have expressed positive thoughts about the team dynamic.

### **TREATMENT PROVIDER AND TEAM COMMUNICATION WITH COURT**

The treatment provider submits a report before drug court sessions to the judge and to the attorneys, which contains both objective and subjective information. The judge may read or summarize this in court, supplemented by verbal feedback from treatment or probation staff during the court session. Information that treatment providers share with the court includes participant attendance and level of participation, a general summary of participant's attitude, drug test results, recommendations for further psychological treatment, information about participant and family cooperation, subjective interpretation of individual progress and other matters. Positive UAs taken during home visits are sent to the lab and only brought to court when the lab confirms positive results; otherwise, these tests are not admissible.

Outside of official meetings, the judge and the coordinator work closely together on a daily basis. The judge has an open door policy with the other drug court staff, and interacts in person or communicates by phone as needed.

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<sup>6</sup> Douglas B. Marlowe is a drug court researcher at the Treatment Research Institute, University of Pennsylvania

## DRUG COURT SESSIONS

TCJDC sessions are held every other Thursday at 3:30 p.m. and usually last an hour or an hour and a half. In addition to the judge, staff present at sessions include the drug court coordinator, public defender, state's attorney, case manager (DJS), treatment provider (Health Department); addictions task group supervisor, sheriff's deputy, bailiff, two clerks and one assistant.

At a drug court session observed by NPC staff, the setting was formal, but the feeling in the room was fairly relaxed. The judge spoke with the team members and with the participants. Team members were all given a chance to talk about each of the participants (providing reports based on activities since the last drug court session attended). Participants stood, along with parents/guardians, when speaking with the judge. The judge was very warm towards participants, yet at the same time stressing that they need to meet their goals and follow drug court-related rules. The judge encouraged participants to share. He also asked successful participants to address (in open court) the new participants and describe how they have succeeded in the program and provide any advice that they thought was valuable to the incoming youth. The judge welcomed the new participants to drug court and then asked the coordinator to call the docket.

The rewards/sanctions given out by the judge were consistent with those proposed during the pre-court meeting.

On average, about 12 participants attend each session, with individuals averaging 10 minutes each before the judge. This is an increase from three to four participants on average in Summer 2006. Phase I and Phase II participants are required to attend every court session, Phase III and Phase IV participants attend every month.

The prosecution and defense generally present a united front in court. Disagreements

are rare, usually occurring only when participants have a problem. Staff have stated that prosecution and defense may vocalize disagreements in front of participants, but not often.

## FAMILY INVOLVEMENT

A parent or guardian is required to attend intake, to stand before the judge at every drug court session for which their child is scheduled, to attend counseling with their child twice a month, and to attend a minimum of five parent/guardian group conferences before the participant is eligible for graduation. Parents/guardians are also responsible for transportation of participants who are unable to drive<sup>7</sup>.

Parents/guardians are allowed, but not required, to sit in staff reviews of their child and to provide input regarding the child's treatment. This is seldom done, however, and usually only happens in extreme cases where an individual is struggling, and parents/guardians are specifically asked to attend to provide feedback. So far, this has only happened twice. While parents/guardians are welcome at these reviews, they are scheduled during normal business hours, making it difficult for some families to attend.

Key stakeholders reported that most parents/guardians are actively supportive of their children and are not abusing drugs themselves. A bigger problem in Talbot County is parents/guardians who enable the youth's addictions, generally unconsciously. Some parents/guardians state being less appreciative of or confused by the program early on, but come to appreciate and understand it by the end of treatment.

Parents/guardians often volunteer information by calling to report problems or by bringing up concerns in court. Some par-

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<sup>7</sup> In order to assist families with transportation challenges, the program recently [August 2007] purchased taxi vouchers.

ents/guardians continue to attend meetings and court proceedings after their children have graduated.

The possibility of a parent/guardian being an addict and the relevance of this situation to the case at hand is a problem currently being discussed by the drug court steering committee. Specifically, one participant who has met all other criteria has a parent/guardian who has missed required meetings. Policy is being discussed in such a situation, as a child cannot be held responsible for the behavior of a parent or guardian, and the court's ability to sanction the parents/guardians is uncertain. However, there is a "certain aura of the bench and the guy in the robe" presenting expectations, coupled with parents/guardians being unsure of the power of the court, which generally leads to parents/guardians tending to do what is asked of them. The judge has stated that he is happy that he has not had to actually decide to sanction parents/guardians.

At least one parent or guardian meets at the parent/guardian group conference on Thursday of each month from 5:30 to 6:30. The parent or guardian is required to attend five of these meetings, but many continue to attend after the requirement has been met. The drug court purchases copies of the book, *The Language of Letting Go* (Melody Beattie, 1990, Hazelden Meditation Series) for the parents/guardians. The five recurring classes include the coordinator facilitating a class on drug court research, the purpose of drug court, how the MRT program works, and why art therapy works; DJS, the art/family therapist, social services, and addiction services each facilitate a class as well.

The art/family therapist has a class with the parents/guardians to demonstrate the work being done with the participants and to give the parents/guardians a chance to ask questions or voice concerns. She leads the parents/guardians through an exercise, such as doing portraits of themselves and the person next to them using their non-dominant hand.

This means no portrait will be realistic or skillful, and serves to "break the ice" and relax the participants. The project done with the parents/guardians is not geared to be therapeutic in and of itself.

The goals of working with parents/guardians are to get them to recognize and desist enabling behaviors, to understand the nature of addiction, to see the court and staff as allies and that the sanctions are in the participants' best interest.

While participants have been represented by different parents/guardians and other family members (including grandparents), the overwhelming majority are mothers of participants. Whichever parent/guardian attends a drug court activity tends to remain that child's sole guardian attending.

Information given by both parents/guardians and staff indicates that parents/guardians begin the program feeling confused, embarrassed and generally upset about the situation. Many parents/guardians note feeling as if they are being punished, and some initially focus on the short-term problems of the child being in drug court before understanding the benefits of drug court participation in the long run.

## **DRUG TESTING**

All participants are asked to submit to urine tests prior to drug court sessions and additionally on a random basis. Randomization occurs by having names picked from a hat. The frequency of additional tests depends on the participant's current phase in the program. Participants in Phases I and II are tested at least twice per week; those in Phase III are tested at least once per week. In Phase IV, participants are tested on a random basis with less frequency. Tests are all conducted during weekdays. There have been attempts to create a system for weekend testing as well, but this system has not been perfected. The goal is to be able to test any time they

think it is appropriate. Staff conduct additional drug tests during home visits.

