

Chittenden County Treatment Court Chittenden County, VT *Process Evaluation Report*

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BACKGROUND

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

Drug Court programs have the 10 Key Components of Drug Courts (NADCP, 1997) to help guide their operation. In the typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives operating outside of their traditional roles. The team typically includes a drug court coordinator, case managers, substance abuse treatment providers, prosecuting attorneys, defense attorneys, law enforcement officers, and parole and probation officers who work together to provide needed services to drug court participants. Prosecuting and defense attorneys modify their traditional adversarial roles to support the treatment and supervision needs of program participants. Drug court programs blend the resources, expertise and interests of a variety of jurisdictions and agencies.

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

Project Description and Purpose

In late 2013, NPC Research was contracted by the State of Vermont Court Administrator's Office to conduct an assessment of Vermont's Adult Drug Courts to determine the programs' adherence to best practices. A comprehensive process evaluation was completed in Chittenden County, while abbreviated assessments on best practices were completed in Washington and Rutland counties.

For the process evaluation, the evaluation team worked with the staff of the Chittenden County Treatment Court (referred to as the CCTC for the remainder of the report) and the Vermont Court Administrator's Office.

This report is the main product of the process evaluation. The report summarizes program characteristics and practices, analyzes the degree to which this program is following guidelines based on the 10 Key Components, and provides commendations on best practices as well as recommendations for program improvement and enhancement.

Process Evaluation Methods

The information that supports the process evaluation was collected from an online program self-assessment, staff interviews, participant focus groups, observation of drug court sessions and staffing meetings, and program documents such as the policy and procedure manual, referral forms, phase expectations, and participant handbook. A description of the methods used to gather information from each source follows.

ONLINE PROGRAM SELF-ASSESSMENT

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

OBSERVATION

NPC staff members visited the Chittenden County Treatment Court to observe the judge preside over a staffing and drug court session, interaction of all team members, and discussions regarding court responses to participant behavior. These observations provided information about the structure, established procedures, and routines used in the drug court.

KEY STAKEHOLDER INTERVIEWS

Key stakeholder interviews, conducted in person, were a critical component of the process study. NPC staff conducted detailed interviews with individuals involved in the administration of the drug court, including the judge, program coordinator, assistant state's attorney, assistant public defender, treatment clinicians, and case managers.

Interviews were conducted to clarify and expand upon information gained from the online assessment and to obtain a deeper and more comprehensive understanding of the program's process. NPC's Drug Court Typology Interview Guide¹ was referenced for detailed questions about the program. This guide was developed from the same sources as the online survey and provides a consistent method for collecting structure and process information from different types of drug courts. The information gathered through the use of this guide assisted the evaluation team in focusing on the day-to-day operations as well as the most important and unique characteristics of the CCTC.

FOCUS GROUPS

NPC staff conducted a focus group with current participants and participants that successfully completed the program (graduates). The group was a mix of genders (four females and six males). There were three graduates and seven active participants (in Phases 1, 2 and 3 of the program). A second focus group was also conducted by phone with participant(s) that did not complete the pro-

¹ 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 at

[www.npcresearch.com/Files/NPC Research Drug Court Typology Interview Guide \(copyrighted\).pdf](http://www.npcresearch.com/Files/NPC%20Research%20Drug%20Court%20Typology%20Interview%20Guide%20(copyrighted).pdf)

gram successfully. The focus groups, which took place during October 2013, provided participants with an opportunity to share their experiences and perceptions regarding the drug court process.

DOCUMENT REVIEW

In order to better understand the operations and practices of the CCTC, the evaluation team reviewed program documents including the participant handbook, program referral forms, staffing sheets, screening forms, risk assessment tool, and the program policy and procedure manual.

TECHNICAL ASSISTANCE CALL

Chittenden County Treatment Court staff also participated in a follow-up teleconference with NPC staff to facilitate a discussion of practices observed and recommendations for program enhancement. This discussion occurred to ensure the accuracy of NPC's initial findings, allow team members to ask questions, obtain clarification and discuss items in more detail and to determine feasibility of recommended enhancements.

GENERAL SUMMARY OF FINDINGS AND RECOMMENDATIONS

The CCTC was implemented in June 2003 in an effort to address the cycle of addiction by combining evidence-based treatment with intensive judicial supervision, with the overall goals of reducing the impact of drug-related cases on the criminal justice system, enhancing community safety, and supporting participants to be sober, productive members of the community. The program, designed to take a minimum of 12 months to complete, accepts only post-plea/pre-conviction participants. The general program population consists of high-risk, high-need Chittenden County residents that have been charged with crimes related to their drug addiction. The CCTC has a capacity to serve approximately 40 participants in the adult drug court program at one time. As of December 2013, there were 45 active participants. Between January 12, 2003 and May 24, 2012, a total of 148 participants were served. There were 67 successful participants and 81 terminated, resulting in a 45% graduation rate.

Overall, the CCTC has implemented its drug court program within the guidelines of the 10 Key Components. The program should be commended for the following good practices:

- **The CCTC team uses regular email communication.** Team members noted that updates occur regularly via email regarding participant behavior and court responses. It was also noted that this information was timely, team members provide information outside of staffing sessions, and that protocols were in place to notify appropriate parties of participant noncompliance. Drug courts that shared information among team members through email had 65% lower recidivism than drug courts that did not use email (Carey et al., 2011).
- **All active team members attend both staffing and court sessions.** The CCTC judge, both attorneys, the coordinator, treatment representatives and case managers all attend both staffing meetings and court sessions. Best practices research shows that every team member that is represented at staffings and court sessions is related to greater reductions in recidivism and higher cost savings (Carey et al., 2012).
- **A policy committee meets regularly.** The program has implemented a policy committee, referred to as “systems meetings.” The purpose of these meetings is to discuss and make decisions about drug court policy issues that cannot be addressed during staffing sessions, and also ensuring they are working toward program goals. This committee is planning on using an upcoming session to address the commendations and recommendations described in this report.
- **CCTC has a dedicated public defender and deputy state’s attorney assigned to the program.** Best practices research indicates that this results in positive participant outcomes including significantly lower recidivism and increased cost savings (Carey et al., 2008). Both attorneys are aware of the team approach while participating in drug court proceedings and are clearly supportive of the drug court model.
- **The program assesses offenders to determine whether they are substance dependent or abusers.** Identifying whether participants are substance users or abusers ensures appropriate care is provided and expectations are imposed on the right groups of partici-

pants, and that services provided by the program are being delivered to individuals with the highest need.

- **The program length is a minimum of 12 months, and has at least three phases.** Programs that have a minimum length of stay of at least 12 months had significantly higher reductions in recidivism. In addition, programs that had three or more phases showed greater reductions in recidivism (Carey et al., 2012).
- **The program offers an array of treatment services and uses evidence-based programming.** The CCTC offers a breadth of diverse and specialized services to program participants through its partnership with the HowardCenter, along with utilizing various other treatment providers in the area.
- **The program provides relapse prevention education while participants are active in the program and an aftercare program following graduation.** Drug courts that provide relapse prevention education and aftercare have significantly improved participant outcomes (Carey et al., 2012). A relapse prevention plan enhances participants' ability to maintain the behavioral changes they have accomplished through participation in the CCTC. Although aftercare services are not required of all participants (except for those that have received a Section 8 voucher from the program), having these services is a clinical best practice, supporting individuals in their transition to a drug-free lifestyle.
- **Participants are required to test clean for at least 90 days before they can graduate.** Research has shown that the longer clients are required to be clean before graduation, the more positive their outcomes (both in terms of lowered recidivism and lower costs) (Carey et al., 2005, 2008, 2012).
- **Results from drug testing obtained within 1 day.** The drug testing company utilized by the CCTC (Burlington Labs) is able to provide results for most drug tests within 1 day, including EtG testing. The CCTC is commended for working with a drug testing agency that provides results within 2 days as research has shown this best practice is associated with higher graduation rates and lower recidivism (Carey et al., 2008).
- **Status review hearings occur once every two weeks.** Research has shown that court appearances once every 2 weeks can have better outcomes than less frequent court appearances (Carey et al., 2008; Marlowe et al., 2006) (except in very high-risk populations who may do better starting with weekly appearances). The CCTC should be commended for changing the frequency of drug court appearances to once every 2 weeks for participants in the first phase. This change should allow the judge to spend more time per participant when they are in the court room.
- **Judges preside over drug court for two years.** Drug court advocates have successfully worked with the state to allow drug court judges to stay beyond the usual one-year rotations for up to two years on the drug court bench. One judge was able to stay a third year. The program and other drug court advocates should continue to campaign the Vermont Supreme Court (and other appropriate parties) regarding implementation of a policy that would structure the judicial rotation so that judges can stay on the drug court bench longer, have some time for training by the previous judge for the newly incoming judge, and eventually have the same judges rotate back through to the drug court bench, utilizing their past experience. Allowing the judge to volunteer for this service, if possible, also increases the potential for improved client outcomes (Carey et al., 2008; 2012). If it is not possible to change the frequency of rotation, it is important to have previous drug court judges availa-

ble to new judges for consultation, as judge experience and longevity are correlated with more positive participant outcomes and greater cost savings (Finigan, Carey and Cox, 2007).

- **The CCTC collects electronic data and has reviewed their data and statistics to make program improvements.** The program is commended for performing data collection at the local court and through HowardCenter. The team reports they have reviewed their data/statistics and have included this information for review at policy committee meetings. These reviews are used to assess the program's functioning and also to make adjustments to program requirements as needed. Programs that use their data for program improvement have greater reductions in recidivism and greater cost savings (Carey et al., 2012).
- **The program has participated in this process evaluation and is planning to have an outside evaluation of outcomes and costs.** Drug courts that have participated in outside evaluation and have adjusted their program practices based on the results of these evaluations have significantly lower recidivism and higher cost savings (Carey, et al. 2012). An evaluation of process, outcomes and costs, particularly once the new incentives and sanctions schedule has been implemented and in place for several months, will be beneficial to the program in confirming that these changes have been beneficial and for continuing program improvement. In addition, outcome and cost figures can be especially helpful in obtaining funding from federal and state sources.
- **The program has invested time on regular training.** The drug court has engaged in a substantial amount of training for staff and is commended on their dedication to educating team members, as evidenced by all team members being able to attend the most recent 2013 National Drug Court Conference hosted by NADCP. The team also provides initial training resources to new members, and keeps apprised of free trainings, such as Webinars, that may benefit the program. Programs that provide training for all team members have significantly better participant outcomes (Carey et al., 2012).
- **The program has creatively and effectively addressed many participant needs.** The program is commended for creating solutions to program barriers faced by participants. Team members provided examples of challenges they have solved related to psychiatric services and housing. This responsiveness and support helps the participants develop trust in the program and allows them to see that the program is working in their best interests.

Although this program is functioning very well in many areas, NPC's review of program operations resulted in some recommendations for program improvements. We recognize that it will not always be feasible to implement all of these recommendations due to budgetary, policy, or infrastructure limitations. It is important for the team to be as flexible as possible and do what they can to work around the barriers to accomplish the ultimate goal of doing what is best for the participants, implementing best practices when they can.

The following recommendations represent the primary areas of suggested program improvement that arose during the interviews, focus groups, and observations during the site visit. Background information, more detailed explanations, and additional recommendations are presented in the body of the report.

