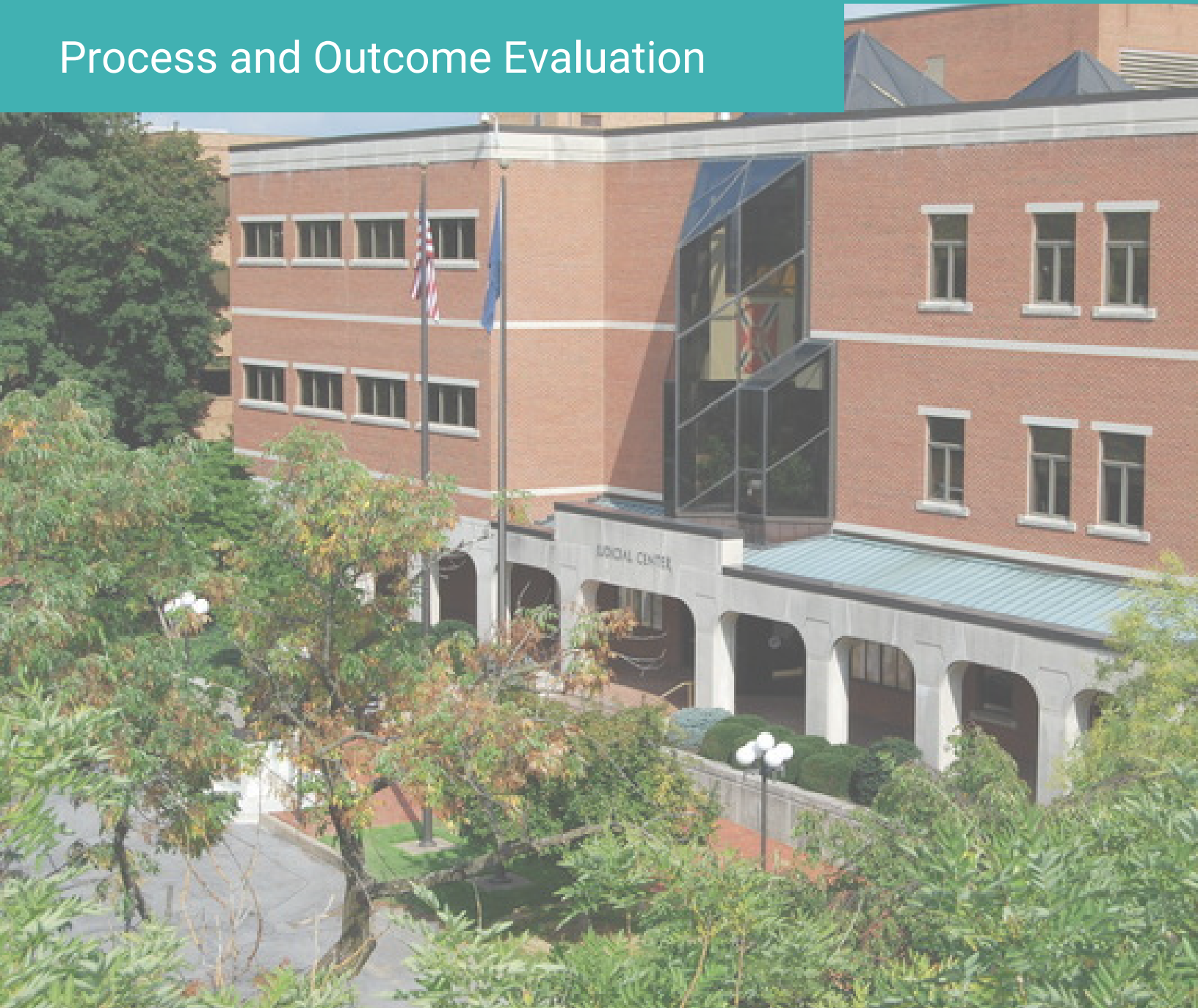


RULO STRATEGIES LLC | April 2021

# NORTHWEST REGIONAL ADULT DRUG TREATMENT COURT

Process and Outcome Evaluation





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## Introduction

The first drug court in the United States began operating in 1989 in response to increasing numbers of drug-related court cases entering and cycling through the criminal justice system. Since that time, drug courts have proliferated at a remarkable rate nationally, growing in aggregate number by 24% in the past five years (Marlowe, Hardin & Fox, 2016). Currently, more than 3,000 problem-solving courts are operating in all 50 states, the District of Columbia, Guam, and Puerto Rico.