Staff generally have full support of the parents/guardians to conduct drug tests. Staff reported that parents/guardians frequently call them, reporting their child coming home late or other suspicious behavior.

The instant urine drug screen given to drug court participants (manufactured by Redwood Biotech, Inc.) is a six-panel test that screens for marijuana, cocaine, opiates, methamphetamines, benzodiazepines, and amphetamines. If there are any concerns regarding a test, or if a participant requests it, the drug court will send a sample directly to the lab for analysis. The breathalyzer test, which assesses for alcohol use, was initially used by law enforcement officers during community patrols, but this procedure has stopped due to both staffing issues and breathalyzer tests being replaced by additional UA screens. On some occasions, saliva testing is done.

In addition to other random tests, treatment providers can test participants during treatment sessions. UA kits may have immediate results, so these are only sent to labs to confirm a positive result. The samples are sent to Redwood Biotech, Inc. via the Health Department, where samples are also screened for PCP, barbiturates, and alcohol, as well as creatine level to determine if there has been tampering with the sample. The ability to do a UA test for alcohol has been lauded both because it eliminates the need for breathalyzers, but also because many individuals who originally were brought in for marijuana use often switch to alcohol. UAs have a 2 to 3 day turnaround from Redwood labs, with an additional 1 to 2 days for ETG alcohol tests. (At most, a 5-day turnaround.)

The addictions counselor may personally pick up UAs that have been taken pre-court and deliver them to the lab.

Diluted tests and tests showing signs of tampering are considered positive by the pro-

gram and are subject to sanctions. The judge imposes sanctions for positive drug tests during the next drug court session that the participant attends.

### **SUBSTANCE ABUSE TREATMENT FEES**

TCJDC does not impose fees on participants or on their families.

### **REWARDS**

During drug court sessions, verbal praise from the judge is given to participants for compliant behaviors, which include maintaining sobriety, attending school regularly, completing MRT steps and therapy, and appearing for and actively participating in drug treatment sessions.

Participants may also be rewarded by a chance to pick from a fishbowl filled with folded paper slips used as tickets good for items including \$5 gift certificates; iPod music players; movie passes; certificates for McDonald's, Bob Evans, or another restaurants; gift certificates for free gasoline; and other age-appropriate electronics. The reasoning behind including gift certificates for eateries in the fishbowl is that participants can take their parents/guardians/families to dinner.

While the fishbowl has existed since implementation, the quality of physical rewards has improved both financially and in incentive value to the participants. Rewards are given more often than sanctions. The official policy is to have an overall ratio of three to four rewards given for every sanction, but staff perceptions note a ratio closer to two to three rewards to each sanction.

Fishbowl rewards are both purchased by drug court staff and donated by businesses. The local management board (LMB), the same group that pays for art therapy, funded by a cigarette restitution fund, donated \$4,500 for incentives in fiscal year 2007. The judge and the coordinator have been speaking to organizations such as a local Rotary club that do-

nated \$300. Other local organizations, such as Electric Cooperatives, the Elks Club and the American Legion, have provided donations, as have anonymous donors. All donated funds go to a nonprofit group dedicated to fighting substance abuse in the county. The court does not receive any of the donations itself.

As participants advance through the program phases, they are rewarded with fewer requirements, such as fewer drug screens and court appearances.

Finally, participants and their parents/guardians know there will be graduation presents from the drug court, including a gift in the \$100 to \$150 price range, and are able to give some feedback as to what they would like to receive. This gift often is connected to the participant's interests, such as digital cameras given to participants who enjoyed photography in art therapy, driver's education classes, or partial college scholarships. Participants are rewarded both to emphasize the progress gained by "baby steps," and to provide them with positive reinforcement that they may not be receiving elsewhere.

## **SANCTIONS**

The drug court team provides the judge with input regarding responses to participant behaviors, including sanctions, during pre-court team meetings and through other communication. Ultimately, it is the judge who makes the final decision regarding appropriate sanctions to be imposed during the drug court sessions. Sanctions are graduated and are imposed for non-compliant behaviors including testing positive for alcohol or drugs and not appearing for required meetings or drug court sessions.

Sanctions include additional community service, essay writing, additional meetings, being moved back in program phases, electronic monitoring, detention, increased reporting and judicial status conferences, inpatient treatment, and unsuccessful termination.

While there are written rules provided to staff and to participants about program requirements, appropriate behaviors, and responses to both positive and negative behaviors, there are no written rules specifying which sanction will be issued for any given violation, to allow sanctions to be given in context for the circumstances. For example, a participant who uses and comes forward about it would be given a more lenient sanction than one who denied using, and a participant who calls in to explain an absence is given a more lenient sanction than one who simply does not show up.

A sanction may be to have an individual repeat one step that correlates with non-compliant behavior. For example, a participant who did not show up to a community work project was asked to repeat the MRT step on honesty, since he said he would show up for something, and he did not.

Non-compliant behavior includes any drug use, refusing or tampering with drug tests, any violation of laws, truancy, violating any rules at home or at school, violating curfews at home, dishonesty, or missing any requirements of treatment.

## **TERMINATION/UNSUCCESSFUL COMPLETION**

Participants may be removed/terminated from the program at the discretion of the drug court judge, after continued non-compliance with the program participant agreement, treatment plan or other court orders. Participants who are violent or threaten violence against program staff or other participants, or who are arrested for violent offenses, may be immediately terminated from the program.

Individuals who are recommended for termination are entitled to address the court and the treatment team to inquire about the reasoning and justification for termination.

Since inception, serious violations have more frequently been met with sanctions than with termination.

## **GRADUATION**

To be considered for graduation from the TCJDC, participants must successfully complete all required treatment, including MRT, art therapy, and all four phases of the drug court program. While there is not a specific time frame, graduation usually took place about 7 to 8 months after an individual entered the program while it was a 6-month program. (As of April 2007, the program lasts a minimum of 9 months.)

Participants must also have maintained sobriety for at least 90 continuous days at the time of graduation, and have completed all court-ordered requirements. Participants are requested to be working or in school, but this involvement is not required.

Graduation ceremonies have been modified during the history of the drug court. Currently, the participant is given graduation gifts, including one worth approximately \$100 to \$150, and a graduation plaque by the judge. Pictures are taken of each graduate. Ceremonies occur at the end of a drug court session with all current drug court participants and families present. At the conclusion of ceremonies, there are refreshments, and the graduates have individual discussions with the judge in his chambers (with the judge in normal clothes, not his robe). Graduation means an end of probation, and a termination order is signed.