- **Work toward including a law enforcement representative regularly on the team.** The team previously was able to have a law enforcement liaison participate on the team. Time constraints prevent them from regularly participating on the team currently, but there is generally support from law enforcement agencies as evidenced by referrals being made by officers in the past. Team members also noted during the follow-up call that a benefit from having law enforcement participate on the team was the ability to perform home visits, which changed perceptions of participants and law enforcement personnel. To the extent possible, the drug court team should ensure that local and state police understand their participation with drug court is a cost-effective way to deal with repeat offenders who have substance abuse problems. Additionally, the program should be seen as an avenue for addressing quality of life issues and preserving public safety. Research has shown that drug courts that include law enforcement as an active team member have higher graduation rates, lower recidivism rates, and higher cost savings (Carey et al., 2011, 2012). The role of law enforcement on the team could include assisting with and providing additional home visits to verify that participants are living in an environment conducive to recovery. Law enforcement representatives can also recognize participants on the street (while on regular duty) and can provide an extra level of positive supervision. Knowing that limitations may exist with the amount of time the law enforcement representative is available, the CCTC should consider if there are options for them to attend staffing and court sessions as often as possible.
- **Provide clarification on team member roles.** It was observed and reported during the site visit that this particular issue affected several team members, particularly the case manager positions, as schedules, expectations and duties related to case manager interactions with the clients were not well defined. There were some participants assigned specifically to case managers, who then provided support and scheduled regular meetings with these participants. However, in other instances, participants may receive case management and attend regular meetings with treatment clinicians at HowardCenter (or other treatment agencies). Communication among team members in the situation does occur, which aids in ultimately meeting a participant's needs, but this overlap in services and duties may result in confusion for team members in how they should interact with these participants. The program may benefit from having more clear expectations and outlined duties for these case managers (or assigning one to drug court and the other to mental health court). Team members noted during the follow-up call that discussions had recently occurred to try and address this particular recommendation. We recommend that the team work together on a MOU that clearly defines all team member roles and responsibilities, including the specific role of the case managers.
- **Ensure all participating agencies understand and are following program eligibility guidelines.** Team members commented that eligibility guidelines were established by the program, but on occasion, participants have been admitted despite not meeting all stated criteria. To ensure all admissions to the program meet agreed upon criteria, we recommend that the coordinator, and other team members, do more outreach to other agencies that may refer offenders to the program to help them understand the eligibility criteria.
- **Continue efforts to reduce the time between arrest and program entry.** During a follow-up call after the site visit, the team stated that significant delays hinder program entry for some participants. This is typically caused by the length of time between arrest and charges being filed (typically 6 weeks), delays in receiving paperwork (police reports,

etc.), and the understandable reluctance of the public defender's office to expedite cases in order to protect due process rights. Team members noted the number of high-level changes required to substantially change arrest to entry times. However, the team should still consider conducting a case flow review to try and begin addressing potential bottlenecks to the entry process, perhaps identifying smaller issues that slow down the process, with the hope that larger system issues may be addressed in the future.

- **Ensure that a regular schedule of case management meetings with an assigned case manager are being established.** After their initial intake, it was reported that case managers met with some clients on an “as needed” basis, rather than a regular schedule. Although some participants have regularly scheduled appointments with a case manager, many reported that they do not have a regular time to discuss issues unless the participant makes an effort to meet with the case manager outside of the court setting. We recommend that the team clarify the intended case management schedule and verify that clients are assigned to a specific case manager and regular meetings are established to ensure that participant case management needs are being met and they are regularly reminded that assistance is available. The scheduled meetings could be tied to the phases of drug treatment court, and the frequency of these meetings should diminish over time. Ensuring that regular case management meetings are occurring may also help address the earlier recommendation on clarifying case manager roles.
- **Evaluate general phase requirements:** The requirements of each program phase should mirror the basic stages of recovery including initiation of abstinence and stabilization, maintenance, relapse prevention and aftercare planning. The current participant handbook states that certain phases are “minimum of 3-4 months,” with no distinction of what may allow a participant to advance phases in 3 months versus 4 months. It was observed that most participants were required to be in the phase for 4 months, which may necessitate an update to the handbook to reflect this requirement. Each phase should also have specific goals that must be achieved before advancement, regardless of the length of time the participant is in that phase. Currently the CCTC has three phases. Alternatively, the CCTC could implement a fourth phase so that the phases cover each of the stages of recovery. An example of how drug court programs have implemented four phases is provided in the main report.
- **Explore options for performing periodic testing on weekends.** At the time of the site visit, the program was unable to perform drug testing outside of weekdays. As detailed in the NDCI Judicial Benchbook (2011), for testing to correctly assess the drug use patterns of program participants, it is crucial that samples be collected in a random, unannounced manner. If clients never know when they are going to be tested, then opportunities for them to use drugs during known testing gaps are reduced. Some testing protocols may mistake frequency for thoroughness. Believing that testing 3 to 4 times per week (e.g., Monday, Wednesday, Friday) is equally sufficient and effective coverage may be erroneous because it is on a predictable schedule. Although testing may be difficult to do 7 days a week, having the ability to test 1 day per weekend, and testing 1-2 weekends per month would greatly increase the amount of coverage on participants, and substantially reduce the amount of time that participants know testing will not occur.
- **Develop specific guidelines on the use of sanctions and rewards and give a printed copy to each team member.** Drug courts that have written guidelines for sanctions and rewards and that provide these guidelines to the team have double the graduation rates and

3 times the cost savings compared to drug courts that do not have written guidelines (Carey et al., 2008, 2011). These guidelines should be considered a starting point for team discussion of rewards and sanctions during staffing sessions and not hard and fast rules. They can help the team in maintaining consistency across participants so that, when appropriate, similar behaviors result in similar sanctions. The guidelines also serve as a reminder of the various reward and sanction options available to the team so they do not fall into habits of using the same type of sanctions (e.g., jail, loss of sober time) so frequently that they become ineffective. The CCTC has already begun to address this recommendation by scheduling a policy meeting with the team specifically to create guidelines for the team on incentives and sanctions.

- **Increase the intensity of graduated sanctions more quickly.** Team members noted during the follow-up call after the site visit that the continued use of low level sanctions has resulted in some court responses being ineffective with participants. The team has become aware of the need to provide higher intensity sanctions when appropriate, and increasing the intensity of the sanctions more quickly, particularly for those with positive drug tests. By addressing the recommendation above, the program hopes to issue more effective and appropriate level sanctions to participants.
- **Explain the reasons for rewards and sanctions in court and be aware of the importance of appearing fair.** Because this drug court often imposes rewards and sanctions on an individualized basis, the team needs to take into consideration the appearance of unequal treatment for similar infractions. It is important to communicate the rationale behind decisions regarding sanctions and incentives, even if it seems redundant at times. The program is encouraged to explain court responses to behavior in detail during court sessions, both for the benefit of the participant being addressed by the judge and for the participants who are observing. In particular, the judge should describe the noncompliant behavior that the participant needs to stop and why a specific sanction was chosen with the intention of changing that behavior, and then describe what the participant should be doing instead. It can be very helpful for a participant to hear from the judge what they *should* do and not just what they shouldn't do. This provides the participant with a positive behavior they can use in place of the negative behavior.
- **Increase participant time spent before the judge, particularly for participants who are doing well.** The team had recently changed their court schedule from weekly to once every 2 weeks, in hopes of providing participants with more time in front of the judge. This change may have had an effect on the observed timing of the court session, as it ended sooner than planned (due to the judge operating under the previous time constraints that were in place). During the court session observation, participants spent an average of 1.8 minute speaking with the judge. An average of 3 minutes or greater per participant is related to higher graduation rates and significantly lower recidivism rates than drug courts that spend less than 3 minutes per participant (Carey et al., 2011). Since the court session is a learning opportunity for all participants, spending more time with the participants who are doing well will allow other participants to observe and learn positive behaviors that will help them replace old negative behaviors. While it is important to properly address the negative behaviors of participants in the program, team members should also ensure that this does not happen at the expense of those doing well in the program, particularly in the court session. The team may also consider seeing successful

participants (who are in Phase 2 or 3) earlier in the session and excusing participants early as a reward for positive behavior demonstrated since the previous hearing.

- **Continue to share these evaluation and assessment results.** The CCTC team members have been reviewing the results of this evaluation and are encouraged to continue to discuss the overall findings, both to enjoy the recognition of its accomplishments and to identify areas of potential program adjustment and improvement. In anticipation of receiving this report, the CCTC has scheduled a time for the policy committee to discuss the results of this evaluation and how to use the information contained in this report. In addition, the assessment and evaluation results can be beneficial to the program when looking to apply for grants to fund additional positions and resources or for local funders/agencies to help them access resources. These results can document needs as well as show how well the program has done in specific areas. Courts that have participated in an evaluation and made program modifications based on evaluation feedback have had twice the cost savings compared to courts that have not adjusted their program based on evaluation feedback (Carey et al., 2012). Appendix A contains a brief set of guidelines for how to review program feedback and next steps in making changes to the program.
- **Check with team members regularly to make certain that they feel they received all needed training.** Although most team members received training and have had the opportunity to attend training conferences, there was some interest for a few team members in receiving some more training and clarification on roles. This may be addressed partially in the earlier recommendation about developing a MOU that clearly states team member roles and responsibilities. This may also be addressed by creating a packet of resource materials that includes the program policy and procedures manual, the participant handbook, the MOU, and other resources for specific team member roles that is given to all new team members along with a time to sit down with the appropriate team member (perhaps the drug court coordinator) to review expectations for the new team member.
- **Continue to invite community members and staff from other agencies to CCTC graduations.** Despite being established for many years, multiple team members noted that much of the general community is still unaware of the CCTC program and its mission to improve the community and individual lives. It is important to educate those not familiar with drug courts in how the drug court model works and its benefits. Graduation ceremonies provide powerful testimony for the effectiveness of drug courts. Inviting potential community partners to graduations is one low-cost strategy for strengthening outreach efforts, and allows them to witness positive program impacts.
- **Continue with plans to form an alumni group and training graduates to become peer mentors.** The program has been planning for an alumni group to provide a venue for peer support after the program as well as to support current participants to complete the program. Some courts have used alumni support groups as a cost-effective tool in aftercare planning. Participation in this group can be required as part of the final phase of drug court to encourage participants to prepare for life after they leave drug court. This is also a great opportunity for family-friendly, substance-free social events. Once established, the CCTC should continue to support their alumni group and encourage certain individual alumni members to take leadership and mentoring roles (when appropriate) within the group. The program has already trained two graduated participants to be recovery coaches. One of these will come to the orientation group once a month to talk about drug court and recovery.

Overall the CCTC has implemented a program that follows the guidelines of the 10 Key Components of Drug Courts.

The following section of the report presents the CCTC practices and recommendations in greater detail as well as additional recommendations. This information is provided within the framework of the 10 Key Components.

10 KEY COMPONENTS OF DRUG COURTS DETAILED EVALUATION RESULTS

The Chittenden County Treatment Court (referred to as the CCTC for the remainder of the report) was implemented in June 2003 as a collaborative effort between the Superior Court, State's Attorney's Office, Public Defender's Office, Department of Corrections, Department of Health, and the local treatment agency (HowardCenter) to provide eligible participants with an alternative to traditional criminal justice processes. The program is designed to take a minimum of 12 months to complete, with most successful participants reported to complete the program in 18 months. The CCTC takes only post-plea/pre-conviction participants, and targets high-risk, high-need Chittenden County residents that have been charged with crimes related to their drug addiction. The most common drug of choice is opiates/heroin (40%), followed by prescription opiates (20%), marijuana (15%), cocaine (15%), and alcohol (10%). As of September 2013, there were 40 active participants in the program.