Adult drug courts are designed to treat non-violent defendants who enter the justice system as a result of their substance use issues. Drug courts combine treatment and other court-mandated requirements verified through non-adversarial court review hearings, frequent alcohol/drug testing, community supervision, and field and home visits. The collaboration between the court and treatment providers is the center of the treatment court program, but numerous other professionals, such as probation and law enforcement officers, play a vital role in making these programs successful. Nationally, drug courts have demonstrated the ability to reduce recidivism and substance use among individuals at high-risk for reoffending and increase their likelihood of successful rehabilitation through:

- early, continuous, and intensive treatment;
- close judicial supervision and involvement (including judicial interaction with participants and frequent status hearings);
- mandatory and random drug testing;
- community supervision;
- appropriate incentives and sanctions; and
- recovery support aftercare services.

The specific design and structure of drug treatment courts are typically developed at the local level to reflect the unique strengths, circumstances, and capacities of each community.

## DRUG TREATMENT COURT DOCKETS IN VIRGINIA

Virginia's General Assembly adopted the Drug Treatment Court Act in 2004 to recognize the need for services that extend beyond traditional case processing. The state Drug Treatment Court Advisory Committee, established pursuant to statute, makes recommendations to the Chief Justice regarding recognition and funding for drug treatment court dockets, as well as best practices based on research and minimum standards for program operations. It also evaluates all proposals for the establishment of new

drug court dockets and makes recommendations to the Chief Justice.

As of fiscal year (FY) 2020, there were fifty-eight (58) drug treatment court dockets approved to operate in Virginia, including forty-four (44) adult drug treatment court dockets (see *Table 1*).

**Table 1: List of Approved Drug Treatment Court Dockets in Virginia**

Albemarle/Charlottesville	Montgomery County
Alexandria	Newport News
Arlington County	Norfolk
Bristol	Northern Neck/Essex
Buchanan County	Northwest Regional
Chesapeake	Portsmouth
Chesterfield/Colonial Heights	Pulaski County
Danville*	Radford*
Dickenson County	Rappahannock Regional
Fairfax	Richmond City
Floyd County	Russell County
Giles County	Smyth County
Halifax County	Staunton, Augusta County, Waynesboro
Hampton	Tazwell
Hanover County	Thirtieth Judicial Circuit (Lee, Scott, Wise County)
Harrisonburg/Rockingham County	Twenty-third Judicial Circuit (Roanoke County, Roanoke City, Salem City)
Henrico County	Twin Counties and Galax
Hopewell/Prince George County	Virginia Beach Circuit
Loudoun County	Washington County
Lynchburg	

\*Non-operational Adult Drug Treatment Courts

## NORTHWEST REGIONAL ADULT DRUG TREATMENT COURT

Beginning in 2013, the communities in the Northern Shenandoah Valley comprising the 26th Judicial Circuit began experiencing a significant increase in the number of drug and narcotic arrests, and more alarming, a tragic increase in the number of deaths resulting from drug overdoses. In 2012, one person died from an opioid overdose in the Northern Shenandoah Valley catchment area served by the Northwest Virginia Regional Drug Task Force (City of Winchester and Counties of Clarke, Frederick, Page, Shenandoah, and Warren). In 2013, that number had risen to twenty-one (21) persons who died as a result of an opioid overdose. By the end of 2014, 33 persons had died as a result of an opioid overdose. In 2015, the number of opioid/heroin overdose deaths was 30.

Concerned by this unprecedented and tragic rise in the loss of life, a committed and diverse group of community stakeholders began meeting and formed a task force, later named the Northern Shenandoah

Valley Substance Abuse Coalition (“NSVSAC”). This group was created for the purpose of eliminating deaths resulting from heroin and opioid use, preventing addiction in the community through comprehensive education efforts, treating those suffering from addiction as a disease, and supporting the responsible enforcement of the laws of the Commonwealth to ensure public safety.