Graduations occur whenever an individual meets all requirements, not on any schedule or in groups, due to the small number of participants in this program.

It is estimated that 70% to 75% of the TCJDC participants successfully graduate. Other individuals generally move to counties without a drug court, enter residential treat-

ment systems or become adults and thus are terminated unsuccessfully from drug court.

When participants graduate, the drug court can easily lose touch with them. Staff are concerned about having graduation be the end, and are looking for a mentoring or counseling program to stay with participants past graduation.

## **DATA COLLECTED BY THE DRUG COURT FOR TRACKING AND EVALUATION**

### **PURPOSES**

Every quarter, the drug court coordinator produces a physical report and a financial report to the Administrative Office of the Courts. This information is also used by the steering committee. The data have been used to seek more diversity of participants and in fundraising. As a result, diversity has gone up along with overall participant numbers, and more grants have been awarded.

### **DRUG COURT FUNDING**

Funding for the drug court comes through the state's budget for DJS and the Office of Problem-Solving Courts, as well as the Talbot Family Network.

Funds from the Office of Problem-Solving Courts pay for the coordinator's and art therapists' salaries and benefits, UAs, and national conference training.

The Talbot Family Network is the county's local management board (LMB), which funds juvenile and family programs throughout the county. This non-profit organization receives gifts from corporate and charitable sponsors, including Rotary Clubs, Bob Evans restaurant, Dairy Queen, and veterans' organizations.

The drug court addictions counselor is funded by DJS, so there is a contract with Talbot County Health Department to transfer funds for salary and benefits, as well as drug testing.

Drug court participants who are referred to inpatient treatment (an estimated 56% of total participants) have treatment paid for by the Department of Social Services and/or by the Health Department. The case manager makes application for those funds.

While staff have directly stated, “money has not been a problem for the drug court, due to heavy community support,” it has also been noted that staff salaries are often below that of other communities.

### **COMMUNITY LIAISONS**

Community Liaisons include:

- A local church trading use of the art therapy space for drug court participant service work with food box distribution.
- Art therapy gallery show and opening event at a local welcome center.
- Specific art therapy-related projects such as participants contributing to a Habitat for Humanity benefit.
- Donations and discounts from local businesses to provide incentives, including gift certificates from local eateries, and Wal-Mart providing \$100 off the purchase of digital cameras that retail at \$400 (for art therapy).



## 10 KEY COMPONENTS OF DRUG COURTS AND 16 JUVENILE DRUG COURT STRATEGIES

This section lists the 10 Key Components of Drug Courts as described by the National Association of Drug Court Professionals (NADCP, 1997). Following each key component are research questions developed by NPC for evaluation purposes. These questions were designed to determine whether and how well each key component is demonstrated by the drug court. Juvenile drug court strategies as described by the National Drug Court Institute and the National Council of Juvenile and Family Court Judges (NDCI and NCJFCJ, 2003),<sup>8</sup> are included as well. Within each key component, drug courts must establish local policies and procedures to fit their local needs and contexts. There are currently few research-based benchmarks for these key components, as researchers are still in the process of establishing an evidence base for how each of these components should be implemented. However, preliminary research by NPC connects certain practices within some of these key components with positive outcomes for drug court participants. Additional work in progress will contribute to our understanding of these areas.

The key component, research question, and juvenile strategy(ies) are followed by a discussion of national research available to date that supports promising practices, and relevant comparisons to other drug courts. Some comparison data in this section come from the National Drug Court Survey performed

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

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

*Research Question: Has an integrated drug court team emerged?*

#### *Juvenile Strategy #1: Collaborative Planning*

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

#### *Juvenile Strategy #2: Teamwork*

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

### National Research

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

### Local Process

Drug court team members that attend staffing meetings include the coordinator, Department of Juvenile Services (DJS) agent, DJS supervisor, treatment counselor, treatment counselor's supervisor, art/family therapist, and representatives from the Board of Education. This group staffs the cases (makes decisions regarding participant behavior, rewards, sanctions, and/or termination) and

<sup>8</sup> NPC felt that both the 10 Key Components and the 16 juvenile drug court strategies provided important perspectives on the operation of juvenile drug courts. We have retained the numbering of the juvenile strategies as they appear in the source document (NDCI and NCJFCJ, 2003), so the strategies are not numbered consecutively in this section. In addition, some juvenile strategies appear more than once, if they contribute to more than one key component.

provides a report to the judge. The state's attorney is contacted regarding possible terminations. The team makes decisions by general team consensus, although the judge makes the final decisions.

In addition to pre-court (staffing) meetings, the team and/or select members meet as needed regarding specific topics or concerns that may arise.

The Drug Court Steering Committee consists of the judge, coordinator, art/family therapist, and representatives from the State's Attorney's Office (SAO), Office of the Public Defender (OPD), Talbot County Addictions Program, Department of Juvenile Services (DJS), Talbot Family Network, Talbot Partnership, School Board, and law enforcement. This committee examines and updates drug court policies and procedures, examines the role of the drug court in the community and the program's referral process, and seeks out new grants and funding opportunities. The Steering Committee also does community outreach in order to get community organizations and businesses to donate funds, goods, and/or services to the program.

The coordinator submits a report to the judge and attorneys prior to drug court sessions. The report includes participants' level of participation and attendance, drug test results, and any other relevant clinical information. The judge reads or summarizes the report in court, supplemented by verbal feedback from treatment or probation staff during the court session. Positive urinalysis results (UAs) that occur on home visits and are confirmed by the lab are brought to the court's attention by the treatment providers.

The judge is accessible to drug court staff between court sessions, and works closely with the coordinator on a daily basis.

The State's Attorney communicates regularly with other team members. The Public Defender has little communication with team members outside of drug court sessions. Such communication occurs if a sanction is being contested or a participant faces possible termination from the program.

Respondents pointed out that DJS intake and the police have a philosophical disagreement regarding informal supervision. While DJS closes some cases at intake and puts the youths on informal supervision, law enforcement representatives to the drug court disagree with this practice.

#### Recommendations/Suggestions

TCJDC does not currently fully utilize the expertise and information available from all partner agencies when making participant-level decisions. Consider discussion of strategies for testing a fully operationalized team model for the drug court program. This model would include participation by all team members in pre-court case conferencing, including the judge, state's attorney, and defense attorney.