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

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

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

Key Component #1 focuses on the collaboration of various agencies. The partnerships include the integration of treatment services with traditional court case processing, and the engagement of various other criminal justice and service agencies, including probation, law enforcement, and community partners (employment, housing, transportation, and other groups). Each professional who interacts with the participants observes them from a unique perspective, at different times of the day or week, and under varied circumstances. This offers holistic, useful information for the team to draw upon in determining court responses that will change participant behavior. Participation from all partners contributes to the strength of this model and is one of the reasons it is successful at engaging participants and changing behavior. For these collaborations to be true "partnerships," regular meetings and collaborations with these partners should occur. If successful, the drug court will benefit from the expertise that resides in all of the partner agencies, and participants will enjoy greater access to a variety of services.

National Research

Research has indicated that greater representation of team members from collaborating agencies (e.g., defense attorney, treatment, prosecuting attorney) at team meetings and court hearings is

correlated with positive outcomes for clients, including reduced recidivism and, consequently, reduced costs at follow-up (Carey et al., 2005; Carey, Finigan, & Pukstas, 2008; Carey, Mackin, & Finigan, 2012). Greater law enforcement involvement increases graduation rates and reduces outcome costs (Carey, Finigan, & Pukstas), and participation by the prosecution and defense attorneys in team meetings and at drug court hearings had a positive effect on graduation rates and on recidivism costs (Carey, Finigan, & Pukstas; Carey, Waller, & Weller, 2011).²

Research has also demonstrated that drug courts with fewer treatment agencies resulted in more positive participant outcomes including higher graduation rates and lower recidivism costs (Carey et al., 2005, 2008, 2012).

Chittenden County Treatment Court Process

- The CCTC team is primarily composed of a judge, drug court coordinator, deputy state's attorney, public defender, treatment provider representatives (clinical coordinator and senior clinician), and two case managers. These team members all have regular contact with participants throughout their time in the program. Law enforcement, probation office representatives, and other community partners (such as Section 8 representatives and the coordinator for Veterans Administration services) may also participate on the team on an as-needed basis.
- The judge position assigned to CCTC rotates approximately every 2 years, based on guidelines created by the Vermont Supreme Court (which rotates most judges annually). Guidelines require that judges preside over different divisions (criminal, family, drug court, etc.), which then allows the Supreme Court to address staffing issues by assigning judges interchangeably. Judge rotations within the drug court have been able to exceed 1 year (up to 2 years), but these rotations do not typically allow for overlap of the previous drug court judge with a new judge, resulting in an abrupt change to the program in most cases.
- The team noted that law enforcement has been considered a drug court team member, but that time constraints limit their ability to attend staffing and court. Home visits are completed primarily by the case managers assigned to the program, but do not occur regularly.
- Staffing meetings, where participant progress is discussed, are held twice a month on Thursday afternoons, with sessions averaging 2 hours. Those who regularly attend in-

Focus group quotes: (discussing team members that were especially helpful to them)

- "They are all there for you. They aren't just there to collect a paycheck."
- "You can feel a connection with him right away. It's obvious he wants to help."
- "[The team] always reminded me that I was human and could mess up."
- "The thing about all of them is that every sanction they've given me has made sense to me after the fact."
- "I was in jail, and when she came in to interview with me, she made it seem like it was possible to do the program."

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

clude judge, drug court coordinator, deputy state's attorney, public defender, treatment provider representatives (clinical coordinator and senior clinician), and both case managers. A probation officer, law enforcement representative or community partners will sometimes attend staffing if they are working with, or have additional information on, participants. Additionally, a team meeting, facilitated by the coordinator and consisting of only treatment clinicians and case managers is held weekly outside of staffing sessions on Wednesdays to regularly discuss and address participant needs.

- Every participant scheduled for court is discussed during staffing meetings. Discussions center on treatment involvement, employment, phase advancement, drug testing, overall progress, and responding to participants' positive and negative behaviors. Most team members provide feedback and participate in discussions before court responses are decided. Team members represent their roles during these discussions, with the judge having the authority to make the final decision (or to implement responses that differ from the team recommendations); however, it was observed that this practice did not occur often. The observed staffing meeting focused significantly on the positive aspects of participant behavior (completing all meetings, honesty about substance use, etc.) and rewarding such behavior.
- Drug court status review hearings are held every other week on Thursday afternoons (immediately following the staffing session), and generally last about 2 hours, with an average of 40 participants being seen by the judge. All team members who participate in the staffing session attend court sessions. Court security officers may be present if a participant is going into custody, but they are not considered members of the team.
- CCTC works mainly with one treatment provider, HowardCenter, to provide treatment services to the majority of participants in the program. Participants that enter the program are required to have health insurance coverage, with the majority of participants being eligible for Medicaid, which pays for the treatment services they receive. Team members reported that representatives from HowardCenter regularly provide written progress reports for staffing sessions and also communicate with the team verbally in staffing and court sessions. Additionally, treatment provider representatives regularly communicate via e-mail and telephone with the team between court sessions for issues that need immediate attention. Team members report that information is always provided in a timely manner from HowardCenter. Participants receiving treatment services from other agencies typically provide updates and maintain contact with HowardCenter clinicians and/or case managers.
- The CCTC has a formal policy committee (called "systems meetings") that meets every 6 months outside of staffing sessions to discuss program issues, although team members acknowledged that this frequency of meeting is not always met. To resolve this issue, the committee has completed policy meetings during the time reserved for scheduled court sessions (but court is not actually held). The committee consists of all active team members who always attend staffing and court sessions.
- Treatment clinicians and case managers perform the majority of case management for drug court participants. However, the clinical coordinator, public defender, and drug court coordinator regularly provide case management services when needed as well.

Commendations

- **Regular email communication.** Team members noted that updates occur regularly via email regarding participant behavior and court responses. It was also noted that this information was timely, team members provide information outside of staffing sessions, and that protocols were in place to notify appropriate parties of participant noncompliance. Drug courts that shared information among team members through email had 65% lower recidivism than drug courts that did not use email (Carey et al., 2011).
- **All active team members attend both staffing and court sessions.** The CCTC judge, both attorneys, the coordinator, treatment representatives and case managers all attend both staffing meetings and court sessions. Best practices research shows that every team member that is represented at staffings and court sessions is related to greater reductions in recidivism and higher cost savings (Carey et al., 2012).
- **A policy committee that meets regularly.** The program has implemented a policy committee, referred to as “systems meetings.” The purpose of these meetings is to discuss and make decisions about drug court policy issues that cannot be addressed during staffing sessions, and also ensuring they are working toward program goals. This committee is planning on using an upcoming session to address the commendations and recommendations described in this report.

Suggestions/Recommendations

- **Work toward including a law enforcement representative regularly on the team.** The team previously was able to have a law enforcement liaison participate on the team. Time constraints prevent them from regularly participating on the team currently, but there is generally support from law enforcement agencies as evidenced by referrals being made by officers in the past. Team members also noted during the follow-up call that a benefit from having law enforcement participate on the team was the ability to perform home visits, which changed perceptions of participants and law enforcement personnel. To the extent possible, the drug court team should ensure that local and state police understand their participation with drug court is a cost-effective way to deal with repeat offenders who have substance abuse problems. Additionally, the program should be seen as an avenue for addressing quality of life issues and preserving public safety. Research has shown that drug courts that include law enforcement as an active team member have higher graduation rates, lower recidivism rates, and higher cost savings (Carey et al., 2011, 2012). The role of law enforcement on the team could include assisting with and providing additional home visits to verify that participants are living in an environment conducive to recovery. Law enforcement representatives can also recognize participants on the street (while on regular duty) and can provide an extra level of positive supervision. Knowing that limitations may exist with the amount of time the law enforcement representative is available, the CCTC should consider if there are options for them to attend staffing and court sessions as often as possible.
- **Provide clarification on team member roles.** It was observed during the site visit that this particular issue affected several team members, particularly the case manager positions, as schedules, expectations and duties related to case manager interactions with the clients were not well defined. There were some participants assigned specifically to case managers, who then provided support and scheduled regular meetings with these participants. However, in other instances, participants may receive case management and attend

regular meetings with treatment clinicians at HowardCenter (or other treatment agencies). Communication among team members in the situation does occur, which aids in ultimately meeting a participant's needs, but this overlap in services and duties may result in confusion for team members in how they should interact with these participants. The program may benefit from having more clear expectations and outlined duties for these case managers (or assigning one to drug court and the other to mental health court). Team members noted during the follow-up call that discussions had recently occurred to try and address this particular recommendation. We recommend that the team work together on a MOU that clearly defines all team member roles and responsibilities, including the specific role of the case managers.

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

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

National Research

Research by Carey et al. (2008) and Carey et al. (2012) found that participation by the prosecution and defense attorneys in team meetings and at drug court status review hearings had a positive effect on graduation rates and recidivism costs.

In addition, courts that allowed non-drug-related charges also showed lower recidivism costs. Allowing participants into the drug court program only post-plea was associated with lower graduation rates and higher investment costs while drug courts that mixed pre-trial and post-trial offenders had similar outcomes as drug courts that keep those populations separate³ (Carey et al., 2012).

Chittenden County Treatment Court Process

- A dedicated public defender and deputy state's attorney have been assigned to the drug court team and actively participate in all staffing and court sessions. Private attorneys also represent a portion of the program's participants (approximately 25%) due to conflicts of interest at the public defender's office. This private attorney also attends staffing and court sessions regularly to represent participants assigned to him.
- The program accepts post-plea/pre-conviction participants only. Potential admissions were reported to be primarily identified by the public defender's office.
- The CCTC deputy state's attorney regularly communicates with those in his office about referrals the team has under consideration (as other deputy state's attorneys must agree to allow someone to enter the program). This allows the CCTC deputy state's attorney to provide input and ultimately give approval to anyone entering the program. The CCTC

³ 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.

deputy state's attorney will also update those in his office on how individuals are progressing once they enter the program.

- The public defender and deputy state's attorney are always included on all CCTC policy-related matters.
- The public defender and deputy state's attorney have received drug court-specific training, role-specific training, and also attended drug court state and national conferences.
- Both attorneys are always aware when a drug court participant is sanctioned to jail for noncompliant behavior.
- The CCTC excludes individuals that do not have drug-related charges (crimes not related to their addiction). The program allows individuals receiving medication-assisted treatment into the program.

Commendations

- **CCTC has a dedicated public defender and deputy state's attorney assigned to the program.** Best practices research indicates that this results in positive participant outcomes including significantly lower recidivism and increased cost savings (Carey et al., 2008). Both attorneys are aware of the team approach while participating in drug court proceedings and are clearly supportive of the drug court model.

Suggestions/Recommendations

- **There are no recommendations under this key component at this time.**

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

The focus of this component is on the development and effectiveness of the eligibility criteria and referral process. Different drug courts allow different types of criminal histories. Some courts also include other criteria such as requiring that participants assess as drug dependent, admit to a drug problem, or other "suitability" requirements that the team uses to determine whether they believe specific individuals will benefit from and do well in the program. Drug courts should have clearly defined eligibility criteria. It is advisable to have these criteria written and provided to the individuals who do the referring so that appropriate individuals that fit the court's target population are referred.

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

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

National Research

Carey et al. (2008) 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 additional, non-drug charges (such as theft and forgery) also had lower costs due to reduced recidivism, though their investment costs in the program were higher.

Those courts that expected 50 days or less from arrest to drug court entry had higher savings than those courts that had a longer time period between arrest and entry (Carey et al., 2012). Further, reducing time between arrest (or other precipitating incident) and the first treatment session has been shown to significantly decrease substance use. Donovan, Padin-Rivera, and Kowaliw (2001) found that in reducing the time to entry approximately 70% of clients entered treatment, and of those that entered 70% completed their assigned treatment. Those that entered treatment showed significant reductions in substance use and improved psychosocial function.