This program has the benefit of an existing structure where partner agencies meet to discuss policy and programmatic issues, such as resolving interagency and collaboration questions. A respondent suggested that issues such as the disagreement between the police and DJS intake should be brought before the steering committee; such discussions could be facilitated by a neutral person/organization, if necessary. The team should discuss any programmatic or policy issue to ensure that all parties understand the rationale for the program's model and structure and each agency's role within them.

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

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

**Juvenile Strategy #1: Collaborative planning**

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

**Juvenile Strategy #2: Teamwork**

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

National Research

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

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

Local Process

The state's attorney receives the individual's charges, and then determines if the case should be adjudicated. If the state's attorney

and DJS agree to move the case to drug court, the drug court team staffs that case, and the youth enters drug court.

The assistant public defender (APD) and the assistant state's attorney (ASA) present a united front in drug court, although both maintain their traditional roles: the APD maintains his traditional legal advocacy role, and the prosecutor considers protecting the public safety to be one of his two roles in drug court. The other role is to facilitate treatment for participants, for which he works with and supports the drug court team. While they are less adversarial as they work with participants toward graduation, they are more adversarial when sanctions are an issue and even more so when there is a possibility that a participant will be terminated from the program.

Prosecution and defense counsel do not attend the staffings, although they do participate in the Drug Court Steering Committee.

Because they do not participate in staffings, the attorneys enter the drug court proceedings without the background information on each youth discussed at the staffing meeting. While they may make suggestions, for the most part they follow the team's decisions regarding participants.

Recommendations/Suggestions

The drug court team should consider whether participation by prosecuting and defense attorneys in staffing meetings would benefit the program by providing input by all team members into discussions about participants—their behaviors and appropriate rewards and sanctions that are recommended as a result of those behaviors. Including the attorneys in decision-making can make better use of their experience, expertise, and role in drug court. The team should encourage each agency's commitment to its participation in this program, which should be demonstrated by participation in drug court staffing and steering committee meetings.

In addition, the program should ensure that all team members and staff from partner agencies receive training on drug courts, and each person/agency's role in the program. It is important that prosecution and defense understand the adjusted roles they play in a drug court compared to traditional court processing, and the benefits that can be gained from a more fully integrated team approach.

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

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

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

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

National Research

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

Local Process

Juvenile offenders are eligible for the TCJDC if they:

- Are an adjudicated delinquent
- Do not have a history of violent convictions
- Do not have a history of drug dealing convictions (distribution charges may be reduced to possession to allow for drug court entry on a case-by-case basis)
- Are between the ages of 13 and 17 and reside in Talbot County

- Are charged with a non-violent and non-sexual crime

The youth and parent/guardian are given handbooks explaining the program, and DJS staff explain the details of participation in drug court for that particular individual.

The TCJDC is a post-adjudication program. After individuals are arrested, they are immediately referred to DJS, where they appear the following day for a UA and to hear about the drug court process, after which they go to the Health Department for an addiction assessment, and a follow-up meeting is scheduled with DJS.

A team member estimated that 90% of referrals to date have come from the police. The team is planning to assess the referral proportions and to try to obtain referrals from a greater variety of sources (e.g., schools, treatment services), in order to increase the number of referrals, build enrollment to meet program capacity, and increase program diversity.

Program capacity is 25 individuals. Since implementation, the drug court has been able to accommodate all eligible participants—19 individuals have been in the program since it began.

The time between arrest and drug court entry is at least 6 weeks, by the time individuals have gone through arraignment, adjudication, and disposition. Many stakeholders are concerned about the amount of time this process takes, and discussions are taking place about how to shorten it so that individuals enter drug court more quickly.

Recommendations/Suggestions

Continue to encourage referrals from a variety of sources, to increase the number of referrals and build enrollment to meet program of at least 25 participants at a time. A team member, perhaps the coordinator, should be charged with contacting possible sources of drug court referrals, explaining the drug court

program and how its participants benefit from being the program, thus encouraging referrals from previous and new sources.

Because most of the program's referrals come from law enforcement, indicating a relationship exists, and because law enforcement is the first contact for all youth who end up on probation, the program might benefit from increased communication and coordination with these agencies to clarify the eligibility requirements and encourage even greater numbers of referrals.

The program will want to continue discussions with the Health Department and DJS staff, and consult with judicial staff to determine if there are places where time could be saved in the process from arrest to entry into drug court. Conducting an in-depth review and analysis of case flow can identify bottlenecks or structural barriers, and points in the process where potential adjustments to procedures could facilitate quicker placement into drug court. The program has recently added a predisposition component, allowing youth into the program prior to disposition, which should help shorten the program entry process.

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

*Research Question: Are diverse specialized treatment services available?*

**Juvenile Strategy #7: Comprehensive treatment planning**

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

**Juvenile Strategy #8: Developmentally appropriate services**

- Tailor treatment to the developmental needs of adolescents.

**Juvenile Strategy #9: Gender-appropriate services**

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

**Juvenile Strategy #10: Cultural competence**

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

**Juvenile Strategy #11: Focus on strengths**

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

**Juvenile Strategy #12: Family engagement**

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

**Juvenile Strategy #13: Educational linkages**

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

National Research

Programs that have requirements around the frequency of group and individual treatment sessions (e.g., group sessions three times per week and individual sessions one time per week) have lower investment costs<sup>9</sup> (Carey et al., 2005) and substantially higher graduation rates and improved outcome costs<sup>10</sup> (Carey, Finigan, & Pukstas, in press). Clear requirements of this type may make compliance

<sup>9</sup> Investment costs are the resources that each agency and the program overall spend to run the drug court, including program and affiliated agency staff time, costs to pay for drug testing, etc.

<sup>10</sup> Outcome costs are the expenses related to the measures of participant progress, such as recidivism, jail time, etc. Successful programs result in lower outcome costs, due to reductions in new arrests and incarcerations, because they create less work for courts, law enforcement, and other agencies than individuals who have more new offenses.

with program goals easier for program participants and also may make it easier for program staff to determine if participants have been compliant. They also ensure that participants are receiving the optimal dosage of treatment determined by the program as being associated with future success.

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

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

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

Family involvement has been found to be crucial to success of teens in 12-step programs (Hsieh, Hoffmann, & Hollister, 1998).

### Local Process

The treatment side of the drug court is well represented on the team, with the treatment counselor, treatment counselor's supervisor, and the art/family therapist all on the team and participating in staffings.

The program was originally designed to be a 6-month program (now a 9-month program) and has 4 phases, so participants can feel that they have made progress over time and can begin to take responsibility for structuring their own lives while still under program supervision.

There are clear requirements that must be satisfied before participants may advance from one phase to another. Participants in Phases I and II attend Moral Reconciliation Therapy, art therapy, an addictions task group at the Health Department, and individual addiction treatment sessions weekly. They also attend AA/NA meetings a minimum of three times per week in Phase I and twice per week in Phase II.

This drug court program includes art therapy, which uses art as part of a therapeutic process. This activity allows participants to express their creativity and to talk about their feelings, thoughts, and addiction issues. In exchange for using a community church's facilities for art therapy, the participants helped the church prepare food boxes for distribution, and other activities. The last art therapy session is an art opening to which family, friends, and local politicians are invited.

In addition to art therapy, treatment includes Moral Reconciliation Therapy, which is a cognitive-based program that involves learning to think about and be responsible for activities, attitudes, and companions, and includes a community service component.

Families are recognized and engaged as valued partners in the program. They are expected to attend every drug court session for which their children are scheduled, attend counseling with their children twice per month, and attend a minimum of five parent/guardian group conferences before graduation. They are also responsible for transportation. Families are allowed (but not required) to attend staff reviews of their children, although scheduling conflicts sometimes make this difficult.

The art/family therapist provides one class with parents/guardians in order to demonstrate the work being done and to give the parents/guardians a chance to ask questions or voice concerns.

There are five treatment providers serving the drug court. Every participant goes through essentially the same program, seeing all of the treatment providers during the course of treatment.

#### Recommendations/Suggestions

Ensure that care is taken in selecting 12-step groups for drug court participants that are specific to adolescents and that have a positive adult facilitator. Self-help groups need to be adapted to be specific to the developmental needs of adolescents and should include teens and young adults only.

In order for families to feel welcome at treatment reviews, the program should be flexible in structuring their meeting times. Because parents/guardians rarely attend these meetings, they can usually be held at times convenient to the staff; however, at least on those occasions when it is important for a parent to attend, the program should work with the parent/guardian to find a convenient time for all.

The program may benefit from training on motivational or solution-focused interviewing, adolescent development, strength-based practice, or positive youth development.

The program staff would benefit from cultural competency training and a review of policies and practices to ensure that youth from all groups (including different racial/ethnic backgrounds, females and males, and both older and younger youth) are being well served by the program.

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

*Research Question: Does this court have an effective drug-testing model (including random, frequent, observed, and covering varied substances)?*

#### *Juvenile Strategy #14: Drug Testing*

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

#### National Research

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

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

Results from the American University National Drug Court Survey (Cooper, 2000) show that the number of urinalyses (UAs) given by the large majority of drug courts

nationally during the first two phases is two to three per week.

### Local Process

All participants submit to a UA prior to each drug court session and to additional random tests. Participants in Phases I and II are tested at least two times per week; those in Phase III are tested at least once per week. Phase IV participants are tested on a random basis, but less frequently than in previous phases. Randomization occurs in a variety of ways, such as by picking names from a hat, or by staff deciding before group to test anyone wearing a certain color. The program also tests whenever staff feel it is warranted. Staff can ask participants to provide a urine sample at any time, day or night, and any place (home visits, treatment providers, etc.). All tests are observed by a person of the same gender as the individual being tested. Tests include five-panel on-site kits with immediate results (5 minutes), which test for amphetamines, methamphetamine, cocaine, THC, and opiates. Then samples are sent via the Health Department to Redwood Labs for testing on nine substances, the five above as well as PCP, alcohol, barbiturates, benzodiazepines, as well as creatine level, which shows if there has been tampering with the sample.

Parents/guardians fully support staff conducting drug tests. They frequently call drug court staff or attend court to report their children coming home late or other suspicious behavior. While staff response varies based on the circumstance, there is always a focus on thanking the parent/guardian for the information and maintaining a partnership dynamic between parents/guardians and staff.

### Recommendations/Suggestions

While this program tests slightly less frequently than the optimal frequency of three times per week supported by previous research, the testing includes a random component that may make the two times per week in the program adequate. In addition, the pre-

vious research on testing frequency was based on adult drug court participants, so further research in this area on juveniles will contribute to our understanding of whether youth also benefit from a similar frequency of drug tests. All other aspects of this key component appear to be well implemented.

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

*Research Question: Does this program work together as a team to determine sanctions and rewards? Are there standard or specific sanctions and rewards for particular behaviors? Is there a written policy on how sanctions and rewards work?*

### *Juvenile Strategy #15: Goal-oriented incentives and sanctions*

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

### National Research

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

Carey, Finigan, & Pukstas, in press, found that for a program to have positive outcomes, it is not necessary for the judge to be the sole person who provides sanctions. However, when the judge is the sole provider of sanctions, it may mean that participants are better able to predict when those sanctions might occur, which might be less stressful. Allowing team members to dispense sanctions makes it more likely that sanctions occur in a timely manner, more immediately after the

non-compliant behavior. Immediacy of sanctions is related to improved graduation rates.

### Local Process

The program recognizes the value of rewarding participants in order to emphasize progress and to provide positive reinforcement.

The program presents participants with frequent rewards, such as verbal praise from the judge and an opportunity to select a reward from a fishbowl. Sanctions are graduated, and range from community service or essay writing to inpatient treatment and unsuccessful termination, if necessary. Staff members prefer that the program maintain an overall ratio of three to four rewards to each sanction given, though a respondent commented that the actual ratio is closer to two to three rewards for each sanction.

As an incentive for completing the program, the charge that led to a participant being in drug court is expunged from the youth's criminal record, and probation ends. Graduation itself is seen as a reward, and graduation gifts from the drug court include a gift in the \$100 to \$150 range. Graduates have an opportunity to give feedback about what they would like that gift to be—it is often connected to the participant's interests, such as a digital camera, driver's education classes, or partial college scholarships.

The TCJDC Policy and Procedures Manual includes information about rewards and sanctions; the manual is given to all staff and participants.

In general, sanctions and rewards are recommended by the team but usually given by the judge. DJS and the Health Department can require sanctions such as essays, but higher-level sanctions, such as electronic monitoring, must be imposed by the judge.

Sanctions are generally given at the next court proceeding following the infraction, although extreme violations may result in

emergency meetings and immediate response if deemed necessary. Participants who commit a violation but are honest and upfront about it, or who actively seek to improve behavior immediately after, have these considerations taken into account when they are sanctioned.

### Recommendations/Suggestions

Research has demonstrated that for sanctions and rewards to be most beneficial, they need to closely follow the behavior that they are intended to change or reinforce. Therefore the program should continue to assess how to minimize the time between a youth's behavior and the sanction or reward that follows it.