Other research found that drug courts that included a screen for suitability and excluded participants who were found unsuitable had the same outcomes (e.g., the same graduation rates) as drug courts that did not screen for suitability and did not exclude individuals based on suitability (Carey & Perkins, 2008). This indicates that screening participants for suitability does not improve participant outcomes.

Chittenden County Treatment Court Process

- The target population of the CCTC is high-risk, high-need offenders living in Chittenden County that are substance dependent and have committed crimes driven by addiction. The program only accepts substance dependent individuals into the program, and participants must be amenable to treatment to be eligible for entry. There is a “back out” period where participants can try the program and decide not to participate.
- The drug court coordinator completes an interview with individuals that have been referred to the program and initially approved by the state’s attorney’s office. These offenders are screened for eligibility using the Ohio Risk Assessment Screening Tool (ORAS) which assesses an individual’s likelihood of failing to appear and risk of re-offending by evaluating their criminal history, employment/residential stability and drug use.
- Individuals using certain narcotic medications (benzodiazepines, prescription opiates) and individuals that do not admit to having a drug problem are not eligible for consideration to the drug court. Those individuals on narcotic medications who are not eligible for drug court are screened for mental health court.
- The CCTC eligibility requirements are written but the program was unsure if all referring team agencies have copies of the eligibility criteria.
- The team noted that most program referrals are received from the public defender’s office and local defense attorneys, but the state’s attorney’s office, local court, probation office, law enforcement, child welfare case worker, general public (including schools), mental health agencies, Section 8 Housing Authority, and local jails may also identify and refer potential participants to the program.

- Once a referral has been received, the drug court coordinator will pass this information to the appropriate deputy state's attorney, who must then give approval. The CCTC deputy state's attorney noted that he will confer and remind others in his office to approve/disapprove referrals to expedite the referral process. Once approval has been provided, the drug court coordinator will schedule a face-to-face interview where participants are screened using the ORAS. The coordinator will also go over program requirements and give participants an example of an expected schedule if they enter the program. If found to be clinically appropriate, the CCTC will then schedule potential participants to observe an upcoming court session. The information gathered on a participant up to this point is then brought to the CCTC team for consideration during the next scheduled staffing session. The team discusses this information along with a participant's criminal history, appropriateness for the program, and many other factors before deciding as a team to accept an individual into the program. Participants that express an interest in joining then attend a program orientation for new participants which is held every week, with team members reviewing the participant handbook in detail. All participants then enter the orientation phase of the program for a minimum of 30 days. At the end of the orientation phase, participants decide whether to enter the program, while the CCTC decides if the program is appropriate for the participant.
- The estimated time between participant arrest and referral to the drug court program is 2 months or more. The estimated time between drug court referral and program entry is 1-2 months, for a minimum total estimated time from arrest to drug court entry of 3-4 months.
- A full bio-psycho-social assessment created by HowardCenter is performed on all offenders to determine level of care shortly after admission to drug court. An individualized treatment plan is developed from the assessment, including a schedule of group and individual therapy sessions.
- The CCTC estimates that 80% of participants are poly-substance users/abusers, with opiates (prescription and heroin) being the most prominent drug of choice.
- Incentives for participants to enter the drug court include charges for the case that led to drug court being dismissed, early termination of probation, probation sentence not being served, suspension of jail or prison sentences, and reducing felony charges to misdemeanor charges. Focus group participants also noted that the structure and support of the program, along with avoiding jail time, were the biggest reasons for entering the program.

Focus group quotes: (commenting on why they entered the program)

- "I wanted to change my ways. I've been in and out of jail so much. Figured drug court would help with that change."*
- "(I've) been in and out of jail numerous times.... On probation for 10 years and that didn't help. A couple of arresting officers recommended drug court because it had worked for others."*
- "I didn't want to do it at all. They offered me this or jail. I wasn't ready to change yet though."*
- "I really wanted to do the program. It was drug court or my sentence."*
- "... I thought the charges would affect my (work), so keeping it off my record would help my career."*

- The CCTC's official capacity is 40 participants. As of September 2013, the program had 45 active participants.

Commendations

- **The program assesses offenders to determine whether they are substance dependent or abusers.** Identifying whether participants are substance users or abusers ensures appropriate care is provided and expectations are imposed on the right groups of participants, and that services provided by the program are being delivered to individuals with the highest need.

Suggestions/Recommendations

- **Ensure all participating agencies understand and are following program eligibility guidelines.** Team members commented that eligibility guidelines were established by the program, but on occasion, participants have been admitted despite not meeting all stated criteria. To ensure all admissions to the program meet agreed upon criteria, we recommend that the coordinator, and other team members, do more outreach to other agencies that may refer offenders to the program to help them understand the eligibility criteria.
- **Continue efforts to reduce the time between arrest and program entry.** During a follow-up call after the site visit, the team stated that significant delays hinder program entry for some participants. This is typically caused by the length of time between arrest and charges being filed (typically 6 weeks), delays in receiving paperwork (police reports, etc.), and the understandable reluctance of the public defender's office to expedite cases in order to protect due process rights. Team members noted the number of high-level changes required to substantially change arrest to entry times. However, the team should still consider conducting a case flow review to try and begin addressing potential bottlenecks to the entry process, perhaps identifying smaller issues that slow down the process, with the hope that larger system issues may be addressed in the future.

The team requested some potential talking points to take to the state's attorney and public defender's office to help persuade them on the importance of decreasing the time to entry include the following. Prompt program placement is shown to lead to higher cost savings, but just as important, it engages people who need treatment in treatment sooner, which increases their chances of success. Programs must take advantage of the window of time after an arrest as a teachable moment (or moment for change) where the impact is going to be most effective. Provisions can be put in place that still protect due process rights, while fully informing a defendant of the consequences and details of the program. In addition, part of an advocate's role is to help clients make the best decision possible (including for their long-term outcomes), particularly when a person is likely not able to make the best decision for themselves because they are under the influence. Participating in the program is ultimately the best way for a person to avoid continued involvement in the criminal justice system in the future. It is important to ensure that people who fail the program will receive nothing worse than what would have occurred under normal processes, so that there is no harm involved in engaging in the program and in treatment while the defendant benefits from services they wouldn't normally receive.

The CCTC should continue to accept defendants who have had significant amounts of time pass since their arrest (team stated there were some defendants who have been pending for 6 months or more). Many drug court programs accept offenders after substantial amounts of time have passed since their arrest and can have successful outcomes in spite

of this gap, although it should be noted that this practice should be the exception rather than the rule.

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

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

Different drug courts differ in how they determine a client's needs. While drug courts are always targeting clients with a substance use problem, the drug courts may or may not use a substance abuse assessment instrument to determine eligibility or develop a case plan. The same may apply to mental health assessment. A screening and assessment process that includes more than just an examination of legal eligibility will result in more accurate identification of individuals who are appropriate for the services provided by the drug court and a clinically sound treatment plan. The assessment should include alcohol use severity, drug involvement, level of needed care, medical and mental health status, employment and financial status, extent of social support systems including family support, drug (or alcohol) triggers, refusal skills, thought patterns, confidence in their ability to stop using alcohol/drugs, and motivation to change.

National Research

Programs that have requirements for the frequency of group and individual treatment sessions (e.g., group sessions 3 times per week and individual sessions 1 time per week) have lower investment costs (Carey et al., 2005), substantially higher graduation rates, and improved recidivism costs (Carey et al., 2008). Clear requirements of this type may make compliance with program goals easier for program participants and also may make it easier for program staff to determine if

Focus group quotes: (discussing what they find most beneficial in the program)

- *"Structure is huge... (before the program) we didn't worry about commitments. We are used to doing just enough to get by. The humility with that is huge. Constantly being reminded that you could be in jail is good. The resources are huge too. Having Section 8 and bus passes is so important."*
- *"They are about the solutions and helping you get there."*
- *"It was the team of people to advocate for me."*
- *"I didn't have support at the Department of Corrections. I didn't trust what they said. Once I saw that (the drug court) cared, I've been sober ever since."*
- *"It's been huge for me. It's become almost like a second family. Great to be part of a community that shares my struggles. There are other people who share my experiences. And just to have people that understand and believe in you. It's definitely not for the faint of heart."*

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.

A variety of treatment approaches that focus on individual needs, motivational approaches to engaging clients, cognitive-behavioral therapy approaches, self-help groups, and appropriate use of pharmacological treatments can all provide benefits to participants in facilitating positive change and abstinence from alcohol and drug use. Multi-systemic treatment approaches work best because multiple life domains, issues, and challenges are addressed together, using existing resources, skills, and supports available to the participant. It is also crucial to provide aftercare services to help transition a person from the structure and support of the treatment environment back to her/his natural environment (Miller, Wilbourne, & Hettrema, 2003).

The American University National Drug Court Survey (Cooper, 2000) showed that most drug courts have a single treatment provider agency. NPC, in a study of 69 drug courts nationally (Carey et al., 2012), found that drug court programs with one or two treatment agencies had significantly better outcomes (lower recidivism and higher cost savings) than programs with more treatment agencies.

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

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) maintains an updated guide on the reliability and validity of alcohol assessment instruments (Allen & Wilson, 2003). The American Society of Addiction Medicine (ASAM) publishes non-proprietary patient placement criteria for matching substance abuse clients to indicated levels or modalities of care. The ASAM guidelines specify the areas that should be covered in a clinical assessment and matches the clients’ results with levels of care that guide a patient’s placement in treatment services (American Society of Addiction Medicine, 1996).

Chittenden County Treatment Court Process

- The CCTC program is intended to last a minimum of 12 months and has three phases (and an optional aftercare phase). The first phase of the program lasts a minimum of 3 months. Each of the next two phases last a minimum of 3 months (but generally last 4 months). It was reported that most participants take an average of 18 months to successfully complete the program.
- Participants also have the option to enter an aftercare phase after graduation, and are required to participate in aftercare for a minimum of 1 year if they are awarded a Section 8

Focus group quotes: (describing difficulties in the program)

- *“The frustrating thing for me, the farther you get along you sometimes have less meetings and stuff. They (team members) are spread so thin. There are times when I talk with them and they talk about a dirty UA that isn’t me. So there are times when I think if I didn’t have it together... that I could get away with stuff.”*
- *“There are different participants who are held to different standards.”*
- *“I’ve always been able to manipulate and talk people out of stuff. So just because we point out a criticism doesn’t mean we are saying they should do the opposite.”*

voucher from the CCTC. For those that opt to complete this aftercare phase, the program provides continuing support by having participants periodically check in with their case manager and following their relapse prevention plan. Participants may also mentor new participants in the CCTC.