In addition, the program may want to have a discussion during a steering committee meeting that addresses the question of treatment intensity as a service issue rather than as a part of graduated sanctions. While repeated substance use and positive drug tests may result in inpatient treatment, for example, this response may be an indication that the youth needs a greater level/intensity of treatment. It is important to remember that drug court allows the team to determine the treatment needs of each individual youth and work to access needed services. Once the youth's needs have been met, other behavioral changes can be addressed.

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

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

#### **Juvenile Strategy #4: Judicial involvement and supervision**

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

### National Research

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

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

### Local Process

The current drug court judge was appointed by the Governor and is the Associate Judge of the 2<sup>nd</sup> Judicial Circuit Court of Talbot County. He has jurisdiction over all juvenile matters. The judge became involved with the drug court program in January 2005, and will remain in that position until the Governor chooses a successor. He is expected to retire during 2007, but has expressed interest in staying on as drug court judge because of his interest in the program. The judge spends about 5% of his time working with drug court (1 hour every other week).

Participants attend drug court sessions every 2 weeks during Phases I and II, then once per month during Phases III and IV. During the court session, the judge speaks with the team members and with the participants.

### Recommendations/Suggestions

Retaining the current judge as drug court judge for a greater length of time would provide the longevity and consistency found by national research to contribute to positive outcomes for participants. As suggested earlier, involvement by the judge in pre-court team meetings is also beneficial for the operation of the team and program.

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

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

#### *Juvenile Strategy #5: Monitoring and evaluation*

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

#### *Juvenile Strategy #16: Confidentiality*

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

### National Research

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

ation rates, while the first process listed was associated with lower graduation rates.

#### Local Process

Statistics such as UAs are recorded and reported to court and presented at staffings. This information is used to determine rewards and sanctions.

The coordinator produces quarterly reports for the Administrative Office of the Courts. This information is also used by the steering committee, and has helped identify areas needing additional concentration, such as an increase in diversity of participants and the need for additional fundraising.

The program's goals are to help participants successfully transition to a drug-free life, and to prevent recidivism. A major factor in seeing that these goals are met are the essays participants write at the end of each MRT step, in which the participant must explain in his/her own words what they have learned and how their lives are changing. In addition to MRT essays, exit interviews are completed with participants. The results are quantified and kept in a database.

Data are stored in both electronic and hard copy files. The drug court coordinator maintains both a network drive and a hard copy file system. Data are entered into MS Excel and MS Word documents. As of early August 2007, the coordinator is expecting access to the Statewide Maryland Automated Records Tracking (SMART) management information system, which replaced HATS in fiscal year 2006. These databases are accessed by the coordinator and by the judge's secretary.

The program's confidentiality policy is covered in a Memorandum of Understanding (MOU) and is included in their policies and procedures. All juveniles have to sign a document stating the confidentiality policy.

#### Recommendations/Suggestions

Drug court staff are encouraged to discuss the findings from this process evaluation as a team, to identify areas of potential program adjustment and improvement.

The program leadership should conduct an outcome study in the future. The new evaluation should consider program effectiveness in light of continuing program maturation and the implementation of program improvements. In particular, the program could review the criminal records of program participants after they complete the program to see if they have avoided future contact with the juvenile and adult justice systems.

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

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

#### National Research

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

#### Local Process

The drug court team members attended a national drug court conference for training around the time of the initial implementation of the program. Since that time, various team members have attended a number of drug court trainings, including the National Drug Court Conference in 2005, attended by the prosecutor; the National Association of Drug Court Professionals Conference in 2000, attended by the case manager; and a national conference in Washington, DC, in 2006, attended by several staff members. The addic-

tions counselor attended two annual symposia put on by the Maryland Drug Court Commission (now the Office of Problem-Solving Courts) in 2006 and 2007. Case managers were specifically trained in MRT and UA collection after starting their positions related to drug court.

In lieu of training, the coordinator has been researching best practices of drug courts to integrate into the Talbot County program. The program has arranged to have Dr. Doug Marlowe present on August 20, 2007, to train the entire team.

#### Recommendations/Suggestions

The drug court team, in collaboration with partner agencies, should ensure that all team members receive initial and continuing drug court training. This training is particularly useful in orienting each team member to her or his role as part of the program and to the team model. There should be an expectation of, and encouragement for, staff taking advantage of ongoing learning opportunities, both locally and nationally. To support this goal, a training plan and a log system should be established, the results of which should be reviewed by program administrators periodically. These tools will be useful in keeping track of training activities and in reinforcing the importance of professional development.

There should be an extensive orientation and training for every judge, ideally prior to coming into the TCJDC. If a new judge becomes part of the drug court team upon the current judge's retirement, the outgoing judge should ideally be available for consultation.

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

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

#### *Juvenile Strategy #6: Community partnerships*

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

#### National Research

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

#### Local Process

The TCJDC has liaisons with the community in unique and reciprocal ways that provide services for participants (and vice versa), including:

- A local church that trades use of the art therapy space for participant service work with food box distribution.
- The local welcome center provides space for the art therapy gallery show and opening event.
- Participants contributed to a Habitat for Humanity benefit
- The program receives donations and discounts from local businesses to provide incentives to the participants, including gift certificates from local eateries, and a \$100 discount off the purchase price of digital cameras that are used for art therapy.
- There is a plan to have the art therapy class follow a rowing team on a chase boat and document it with photos. The purpose of this activity is partly to get the youth interested in joining the "freedom rowers" rowing teams, and to give the

young people an opportunity to have the experience of being out on the water (which many of them have not yet experienced, despite living in this waterfront community).

- Discussions have taken place around having Court-Appointed Special Advocates (CASA) being involved with drug court, especially during Phase IV of drug court, in order to help fill the void created by having less structure (participants are finished with art therapy and MRT) during this phase than previously. CASA personnel are appointed to advocate for minors; one individual usually works with a child all the way through the court system. CASA involvement with the drug court program may lead to participants having a person to confide in throughout

the drug court process and perhaps after graduation.

#### Recommendations/Suggestions

The TCJDC appears to be implementing this key component successfully, with existing relationships established with many community organizations. The program would benefit from continuing to maintain and develop its community contacts and supports for the program, particularly developing linkages that support varied youth interests as they emerge, to support strength-based services described in Juvenile Strategy #11 (key component 4). In addition, if the program plans to continue to purchase taxi vouchers for participants facing transportation challenges, establishing relationships with the taxi company might help establish a reduced rate for taxi services. In addition, investigating other transportation options might be beneficial.



## TALBOT COUNTY JUVENILE DRUG COURT: A SYSTEMS FRAMEWORK FOR PROGRAM IMPROVEMENT

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

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

### COMMUNITY LEVEL

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

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

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

### *Summary of Community-Level Recommendations*

Continue to maintain and develop community resources, particularly related to transportation options for participants.

### AGENCY LEVEL

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

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

going relationships with the program and with other participating agencies and key stakeholders.

#### *Summary of Agency-Level Recommendations*

The program should consider discussing strategies for testing a fully operationalized team model for the program, which would include all team members in pre-court case conferencing. The program would benefit from increased communication and coordination with law enforcement agencies in order to clarify eligibility requirements and encourage even greater numbers of referrals. The referral process should be examined with a view to making it as short as possible. In addition, the steering committee should discuss treatment intensity as a service issue rather than as part of graduated sanctions. The program is encouraged to retain the judge for as long a term as possible; and encourage drug court training for all team members.

#### **PROGRAM LEVEL**

Once a common understanding of need exists and partner agencies and associated resources are at the table, programs and services can be developed or adjusted as needed to ensure

that the program is meeting the identified needs and utilizing public funds as efficiently and effectively as possible. Program policies and procedures should be reviewed to ensure that they create a set of daily operations that work best for the community.

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

#### *Summary of Program-Level Recommendations*

The team should ensure that all parties understand the rationale for the program's model and structure, as well as each agency's role within them; and continue to encourage referrals from a variety of sources in order to meet program capacity. Also, program staff would benefit from cultural competency training and a review of policies and practices to be sure that all groups are being well served by the program. Participation in adolescent-specific AA and/or NA groups should be encouraged. In addition, the program should be more flexible in scheduling treatment reviews, in order to encourage family member attendance.

## SUMMARY AND CONCLUSIONS

The Talbot County Juvenile Drug Court should be commended on the quality of the implementation of its program. The program meets the majority of the 10 key components and 16 strategies guidelines through its current policies and program structure. The program appropriately integrates substance abuse treatment services with juvenile justice system processing and supervision; maintains a strong collaborative relationship among team members (including the relationship between the public defender and the prosecutor), and includes a comprehensive team from a broad range of community agencies; provides participants with access to a wide range of treatment and ancillary services (including art therapy and MRT [Moral Reconciliation Therapy]); utilizes a variety of sanctions and rewards to encourage compliance with program and participant goals; and maintains ongoing judicial interaction with participants.

When considering program enhancements, the program should continue to look for additional referral sources and increase communication and coordination with the current source of most of the drug court referrals—

law enforcement. The program should look for ways to shorten the length of time between arrest and drug court entry, and ensure that all team members have ongoing drug court training, that all team members have a part in making participant-level decisions (for example, the defense and prosecuting attorneys and the judge could participate in staffing meetings regularly) and understand the rationale for the program's model and structure and their roles within them. The program should encourage participation in adolescent-specific AA and/or NA groups, and ensure that behaviors are quickly followed by sanctions and rewards, when appropriate. Participation in adolescent-specific AA and/or NA groups should be encouraged. In addition, the program should be more flexible in scheduling treatment reviews, in order to encourage inclusion of family members. The TCJDC should discuss this evaluation's findings as a team, and conduct an outcome study in the future.

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



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## **APPENDIX A: DRUG COURT TYPOLOGY INTERVIEW GUIDE**



## **Drug Court Typology Interview Guide**

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

Although the typology guide is modified slightly to fit the context, process and type of each drug court (e.g., juvenile courts, adult courts), a copy of the generic drug court typology guide can be found at <http://www.npcresearch.com/materials.php> (see Drug Court Materials section).



## **APPENDIX B: FOCUS GROUP RESULTS SUMMARY**



## Focus Group Results Summary

As described in the methodology section of this report, two focus groups were conducted in May 2006—the first group with two active participants (representing Phases I and II of the program) and two program graduates. The second group consisted of parents/guardians of current and former drug court participants, four respondents in all.

The topics discussed during the focus groups included what focus group participants liked about the drug court program, what they disliked, general feelings about the program [including program staff], the program's effect on personal relationships, education-related issues, advice they would give someone considering entering the drug court program, and recommendations for the program.

### *What they liked*

Active participants:

- “MRT helps you, the steps help you. It relates to a lot of things you do, or used to do.”
- “MRT helps us be more successful in life.”
- “When most people start doing drugs, they don't have any morals, so the MRT helps you get that back.”
- “Court's not bad. I like the new judge more than the last judge.”
- “If I have a problem in the middle of drug court, (the judge) is not going to detain me, he'll have me come and talk about it.”
- “If I needed to talk to someone in drug court, I could talk to (counselor).”
- UAs “are what keeps us from using.”
- The fishbowl incentives were well received.
- “If you tell them (that you relapsed) before they find out, they really appreciate it.”
- Participants feel that they have a chance to tell their side of the story when they get in trouble.

Parents/guardians:

- The current case manager is especially well liked and appreciated by the parents/guardians. She listens to feedback from parents/guardians and participants and is proactive, both about starting new aspects of the program and forging relationships with the parents/guardians. One parent/guardian noted that she knew the case manager previously, because their sons play together. Another parent/guardian noted that the case manager connected with her son, who has a hard time connecting to others. The fact that the case manager is a mother is considered an asset because it is believed that she can understand what the other parents/guardians- who are mostly mothers- are going through. “...having somebody who's a mom, too, is probably a help. All the guys have been very nice and great but its nice to have someone like her.”
- “I feel like I could talk to any...anyone about this. I mean, (the probation officer, the addictions counselor), anyone.”
- “I didn't feel like they (staff) were the enemy. I just felt like they were here to help.”
- Parent/guardian group meetings allowed parents/guardians to learn from and give feedback to drug court staff. These meetings also served as an important social support.
- “...everybody comes together as a group and gets to help encourage one another and be there for one another.”

### *What they didn't like*

#### Active participants/graduates:

- When asked about AA/NA, the participant focus group collectively made negative sounding moans, sighs and grunts.
- “We do (12 step programs) with old people, who do different drugs, not even the same drug problems.”
- “Some people (in 12 steps) just go on and on about bum stuff.”
- “AA is dumb.”
- “Across the bridge, there are (12-step) meetings with just young people. It’s better than around here, because around here, it’s just old people...over there, it’s younger people talking about stuff you can relate to. Around here, it’s old people talking about stuff that you haven’t gone through- wild, crazy stuff.”
- “Transportation can be a pain.”
- “The community service stuff, the hours, make it hard to make progress.”
- “There’s not many options of what you can do (for community service). It’s hard to do.”
- Comments about the computer classes: “I don’t think you learn, you can just guess and get it right.” “You don’t remember nothing.”
- Participants as a whole complained about the amount of time the program took up, noting that it conflicted with school and jobs.
- Some participants simply didn’t like any aspect of the program whatsoever. These same individuals tended to complain heavily about other subjects, including school and the community at large.