- Numerous agencies in Chittenden County provide treatment services to program participants, but a single agency (HowardCenter) treats the majority of participants. HowardCenter coordinates and provides oversight for most treatment services received by participants.
- Participants typically attend one individual treatment session and three group sessions every week in Phase I. Participants then attend one individual treatment session and two group sessions per week in the last phase. The amount of treatment/number of sessions is evaluated by the treatment provider throughout the program and slightly decreases as participants' progress through the program, but then increases toward the end to prepare participants to leave the program.
- Participants are also strongly encouraged to attend self-help meetings throughout the program. In the first phase of the program, it is suggested that participants attend three meetings per week. This decreases to two meetings per week in the last two phases of the program.
- Participants are always screened for co-occurring mental disorders as well as suicidal ideation. Mental health treatment is required for CCTC participants who are found to have co-occurring disorders as part of their program-related treatment.
- HowardCenter staff complete an in-house assessment on participants that determines areas of need, including substance abuse and mental health diagnoses. This information is then used to create a plan of care for the participant and is adjusted as appropriate during their time in the program.
- Services (or types of treatment) required for *all participants* are based on assessed level of care and include: mental health counseling, outpatient individual treatment sessions health education, health care, Motivation Interviewing, Recovery training and contingency management. Services (or types of treatment) required for *some participants* include: detoxification outpatient group treatment sessions, residential treatment, psychiatric services, job training/vocational program, employment assistance, family/domestic relations counseling, GED assistance, prescription drugs for substance dependence, TCU Mapping enhanced Counseling, parenting classes, anger management/violence prevention. Services *offered to participants but not required* include: gender-specific treatment sessions, self-help (e.g., AA or NA), language or cultural specific programs, prenatal program, housing assistance, dental care, transportation assistance, Twelve Step Facilitation Therapy, University of Cincinnati Corrections Institute CBT for Substance Abuse curriculum, Seeking Safety, Mindfulness training.
- Depending on their health insurance coverage, aftercare services are available to some participants after graduation. If funding from their insurance is possible, participants can continue to receive any or all treatment services available.
- Child care services are not currently available to drug court participants.

- The CCTC does not have an alumni group for program graduates, but team members reported they have been working recently to establish a group and are hopeful that meetings will be held in the coming months.
- The CCTC works with local sober community centers to provide “recovery coaches” to participants. Recovery coaches are certified, trained individuals that meet with participants to work on goal setting and other case management services. Team members noted that they differ from a 12-step sponsor in their approach (strength-based vs. 12-step), certification requirements, professional accountability, and affiliation with a community organization.
- The CCTC utilizes resources in the faith community by referring participants to Joint Urban Ministry Project (J.U.M.P), a local church that provides a drop-in center to assist individuals with food, transportation, or utility assistance.
- Participants can also receive employment services when referred to the local Department of Labor, Division of Vocational Rehabilitation, and Vermont Works for Women.
- GED classes and education assistance can be obtained through the local Vermont Adult Learning Center.
- The team regularly refers participants to the local resource centers to receive a limited number of free bus passes. Participants may also be sent to Bike Recycle Vermont to obtain a refurbished bicycle at a discounted price.

Commendations

- **The program length is a minimum of 12 months, and has at least three phases.** Programs that have a minimum length of stay of at least 12 months had significantly higher reductions in recidivism. In addition, programs that had three or more phases showed greater reductions in recidivism (Carey et al., 2012).
- **The program offers an array of treatment services and uses evidence-based programming.** The CCTC offers a breadth of diverse and specialized services to program participants through its partnership with the HowardCenter, along with utilizing various other treatment providers in the area.
- **The program offers referrals for ancillary services for participants.** Team members reported that the CCTC makes referrals for medical, dental and psychiatric care when needed. Meeting participant needs across the spectrum of issues affecting their lives can help them be more successful. In addition, appropriate care can help mitigate participant use of substances to self-medicate problems related to physical pain. Many programs have seen benefits with reduction in recidivism from offering health services.
- **The program provides relapse prevention education while participants are active in the program and an aftercare program following graduation.** Drug courts that provide relapse prevention education and aftercare have significantly improved participant outcomes (Carey et al., 2012). A relapse prevention plan enhances participants’ ability to maintain the behavioral changes they have accomplished through participation in the CCTC. Although aftercare services are not required of all participants (except for those that have received a Section 8 voucher from the program), having these services is a clinical best practice, supporting individuals in their transition to a drug-free lifestyle.

Suggestions/Recommendations

- **Ensure that a regular schedule of case management meetings with an assigned case manager are established.** After their initial intake, it was reported that case managers met with some clients on an “as needed” basis, rather than a regular schedule. Although some participants have regularly scheduled appointments with a case manager, many reported that they do not have a regular time to discuss issues unless the participant makes an effort to meet with the case manager outside of the court setting. We recommend that the team clarify the intended case management schedule and ensure that clients are assigned to a specific case manager and regular meetings are established to ensure that participant case management needs are being met and they are regularly reminded that assistance is available. The scheduled meetings could be tied to the phases of drug treatment court, and the frequency of these meetings should diminish over time. Ensuring that regular case management meetings are occurring may also help address the earlier recommendation on clarifying case manager roles.
- **Evaluate general phase requirements:** The requirements of each program phase should mirror the basic stages of recovery including initiation of abstinence and stabilization, maintenance, relapse prevention and aftercare planning. The current participant handbook states that certain phases are “minimum of 3-4 months,” with no distinction of what may allow a participant to advance phases in 3 months versus 4 months. It was observed that most participants were required to be in the phase for 4 months, which may necessitate an update to the handbook to reflect this requirement. Each phase should also have specific goals that must be achieved before advancement, regardless of the length of time the participant is in that phase.

Currently the CCTC has three phases. Alternatively, the CCTC could implement a fourth phase so that the phases cover each of the stages of recovery. The following is an example of how drug court programs have implemented four phases.

1. The focus of Phase 1 is Orientation, Stabilization and Initial Engagement. During this phase participants are expected to attempt to establish initial abstinence; understand and accept that he or she has an alcohol/drug dependence/addiction problem; demonstrate initial willingness to participate in treatment activities; become compliant with the conditions of participation in drug court; establish an initial therapeutic relationship; and commit to a plan for active treatment. (This phase is typically short, a minimum of approximately 6 weeks.)
2. The focus of Phase 2 is the Provision of Treatment. During this phase participants are expected to demonstrate continued efforts at achieving abstinence; develop an understanding of substance abuse and offender recovery tools, including relapse prevention; develop an understanding and ability to employ the tools of cognitive restructuring of criminal/risk thinking; develop the use of a recovery support system; and assume or resume socially accepted life roles, including education or work and responsible parenting and family relations. (A minimum of approximately 3 months).
3. The focus of Phase 3 is Transition to Community Engagement. During this phase participants are expected to demonstrate continued abstinence; demonstrate competence in using relapse prevention, recovery, and cognitive restructuring skills, in progressively more challenging situations; develop further cognitive skills such

as anger management, negotiation, problem-solving and decision making, and financial and time management; connect with other community treatment or rehabilitative services matched to identified needs; demonstrate continued use of a community-based recovery support system; and demonstrate continued effective performance of socially-accepted life roles.

4. The focus of Phase 4 is Maintenance of Recovery Skills and Supports. During this phase, participants are expected to demonstrate internalized recovery skills and the ability to follow their aftercare plan with minimal program support; maintain abstinence, demonstrate ability to identify relapse issues, and intervene; and contribute to and support the development of others in earlier phases of the drug court program and demonstrate continued effective performance of socially accepted life roles

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

The focus of this key component is the use of alcohol and other drug testing as a part of the drug court program supervision practices. Drug testing is important both for supervision by the court and the team and for participant accountability. It is seen as an essential practice in participants' treatment. This component encourages frequent testing but does not define the term "frequent" so drug courts develop their own guidelines on the number of tests required. Related to this component is that the drug courts must assign responsibility for testing and community supervision to its various partners, and establish protocols for electronic monitoring, drug test collection, and communication about participant accountability.

The drugs included in abstinence monitoring detection should be a reflection of the substances being abused/used within the community or jurisdiction of the court. The drug testing should be sufficiently comprehensive to ensure adequate coverage of the major abused drug classes (e.g., amphetamines, barbiturates, benzodiazepines, cannabinoids (marijuana), cocaine, opiates, and alcohol).

National Research

Because of the speed with which alcohol is metabolized, electronic methods of monitoring and detection are recommended, such as transdermal alcohol detection devices (e.g., SCRAM bracelets) and Ignition Interlock Devices (person must take a breath test before his/her car will start).

Research on courts nationally (Carey et al., 2005, 2012) found that drug testing that occurs randomly, at least 2 times per week, is the most effective model. If testing occurs more frequently (that is, more than 3 times per week), the random component becomes less important as it is difficult to find time to use in between frequent tests.

In addition to frequency of testing, it is important to ensure that drug testing is fully observed during sample collection, as there are numerous ways for individuals to predict when testing will happen and therefore use in between tests or to submit a sample that is not their own. In focus groups with participants after they have left their programs, individuals have admitted many ways they were able to "get around" the drug testing process including sending their cousin to the testing agency and bringing their 12-year-old daughter's urine to submit.

Use of a validated risk assessment instrument is a crucial component of a successful supervision plan. The risk assessment and regular re-assessments indicate how much structure and monitoring is needed for a particular offender, allowing the program staff to make the most effective use of supervision resources, and also indicate the effectiveness of the interventions over time (or whether adjustments to the plan need to occur).

Chittenden County Treatment Court Process

- Participants are required to call into a recorded message every weekday that states a drug testing color. Colors are selected randomly by the testing lab and the message is set at 6 a.m. each day. If the message states a participant's assigned color, he or she must provide a sample at the drug testing facility between 8 a.m. and 4 p.m. the same day. Drug testing does not currently occur on weekends. A participant's drug test color may change (to increase or decrease testing frequency) while participating in the program.
- Most participants can be tested a maximum of 8 times per month, due to insurance covering the costs. Team members did state that on occasion, more than eight tests are collected on a participant in a given month. In these cases, the drug testing facility frequently absorbs the additional cost of the tests.

Drug test collection is performed for the program primarily by Burlington Labs. The drug testing facility is staffed by a male and female employee, and tests are fully observed. Participants are also required to wash their hands and empty their pockets prior to providing a UA to reduce the likelihood of tampering. The team noted that the probation office, medication-assisted treatment providers and other physicians may occasionally collect participant drug tests and follow the same procedures.

- Participants are tested 2-3 times per week on average through all phases. The team reported that drug testing is done for cause (if there is suspicion or someone appears under the influence).
- Drug testing is mainly performed with either a 10 or 14 panel test, though other methods (such as breathalyzers, instant test cups, etc.) are also utilized on occasion. Ethyl Glucuronide (Etg) testing for alcohol occurs on all samples, as well as testing for whether a sample is diluted. Burlington Labs is able to process tests instantly, providing initial results to the CCTC typically within 24 hours. Additional testing for synthetic drugs (bath salts, synthetic marijuana, etc.) requires a note from a doctor as well and occurs infrequently due to high costs.
- Results from drug testing are housed in a secure online site developed by Burlington Labs, which requires team members to log in to obtain results. This information is also

Focus group quotes: (commenting on difficulties with drug testing)

- *"I'm nervous about UAs. I've had false positives. I was really angry for a while because of the mix up. They used to just put you in jail, but thank goodness now they do the confirmations."*
- *"I've seen people actively using and getting away with it. It stinks when people lie about using substances (mouthwash, etc) when they are just getting away with it and we are trying really hard."*
- *"You have a lot on your plate. So it's tough when you have drug test issues. It was harder to tell people that you are struggling because you don't want it to slow you down."*

tracked electronically by the senior clinician at HowardCenter. The team may be updated via email to determine if an immediate response is necessary, otherwise this information is reported at the next scheduled drug court staffing.

- Program phases vary in length (3-4 months), but the clean time required to advance was formerly less than the total amount of time spent in the phase. Focus group participants reported knowing this fact, and that it has resulted in participants using substances during their phase time until they need to start accumulating the minimum clean required to advance to the next phase. In response to this participant feedback, this practice has now been changed (see commendations below).
- Participants must be alcohol and drug free for at least 90 consecutive days before they can graduate the program.