#### Parents/guardians:

- Community service requirements were hard to meet, partially because organizations inquire what the community service requirement is for and will not allow drug court participants to participate. Another issue is that community service positions could not simply be volunteer work, but service-oriented work involving human interaction. Finally, participants need to find their own community service positions without much information or help.
- If community service requirements are not met by a deadline, they are increased. Often, lack of community service hours is the only thing that prevents participants from progressing.
- The beginning of the process, such as initial meetings and especially the court proceedings, are emotionally trying, so details about the process and other key information may be given, but are hard to take in. The amount of requirements seems overwhelming at first, and parents/guardians do not feel that the rules are properly explained.
- “...not being informed. I didn’t realize there was only one family meeting a month.”
- The time demands, especially at first, were difficult. This is especially a concern for parents/guardians whose children are too young or otherwise unable to drive themselves to meetings, and parents/guardians of multiple children that also require time and attention. The attitude was that the parents/guardians are being punished as much if not more than the participants, but don’t get as many rewards. “We need to pick out of fishbowls (laughter)”
- Transportation concerns, especially for participants without driver’s licenses.
- “You’re afraid to stand up and get yelled or something.”

### ***General feedback regarding the program (including drug court staff)***

#### Active participants/graduates:

- There is some confusion about the steps within the (12) MRT program and the 4 phases.
- (At first) "I thought the judge was just going to lock me up and treat me like garbage."
- "Drug court is a good program, but some people don't work the steps. Don't do it if you're not ready and willing, you'll just waste everyone's time."
- "If you fail a [UA] test, it depends on what your charges are and what your record is, but usually, they'll just put you back a couple steps."
- "Sometimes I don't feel like doing it. I don't feel like painting or putting on a roof, not getting paid, anyway."
- Participants seem to have a hard time connecting some of the activities required, such as art therapy or community service, with their drug problem and drug court in general.
- Some participants are not sure if they have their case removed at completion.
- "In AA/NA, we talk about courage, honesty and other topics besides direct discussion of drug use. People also talk about problems in their lives, or being tempted to do drugs."

#### Parents/guardians:

- The parents/guardians tend to begin drug court feeling scared, especially of the judge, but find themselves understanding the process as it goes on. Particularly, they grow to appreciate the parent/guardian sessions, noting that these allow them to not feel alone, to see a bigger picture, and to avoid extensive guilt about the situation.
- At least one parent/guardian expressed interest in continuing to attend drug court sessions even after her child graduates, in order to see the other families through.
- Family support is an important factor. Children with parents/guardians who are actively supporting them do better, and parents/guardians note that families with help from other relatives feel less stressed (i.e., when the grandparents, aunts, uncles, etc., of the participant are involved).
- Participants are at an age where they receive mixed messages (including from parents/guardians and staff) about being children and adults at the same time.
- The idea of the "fishbowl" of rewards is confusing to both parents/guardians and participants, especially at first. It seems surprising that children who are "in trouble" would be getting rewards. "It's like going on the way to the police station, let's stop at Dairy Queen first for an ice cream, and then we're going to book you." However, the logic of the fishbowl is understood, if not appreciated, as time goes on.
- "...you don't feel so alone. You don't feel like you got the worst child in the world. You feel like somebody else is going through this with me."
- The case manager is "wonderful."
- "The judge is cool."

### ***Drug court's affect on personal relationships***

#### Active participants/graduates:

- "My mom wants me to be in (drug court) but my friends don't. I don't want to be in it."
- "I want people to know that kids make mistakes and not to hold grudges."

#### Parents/guardians:

- "...my son, I think he's getting the help that he needs and it's working out, so I'm happy about it."
- "I had a little monster before drug court."

- Drug court, like any drug-related family situations, caused tension in families when family members are unsure how much information to tell extended family.
- When parents/guardians are unable to attend meetings or otherwise support their children, the children often are angry with their parents/guardians. This causes tension, as the parents/guardians feel it is the participants' fault they are in a program in the first place.

### ***Education-related issues***

Active participants/graduates:

- Drug court staff call in school every day to see if some participants are attending.
- (After computer classes) "I went to regular school and I hated it, I had to do regular work."

Parents/guardians:

- Participants who found themselves unable to participate in team sports seemed to find that especially demoralizing.
- One parent/guardian complained about her son skipping school, but also accused the school of being wrong about his recurring absences.
- The high school classes on computers program was poorly received in practice. One parent/guardian remarked, "I think it's just a way of them covering the basic of being able to say: Okay, we offered them education up until the age of 16." Participants are unable to understand the computer programs, the adults monitoring the computers often cannot as well.
- There was confusion over the possibility of a participant getting a diploma versus a GED. Different parents/guardians had different ideas and information about the reality of the situation.
- (My son) "was ready to graduate that same year and...but, he was supposed to be put back in his grade but he wasn't, so he tried, when he turned 18 in February, and he quit school. So, because of that place, the school and things, he wasn't put back in the grade he was supposed to be. I didn't like that at all."
- Parents/guardians often feel they have to continually fight the education system on behalf of their children.

### ***What advice would you give someone considering drug court (a prospective participant or parent/guardian)?***

Active participants:

- "Drug court is a good program, but some people don't work the steps. Don't do it if you're not ready and willing, you'll just waste everyone's time."

### ***Recommendations for the program***

Active participants:

- General suggestions from participants are to have most drug court actions (classes, court sessions, UAs, etc.) less frequently, but to have more steps on MRT.
- Have AA/NA groups with younger people with similar problems.
- Help participants with transportation.

Parents/guardians:

- "Stretching out" or otherwise spacing the "Monday, Tuesday, Wednesday thing" to allow for a less hectic schedule.

- If parent/guardian meetings were more frequent, this would allow flexibility for parent/guardian schedules (one example included a parent/guardian of multiple children needing to attend events for the other child), but also for the support gained by additional meetings.
- Have an educational tutoring program, ideally with the participants studying together, to help students get school credits and diplomas.
- Reform the computer classes.
- Have aftercare. Specific suggestions included at least a probation-like structure and/or weekly drug tests.
- Help participants with transportation.