Commendations

- **Drug testing occurs at least 2 times per week.** Research indicates that testing 2 or more times per week in at least the first phase leads to lower recidivism rates, and continuing this frequency throughout the program is a recommended practice. The program is recognized for following this best practice.
- **Participants are required to test clean for greater than 90 days before they can graduate.** Research has shown that greater than 90 days is a best practice, and the longer clients are required to be clean before graduation, the more positive their outcomes (both in terms of lowered recidivism and lower costs) (Carey et al., 2005, 2008, 2012).
- **Results from drug testing obtained within 1 day.** The drug testing company utilized by the CCTC (Burlington Labs) is able to provide results for most drug tests within 1 day, including EtG testing. The CCTC is commended for working with a drug testing agency that provides results within 2 days as research has shown this best practice is associated with higher graduation rates and lower recidivism (Carey et al., 2008).
- **In response to participant feedback during the evaluation process, the team adjusted the clean time requirements for phase advancements.** Since clean time requirements were less than the overall program phase length, participants reported that continued substance use occurred until they needed to start accumulating clean time for phase advancement. During the follow-up call after the site visit, the team reported that this practice has already changed, and any new participants entering the program are now subject to clean time requirements that equal the minimum time required in each phase, specifically, 60 days in Phase 1, 90 in Phase 2, and 90 in Phase 3.

Suggestions/Recommendations

- **Explore options for performing periodic testing on weekends.** At the time of the site visit, the program was unable to perform drug testing outside of weekdays. As detailed in the NDCI Judicial Benchbook (2011), for testing to correctly assess the drug use patterns of program participants, it is crucial that samples be collected in a random, unannounced manner. If clients never know when they are going to be tested, then opportunities for them to use drugs during known testing gaps are reduced. Some testing protocols may mistake frequency for thoroughness. Believing that testing 3 to 4 times per week (e.g., Monday, Wednesday, Friday) is equally sufficient and effective coverage may be erroneous because it is on a predictable schedule. Although testing may be difficult to do 7 days

a week, having the ability to test 1 day per weekend , and testing 1-2 weekends per month would greatly increase the amount of coverage on participants, and substantially reduce the amount of time that participants know testing will not occur.

- **Announce the drug test color in the morning and shorten the window of time to give tests.** Currently, the drug testing color is announced approximately 9-10 hours prior to when the last drug tests may be submitted. While there are numerous factors that constrain the court's sample collection timing and a client's ability to travel to the collection site, it is important to limit the interval between notification and collection. Announcing the drug test color in the morning and limiting testing times to a 3-4 hour window afterward may also help address diluted tests that the program receives. The more effective a court is at shrinking this time period (which ideally is no longer than a few hours), the greater the success of the program's deterrent and monitoring efforts. As detailed in the National Drug Court Institute's (NDCI) Judicial Benchbook (2011), this strategy will limit the opportunity participants have to engage in sample tampering tactics by reducing the time between notification of a drug test and the time that the sample collection actually occurs.
- **Look into funding to increase the frequency of specialized testing.** Knowing that budget constraints limit programs greatly, the CCTC should consider increasing the frequency of specialized testing to ensure participants are not using substances that do not show up on the standard drug tests currently used.

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

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

National Research

Case management is an essential component of accountability court programs and should be seen as central to the program by tying the other principles and components together (Monchick, Scheyett, & Pfeifer, 2006).

Nationally, the judge generally makes the final decision regarding sanctions or rewards, based on input from the drug court team. Carey et al. (2008) found that for a program to have positive outcomes, it is not necessary for the judge to be the sole provider of sanctions. Allowing team members to dispense sanctions makes it more likely that sanctions occur in a timely manner, more immediately after the noncompliant behavior, though the entire team should be informed when a sanction occurs outside of court. Carey et al. (2012) showed that drug courts that responded to

infractions immediately (particularly requiring the participant to attend court at the next possible session) had twice the cost savings.

In addition, all drug courts surveyed in the American University study confirmed they had established guidelines for their sanctions and rewards policies, and nearly two-thirds (64%) reported that their guidelines were written (Cooper, 2000). Research has found that courts that had their guidelines for team responses to participant behavior written and provided to the team had higher graduation rates and higher cost savings due to lower recidivism (Carey et al., 2008, 2011).

Chittenden County Treatment Court Process

- The majority of case management is performed by treatment clinicians and case managers; however, the clinical coordinator and public defender also participate in case management on occasion. Participants meet with their treatment clinicians on a regular basis with the frequency of contact set by assessment and subsequent plan of care. Meetings with the case managers occur on a regular schedule for some participants and on an as-needed basis for others throughout the program. The participants and staff reported that they were uncertain about the requirements around case management and the frequency of required meetings. It was also reported by multiple individuals that participants were responsible for scheduling a meeting if needed. If participants are struggling or have additional needs, the treatment clinicians and case managers will also schedule case management visits. The treatment clinicians and case managers review participant activities—such as self-help meetings attended, job searches, and drug testing results—and perform case management (transportation needs, family issues, etc.) as needed.
- Incentives for participants to enter the drug court include charges for the case that led to drug court being dismissed, early termination of probation, probation sentence not being served, suspension of jail or prison sentences, and reducing felony charges to misdemeanor charges.
- Participants are provided a participant handbook upon entry into the program that outlines program requirements and lists a number of possible sanctions a participant may receive for non-compliance.
- Participants are given a written list of possible rewards. There is a written list of specific behaviors and associated rewards, so participants know what kinds of behaviors lead to rewards.
- Participants receive intangible rewards (such as applause and praise from the judge) and tangible rewards (such as gift cards and certificates). Rewards may be provided during court by the judge or outside of court by other team members. Most rewards are provided in a standardized manner. For example, participants receive gift cards for making all (or most) appointments/meetings between court dates.

Focus group quotes: (discussing what they find most beneficial in the program)

- *“The compassion and understanding. I’ve never had a group of facilitators be so understanding and giving you chance. They understand you are sick.”*
- *“You’re not getting pulled away from your family and children...you get to be there for them. It’s a support community. Any one of the people in the program you could call and they would step up to help you.”*

- Positive feedback from the judge and applause were reported by the team to be the most effective reward.
- The team noted that they have periodically gathered feedback from participants regarding rewards and stated that phase change certificates are effective. Tokens, wrist bracelets, and coming to court less were also reported to be valued by participants.
- CCTC team members are not given written guidelines about sanctions, rewards and treatment responses to participant behavior. Some team responses are standardized (the same sanction/reward are provided for the same kinds of behavior), but it was observed during the site visit that most responses are discussed as a group and decided on a case-by-case basis. However, after the site visit, the team scheduled a policy meeting where they worked on designing an incentive and sanction schedule.
- Team members that attend staffing and court sessions have received training in the use of rewards and sanctions to modify behavior.
- Participants are given a written list of behaviors that lead to sanctions and also a list of possible sanctions.
- Sanctions were not observed to be graduated (severity increases with more frequent or more serious infractions). They are typically imposed at the next court session for non-compliant behavior.
- Program sanctions may include writing essays, community service, increased drug testing, more court appearances, returning to an earlier phase, and jail.
- The team noted that daily check in, increased court appearances, and admonishment by the judge were particularly effective responses to non-compliance.
- Jail is always used as a sanction for any new charges or citations and may be used on occasion for noncompliance. When jail is utilized, the court most often uses 1-2-day jail sanctions.
- Jail is rarely used as an alternative for detoxification or residential when detoxification or residential treatment is not available.
- The drug court coordinator tracks rewards and sanctions given to each participant over the course of the program. This information is provided during staffing sessions each time a participant appears in court.
- Failure to appear in court, missing treatment sessions, tampering with drug tests, new arrest for violent offense, or lack of progress in treatment/program may also result in termination, but are not necessarily automatic termination criteria. Instead, all circumstances and issues would be considered before anyone was officially terminated from the program.
- Termination from the program results in the participant's criminal case being sent back to the criminal court docket for adjudication. This may result in the full imposition of the

Focus group quotes: (discussing their thoughts on incentives)

- *"The Dunkin Donuts gift cards are no good to me."*
- *"Bus passes were very helpful."*
- *"I really liked the stones. They had words on them...it was specific to me."*
- *"I was a little confused about the applause at first."*

offender's original sentence, a period of probation, or convictions staying on a participant's record.

- In order to graduate participants must remain drug and alcohol free for 90 days, complete community service, complete a relapse prevention plan, have sober housing, pay all court-ordered fines and fees (such as restitution), and complete a graduation application. In addition to these requirements, participants must also complete a community service project before progressing to the last phase of the program. The community service project requires participants to complete an action to give back to the community. This must be a self-initiated deed, and participants cannot use community service they have performed as a sanction to satisfy this requirement. Examples are included in the handbook, and team members are available to help participants create a plan to complete the project.
- Graduations are held at the beginning of regularly scheduled court sessions. Participants are recognized individually, with several team members speaking about the participant and their progression through the program and their success. A participant's family or friends are invited to attend as well. Participants are also presented with a graduation certificate and receive a present (such as a gift card) from the team. Team members may also bring in refreshments to celebrate the occasion.
- All participants leave the CCTC with an aftercare plan and a relapse prevention plan and/or a wellness recovery action plan. Participants may choose to voluntarily continue to see their case managers and clinicians on an outpatient basis once they have completed the program. However, those participants awarded a Section 8 voucher from the CCTC must continue to submit to random UAs and maintain contact with their clinician and/or case manager.

Commendations

- **Appropriate jail sanction lengths.** The CCTC does use jail as an option for program noncompliance, and reports almost all jail sanctions are generally 1-2 days. Although the option to use jail as a sanction is an integral piece of an effective drug court (Carey et al., 2008), jail should not be used for excessive lengths of time. There are some behaviors that are extremely difficult for true addicts to perform in the early phases of the program, particularly abstinence. The immediate use of jail then leaves the court with no harsher alternatives (aside from lengthier time, which has been shown to be ineffective) to use later in the program when relapse should no longer be occurring.

Suggestions/Recommendations

- **Develop specific guidelines on the use of sanctions and rewards and give a printed copy to each team member.** Drug courts that have written guidelines for sanctions and rewards and that provide these guidelines to the team have double the graduation rates and 3 times the cost savings compared to drug courts that do not have written guidelines (Carey et al., 2008, 2011). These guidelines should be considered a starting point for team discussion of rewards and sanctions during staffing sessions and not hard and fast rules. They can help the team in maintaining consistency across participants so that, when appropriate, similar behaviors result in similar sanctions. The guidelines also serve as a reminder of the various reward and sanction options available to the team so they do not fall into habits of using the same type of sanctions (e.g., jail, loss of sober time) so frequently that they become ineffective. The CCTC has already begun to address this recommendation by sched-

uling a policy meeting with the team specifically to create guidelines for the team on incentives and sanctions.

- **Increase the intensity of graduated sanctions more quickly.** Team members noted during the follow-up call after the site visit that the continued use of low level sanctions has resulted in some court responses being ineffective with participants. The team has become aware of the need to provide higher intensity sanctions when appropriate, and increasing the intensity of the sanctions more quickly, particularly for those with positive drug tests. By addressing the recommendation above, the program hopes to issue more effective and appropriate level sanctions to participants.
- **Explain the reasons for rewards and sanctions in court and be aware of the importance of appearing fair.** Because this drug court often imposes rewards and sanctions on an individualized basis, the team needs to take into consideration the appearance of unequal treatment for similar infractions. It is important to communicate the rationale behind decisions regarding sanctions and incentives, even if it seems redundant at times. The program is encouraged to explain court responses to behavior in detail during court sessions, both for the benefit of the participant being addressed by the judge and for the participants who are observing. In particular, the judge should describe the noncompliant behavior that the participant needs to stop and why a specific sanction was chosen with the intention of changing that behavior, and then describe what the participant should be doing instead. It can be very helpful for a participant to hear from the judge what they *should* do and not just what they shouldn't do. This provides the participant with a positive behavior they can use in place of the negative behavior.

Similarly, time should be taken with participants who are doing well to emphasize what they are doing right. These participants should be encouraged to share in court what strategies they used to make it to appointments on time, or to avoid a situation that would trigger relapse, etc. Most participants already know what it looks like to do the wrong thing and be in trouble, what they often don't know is how to do it right. Participants can learn about correct behavior by listening to those participants who are doing well in court.

Certainty, immediacy, and magnitude relate to how rewards and sanctions are actually imposed. However, *perceptions* of rewards and sanctions are also very important. Evidence from cognitive psychology reveals that individuals are more likely to perceive a decision as being correct and appropriate if they believe that fair procedures were employed in reaching that decision. In fact, the perceived fairness of the procedures exerts a greater influence over participants' reactions than does the outcome of the decision. Specifically, participants will be most likely to accept an adverse judgment if they feel they (1) had a fair opportunity to voice their side of the story, (2) were treated in an equivalent manner to similar people *in similar circumstances*, and (3) were accorded respect and dignity throughout the process. When any one of these factors is absent, behavior not only fails to improve, but may get worse, and participants may sabotage their own treatment goals (NDCI Judicial Benchbook, 2011).

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

Key Component #7 is focused on the judge's role in a drug court. The judge has an extremely important function in monitoring client progress and using the court's authority to promote positive outcomes. While this component encourages ongoing interaction, courts must still decide specifically how to structure the judge's role. Courts need to determine the appropriate amount of courtroom interaction between the participant and the judge, including the frequency of status review hearings, as well as how involved the judge is with the participant's case. Outside of the court sessions, depending on the program, the judge may or may not be involved in team discussions, progress reports and policymaking. One of the key roles of the drug court judge is to provide the authority to ensure that appropriate treatment recommendations from trained treatment providers are followed.

The judge is the ultimate arbiter of factual controversies in the program, and makes the final decision concerning the imposition of incentives or sanctions that affect participants' legal status or personal liberty. The judge should make such determinations after giving due consideration to the expert input of other team members, and after discussing the matter in court with the participant or participant's legal representative.

National Research

From its national data in 2000, the American University Drug Court Survey (Cooper, 2000) reported that most drug court programs require weekly contact with the judge in Phase 1, contact every 2 weeks in Phase 2, and monthly contact in Phase 3. 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.

Research in multiple states (Carey et al., 2005, 2008, 2011, 2012) demonstrated that, on average, participants have the most positive outcomes if they attend approximately one court appearance every 2 weeks in the first phase of their involvement in the program. Marlowe, Festinger, Lee, Dugosh, & Benasutti (2006) also demonstrated that court sessions weekly, or every 2 weeks, were effective for higher risk offenders while less frequent sessions (e.g., monthly) were effective for only low-risk offenders.

In addition, programs where judges remained with the program at least 2 years had the most positive participant outcomes (Carey et al., 2005). It is recommended that drug courts either avoid fixed terms, or require judges with fixed terms to serve 2 years or more, and that courts with fixed terms consider having judges rotate through the drug court more than once, as experience and longevity are correlated with more positive participant outcomes and cost savings (Finigan, Carey, & Cox, 2007).

Finally, recent research in 69 drug courts nationally (Carey et al., 2012) showed that programs where the judge spent at least 3 minutes per participant during status review hearings talking with participants had significantly lower recidivism and higher cost savings.

Chittenden County Treatment Court Process

- The current CCTC judge was assigned to the program about 1 year ago and presided over a drug court in a different county previously. The program has had multiple judges rotate into the position since program inception, due to Vermont Supreme Court guidelines that require judges to switch divisions annually. Overlap does not occur when judges rotate, resulting in abrupt changes to the program, a problem that was expressed by team members and focus group participants during the site visit.
- Drug court participants are required to attend court sessions once every 2 weeks in Phase 1, decreasing to once per month by the last phase, but may be increased at any time depending on a participant's progress.
- The observed staffing session began at 12:30 p.m. and lasted approximately 2 hours, with the team discussing 32 participants who were scheduled for court.
- Staffing is primarily facilitated by the judge, coordinator and treatment representatives. However, most team members were engaged in discussions during the staffing, and the team generally displayed good communication. The treatment representatives began with updates on participants scheduled to appear in court and makes recommendations on a court response to the team. Staffing notes contain details such as demographics, employment status, education level, court start date, phase dates, drugs of choice, last use, UA results (positives, dilutes, dates given), and updates from the participant's last meeting with applicable team members. A separate sheet containing a participant's history of positive behaviors, noncompliance issues, incentives given, and sanctions issued are also provided to all team members.
- Participants are required to stay for the entire drug court session, although exceptions can be made for participants on occasion (those who need to return to work or have been excused for pre-approved reasons).
- In addition to the drug court docket, the CCTC judge also presides over other cases and dockets in the county. In between the time spent in staffing and court, the judge receives communication from team members about participants and other administrative matters.
- The judge has received formal drug court training and attended multiple national conferences.
- Court was scheduled to begin at 2:30 p.m., but began at approximately 2:48 p.m. The session ended at 3:34 p.m., with 26 participants seen by the judge. This resulted in an average of 1.8 minutes per participant in front of the judge. Team members noted that court sessions typically average 1.5 to 2 hours. It should also be noted that the CCTC had re-

Focus group quotes: (discussing judge transitions while participating in the program)

- "It was rough. When you get used to someone, it's hard. The judge was changing and the staff was changing so I felt like I was more quiet, because I didn't feel comfortable anymore. I was just there...(the previous judge) knew everyone's situation and I lost that security."
- "I had 3 judges. Jail sanctions were definitely different."
- "Didn't know anything about (the new judge) so I was very scared."

cently changed the frequency of their court dates (to every 2 weeks) due to the time constraints of holding court once per week, and team members were still adjusting to this change.

- Court sessions begin with participants being called to a podium in front of the judge's bench. Observations of the judge revealed that he was supportive, caring, and genuine when addressing participants. He smiled a lot and made efforts to say good things about all participants, even those not doing well in the program. He started off with positive feedback before issuing sanctions as well. The judge regularly offered words of encouragement or support privately during court, by having the participant stand directly in front of the bench. During these conversations, the judge will turn off the courtroom microphone so that the interactions remain private.
- The atmosphere of the courtroom was non-adversarial, which was aided by the judge's demeanor and general attitude, as he was calm and kept conversations light throughout the court session. Recognition and encouragement were given to some participants when appropriate. He provided follow-through on warnings to participants, and he followed recommendations provided by the team during staffing sessions.
- Other team members spoke up during the court session or addressed participants privately (when needed) to clarify issues such as community service hours or next appointments.
- Multiple team members engaged in discussions with participants after the court session to confirm requirements, offer encouragement, or just to continue conversations that occurred in court.

Focus group quotes: (describing their thoughts about Judge Gearson)

- "I like Judge Gearson. You can see sympathy and compassion in his eyes."
- "Judge Gearson does show that he cares which is good, because it makes you not be as resentful."
- "I know that Judge Gearson will give me 3 meetings if I only do 2. The other judge would not."
- "He comes across as a father figure...definitely more authoritarian, but still has compassion."
- "Thing I admire most, when people mess up even really bad, he always finds the positive. He genuinely does care."

Commendations

- **The program requires participants to stay through the entire court hearing.** Drug court hearings are a forum for educating all participants and impacting their behavior. It is important that the court requires most participants (exceptions can be made) to stay for the entire hearing both to observe consequences (both good and bad) and to learn how those who are doing well are able to succeed and make healthy choices and positive changes in their lives.
- **Status review hearings occur once every two weeks.** Research has shown that court appearances once every 2 weeks can have better outcomes than less frequent court appearances (Carey et al., 2008; Marlowe et al., 2006) (except in very high-risk populations who may do better starting with weekly appearances). The CCTC should be commended for changing the frequency of drug court appearances to once every 2 weeks for partici-

pants in the first phase. This change should allow the judge to spend more time per participant when they are in the court room.

- **Judges preside over drug court for two years.** Drug court advocates have successfully worked with the state to allow drug court judges to stay beyond the usual one-year rotations for up to two years on the drug court bench. One judge was able to stay a third year. The program and other drug court advocates should continue to campaign the Vermont Supreme Court (and other appropriate parties) regarding implementation of a policy that would structure the judicial rotation so that judges can stay on the drug court bench longer, have some time for training by the previous judge for the newly incoming judge, and eventually have the same judges rotate back through to the drug court bench, utilizing their past experience. Allowing the judge to volunteer for this service, if possible, also increases the potential for improved client outcomes (Carey et al., 2008; 2012). If it is not possible to change the frequency of rotation, it is important to have previous drug court judges available to new judges for consultation, as judge experience and longevity are correlated with more positive participant outcomes and greater cost savings (Finigan, Carey and Cox, 2007).

Suggestions/Recommendations

- **Increase participant time spent before the judge, particularly for participants who are doing well.** The team had recently changed their court schedule from weekly to once every 2 weeks, in hopes of providing participants with more time in front of the judge. This change may have had an effect on the observed timing of the court session, as it ended sooner than planned (due to the judge operating under the previous time constraints that were in place). During the court session observation, participants spent an average of 1.8 minute speaking with the judge. An average of 3 minutes or greater per participant is related to higher graduation rates and significantly lower recidivism rates than drug courts that spend less than 3 minutes per participant (Carey et al., 2011). Since the court session is a learning opportunity for all participants, spending more time with the participants who are doing well will allow other participants to observe and learn positive behaviors that will help them replace old negative behaviors. While it is important to properly address the negative behaviors of participants in the program, team members should also ensure that this does not happen at the expense of those doing well in the program, particularly in the court session. The team may also consider seeing successful participants (who are in Phase 2 or 3) earlier in the session and excusing participants early as a reward for positive behavior demonstrated since the previous hearing.

Focus group quotes: (discussing judge transitions while participating in the program)

- “I think it’s hard for addicts. We go through a lot and it’s hard to open up. They get to know you. If something happened, you knew the judge would know what was going on, but the new judge had no idea.”
- “Each judge has different relationship with addiction. If they have person close to them, it may be different for them as opposed to anyone else.”

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

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

National Research

Carey et al. (2008) and Carey et al. (2012) found that programs with evaluation processes in place had significantly better outcomes. Four types of evaluation processes were found to save the program money with a positive effect on outcome costs: 1) maintaining electronic records that are critical to participant case management and to evaluation, 2) the use of program statistics by the program to make modifications to drug court operations, 3) the use of program evaluation results to make modification to drug court operations, and 4) the participation of the drug court in more than one evaluation by an independent evaluator.

Chittenden County Treatment Court Process

- The CCTC collects data both electronically and manually for participant tracking. The data collected by CCTC include information from the primary treatment provider, HowardCenter. There is no central database specifically for the drug court that stores all relevant participant information. Treatment providers and the court have separate databases that are utilized and input information as required by state authorities.
- Participant data are monitored and periodically reviewed by the CCTC to ensure the program is operating as intended. Team members report that changes have been made as a result of reviewing data as well.
- The program has not had an outside evaluation completed (other than the current evaluation by NPC Research). The program did report that a recent study was completed internally that measured the program's outcomes, but that changes were not made based its findings.

Commendations

- **The CCTC collects electronic data and has reviewed their data and statistics to make program improvements.** The program is commended for performing data collection at the local court and through HowardCenter. The team reports they have reviewed their data/statistics and have included this information for review at policy committee meetings. These reviews are used to assess the program's functioning and also to make adjustments to program requirements as needed. Programs that use their data for program improvement have greater reductions in recidivism and greater cost savings (Carey et al., 2012).

- **The program has participated in this process evaluation and is planning to have an outside evaluation of outcomes and costs.** Drug courts that have participated in outside evaluation and have adjusted their program practices based on the results of these evaluations have significantly lower recidivism and higher cost savings (Carey, et al. 2012). An evaluation of process, outcomes and costs, particularly once the new incentives and sanctions schedule has been implemented and in place for several months, will be beneficial to the program in confirming that these changes have been beneficial and for continuing program improvement. In addition, outcome and cost figures can be especially helpful in obtaining funding from federal and state sources.

Suggestions/Recommendations

- **Continue to share evaluation and assessment results.** The CCTC team members are encouraged to discuss the overall findings, both to enjoy the recognition of its accomplishments and to identify areas of potential program adjustment and improvement. In anticipation of receiving this report, the CCTC has scheduled a time for the policy committee to discuss the results of this evaluation and how to use the information contained in this report. In addition, the assessment and evaluation results can be beneficial to the program when looking to apply for grants to fund additional positions and resources or for local funders/agencies to help them access resources. These results can document needs as well as show how well the program has done in specific areas. Courts that have participated in an evaluation and made program modifications based on evaluation feedback have had twice the cost savings compared to courts that have not adjusted their program based on evaluation feedback (Carey et al., 2012). Appendix A contains a brief set of guidelines for how to review program feedback and next steps in making changes to the program.

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

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

In order to add the non-adversarial piece to the traditional (adversarial) roles in the collaborative process, team members must receive role-specific training. Team members must not only be fully trained on their role and requirements, but also be willing to adopt the balanced and strength-based philosophy of the drug court. Once understood and adopted, long-assignment periods for team members are ideal, as it allows for better understanding and full assimilation of the model components into daily operations.

National Research

Research on the use of evidence-based and promising practices in the criminal justice field has consistently shown that in order to operate effective programs as intended, practitioners must receive the necessary resources to make the program work, receive ongoing training and technical assistance, and be committed to the quality assurance process (Barnoski, 2004; Latessa & Lowenkamp, 2006). Andrews and Bonta (2010) maintain that correctional and court programs

must be focused not only on targeting high-risk offenders and matching offenders to appropriate treatment (needs), but must also concentrate on effectively building and *maintaining* the skill set of the employees (in the case of drug courts—team members) that work with offenders. Training and support allows teams to focus on translating drug court best practice findings into daily operations and builds natural integrity to the model (Bourgon et al., 2010).

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

Chittenden County Treatment Court Process

- All team members that attend staffing sessions have received drug court-specific training and completed sanctions and incentives training.
- It was reported that most team members have received training about the target population of the program, role-specific duties, and strength-based philosophy and practices.
- Staff members regularly bring new information on drug court practices, including drug addiction and treatment, to staffing meetings.
- It was reported that new team members typically get training on the drug court model before (or soon after) joining the team; however, some team members noted that formal training or orientation did not occur after joining the team, which led to confusion related to their roles and duties.

Commendations

- **The program has invested time on regular training.** The drug court has engaged in a substantial amount of training for staff and is commended on their dedication to educating team members, as evidenced by all team members being able to attend the most recent 2013 National Drug Court Conference hosted by NADCP. The team also provides initial training resources to new members, and keeps apprised of free trainings, such as Webinars, that may benefit the program. Programs that provide training for all team members have significantly better participant outcomes (Carey et al., 2012).

Recommendations

- **Check with team members regularly to ensure that they feel that they received all needed training.** Although most team members received training and have had the opportunity to attend training conferences, there was some interest for a few team members in receiving some more training and clarification on roles. This may be addressed partially in the earlier recommendation about developing a MOU that clearly states team member roles and responsibilities. This may also be addressed by creating a packet of resource materials that includes the program policy and procedures manual, the participant handbook, the MOU, and other resources for specific team member roles that is given to all new team members along with a time to sit down with the appropriate team member (perhaps the drug court coordinator) to review expectations for the new team member.

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

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

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

National Research

Results from the American University survey (Cooper, 2000) show most drug courts are working closely with community groups to provide support services for their drug court participants. Examples of community resource partnerships include self-help groups such as AA and NA, medical providers, local education systems, employment services, faith communities, and Chambers of Commerce. Carey et al. (2005, 2012) found that programs that had true formal partnerships with community agencies that provide services to drug court participants had better outcomes than drug courts that did not have these partnerships.

Additional preliminary findings (Carey et al., 2012) indicate that drug court programs with an advisory committee that includes members of the community nearly doubled the cost savings.

Chittenden County Treatment Court Process

- The CCTC was initially funded through the State of Vermont Department of Health Division of Alcohol and Drug Abuse (ADAP) and also relied on Medicaid for participants’ treatment services. The CCTC has been able to secure additional funding through a Byrne Justice Assistance (BJA) grant, additional ADAP funds and the program has also received private donations from families in the community.
- Although the team meets on a fairly regularly basis to discuss program policy, the CCTC does not have an advisory board with community members that meets outside of staffing sessions to discuss the program and resources in the community.
- The drug court has developed and maintained relationships with organizations that can provide services for participants in the community and refers participants to those services when appropriate, including education, housing, and employment.
- An alumni group has not been established, but team members noted that they have been working to create one, and hope to begin this group in the near future.

Commendations

- **The program has creatively and effectively addressed many participant needs.** The program is commended for creating solutions to program barriers faced by participants. Team members provided examples of challenges they have solved related to psychiatric services and housing. This responsiveness and support helps the participants develop trust in the program and allows them to see that the program is working in their best interests.

Suggestions/Recommendations

- **Consider establishing an advisory group to further connect with existing and new community partners.** The team should continue discussing possible community connections and resources, and consider establishing an advisory group that meets once or twice per year—both for ideas for generating outside support to enhance the program, and to be responsive to changes in the environment and participant needs. If it has not been done recently, completing a community mapping worksheet can help to reevaluate new resources and identify additional areas of need.
(http://dn2vfhykblonm.cloudfront.net/sites/default/files/community_mapping_resources_chart.pdf).
- **Continue to invite community members and staff from other agencies to CCTC graduations.** Despite being established for many years, multiple team members noted that much of the general community is still unaware of the CCTC program and its mission to improve the community and individual lives. It is important to educate those not familiar with drug courts in how the drug court model works and its benefits. Graduation ceremonies provide powerful testimony for the effectiveness of drug courts. Inviting potential community partners to graduations is one low-cost strategy for strengthening outreach efforts, and allows them to witness positive program impacts.
- **Continue with plans to form an alumni group and/or consider training graduates to become peer mentors.** The program has been planning for an alumni group to provide a venue for peer support after the program as well as to support current participants to complete the program. Some courts have used alumni support groups as a cost-effective tool in aftercare planning. Participation in this group can be required as part of the final phase of drug court to encourage participants to prepare for life after they leave drug court. This is also a great opportunity for family-friendly, substance-free social events. Once established, the CCTC should continue to support their alumni group and encourage certain individual alumni members to take leadership and mentoring roles (when appropriate) within the group.

ADDITIONAL RESOURCES

The appendices at the end of this document contain additional information for drug courts. Appendix A contains a guide for using this evaluation. Appendix B contains links to training and other resources on adult drug courts as well as other types of drug courts.

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APPENDIX A: GUIDELINES FOR HOW TO REVIEW PROGRAM FEEDBACK

Brief Guide for Use of NPC Evaluation and Technical Assistance Reports

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

When you receive the results:

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

Format for reviewing recommendations:

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

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

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

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

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

- Person: (Name)
- Task: (make sure tasks are specific, measurable, and attainable)

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

APPENDIX B: LINKS TO FREE TRAINING AND OTHER RESOURCES

RESOURCES

A list of free Webinars, publications, and other information can be found below, including resources for adult, juvenile, DWI and family drug courts.

- “Essential Elements of Adult Drug Courts.” For anyone planning a new drug court program or for new drug court team members, this Webinar contains fundamental information necessary to develop and maintain a high quality program.
<http://www.ndci.org/training/online-trainings-webinars/online-course-essential-elements-adult-drug-courts>

- Webinar Archives from National Drug Court Institute (NDCI). All Webinars have been archived along with PowerPoint slides to NDCI’s Web site. Webinar topics include:
 - *SAMHSA guidelines on EtG/EtS testing*
 - *What the Affordable Care Act means for drug courts*
 - *The DWI vs. the drug offender*
 - *Prescription drug abuse and addiction in specialty courts*
 - *Coping with professional impairment in drug court professionals*
 - *Creatinine measurements in drug testing*
 - *Building a mentor program for a veteran’s treatment court*
 - *Bath Salts*
 - *Spice/K2*
 - *Relapse*

<http://www.ndci.org/training/online-trainings-webinars/webinars/webinar-archives>

- On Demand Training. Drug court training is available “On-demand.” NDCI will bring the training (ranging from beginning to advanced level) to your state or local trainings, eliminating the court’s need to fund travel expenses. Any agency may fill out a form and apply. A wide range of topics are available including, (but not limited to):
 - *Team Building*
 - *Treatment*
 - *Psychopharmacology*
 - *Motivational interviewing*
 - *Case management*
 - *Grant writing*
 - *The latest in research*
 - *Treating 18-25 year old populations*
 - *Co-occurring disorders*
 - *Operational program tune-up*

<http://www.ndci.org/training/advanced-training/-demand-training>

- Publications: The National Center for State Courts (NCSC) has accumulated online resources helpful to drug courts at the local, state and national level. These announcements, research reports, templates and other publications cover a wide array of topics including:
 - *Ethics*
 - *Evaluation*
 - *Funding*
 - *History*
 - *Juvenile and family drug courts*
 - *Research*
 - *Treatment*

<http://www.ncsc.org/Topics/Problem-Solving-Courts/Drug-DWI-Courts/Resource-Guide.aspx>

- For family drug courts: Children and Family Futures (CFF) provides training and technical assistance to implement and improve family drug court across the country. Presentations from state conferences and other relevant topics are provided.

<http://www.cffutures.org/projects/family-drug-courts>

<http://www.cffutures.org/presentations/webinars>

- The National Drug Court Resource Center (NDCRC) contains a substantial collection of sample forms that are free to use for any drug court. Form topics and examples include:
 - *Consent forms*
 - *Phase charts*
 - *Entry processing*
 - *Exit interviews*
 - *Participant handbooks*
 - *Policy and procedure manuals*
 - *Confidentiality waivers*
 - *Memorandums of understanding (MOU's)*
 - *Progress reports*

http://www.ndcrc.org/voca_search

- The National Center for DWI Courts has a list of publications regarding DWI courts.

<http://www.dwicourts.org/resources/publications>

- The Office of Juvenile Justice and Delinquency Prevention (OJJDP) has a vast collection of publications related directly to juvenile drug court programs and the overall juvenile justice system.

<http://www.ojjdp.gov/publications/index.html>

- The National Training and Technical Assistance Center (NTTAC) is an extension of OJJDP and provides coordination and resources that respond to the needs of the juvenile justice field including technical assistance, reference materials, and directories of training, events and resources.

<https://www.nttac.org/>

<https://www.nttac.org/index.cfm?event=resources.homepage>