In November 2014, the task force sponsored a community summit that was attended by nearly 100 stakeholders, decision-makers, and concerned citizens. At that summit, the following “Desired Future State” was adopted:

*“By January 1, 2017, the Winchester, Frederick, and Clarke community will have a comprehensive, coordinated approach to the prevention, treatment, and adverse societal impact of addiction, as evidenced by a decrease in mortality from overdoses, a decrease in the incidence of substance-exposed infants, a decrease in the incidence of children needing social services intervention due to parental/caregiver addiction, and a decrease in the incidence of crimes attributable to addiction.”*

The NSVSAC adopted the following recommendations as “Best Practices”:

- Prevention and Education Programs
- Medical Provider Education Programs
- Drug Take-Back Programs
- Treatment/Detox Programs
- Options for the uninsured and underinsured patients
- Prescription Monitoring Programs
- Drug Treatment Courts
- Transitional care after incarceration
- Peer Recovery Network

The NSVSAC received initial funding from Clarke County, Frederick County, the City of Winchester, and Valley Health to pursue the identified goals. Using those funds, the NSVSAC hired an executive director. One of the primary initial duties of that executive director was to plan and implement a drug treatment court that would serve the City of Winchester and Counties of Frederick and Clarke. The local Drug Treatment Court Advisory Committee was formed in April 2015 and met regularly to develop the eligibility criteria, type of court, sanctions and incentives, and overall policies for the court.

In 2015/2016, a local team of criminal justice and treatment practitioners from the City of Winchester and the Counties of Frederick and Clarke went through the National Drug Court Institute drug court planning training and applied to the Virginia Supreme Court for permission to operate a drug treatment court docket. Upon approval, the Northwest Regional Adult Drug Treatment Court (NRADTC) became the 26<sup>th</sup> operational adult drug treatment court in Virginia. The NRADTC began accepting referrals on July 1, 2016, and held its first court docket on August 16, 2016. In October 2016, the NRADTC was awarded an Adult Drug Court Discretionary Grant from the U.S. Department of Justice, Bureau of Justice Assistance. The grant, in the amount of \$350,000 over three years, allowed the court to expand its capacity to serve additional individuals who have a substance use disorder. The court currently receives grant funds from the Virginia Supreme Court and the Washington-Baltimore High-Intensity Drug Trafficking Area, as well as funding from Valley Health Systems and the partner localities.

## INTRODUCTION TO THIS EVALUATION

In July of 2020, the Northern Shenandoah Valley Substance Abuse Coalition (NSVSAC) contracted with Rulo Strategies to perform an evaluation of the drug court organized around the following three objectives:

- Examine how the NRADTC operates by exploring a series of process questions
- Measure the efficiency of the NRADTC
- Measure the outcomes of the NRADTC by examining key performance measures

## METHODOLOGY

A multi-faceted, mixed methods design was used to answer the research questions. The sources of data used in the evaluation are detailed below.

### Administrative Data

This evaluation examined 191 defendants referred to the NRADTC between August 2016 and August 2020 and the recidivism and programmatic data of 43 participants who exited the NRADTC (successfully or unsuccessfully) between August 2016 and August 2019. Administrative data, including assessment information, demographics, service delivery data (e.g., service referrals, positive drug tests, sanctions, and incentives), and completion rates, were gathered from Virginia’s Drug Treatment Court Management Information System in December 2020.

### **Recidivism Data**

Aggregated recidivism data was provided by the Virginia Department of Corrections in February 2021.

### **Court and Staffing Observation and Interviews with Key Stakeholders**

The evaluation's project director observed court/sentencing on August 4, 2020 and court and staffing on September 15, 2020. Interviews were conducted with NRADTC team members in September 2020. During these interviews, information was gathered about program operations, accomplishments, and challenges.

### **Participant Focus Groups**

Two focus groups were conducted with NRADTC participants. The first was held on September 15, 2020, and the second on September 22, 2020. The focus groups examined the participants' perspectives about various components of the NRADTC program.

### **Team Collaboration Survey**

NRADTC team members completed a web-based collaboration survey in September 2020.

### **Procedural Justice Survey**

NRADTC participants completed a procedural justice survey designed to assess the components of procedural justice in a problem-solving court setting in September 2020.

### **Document Review**

The project director reviewed the program's policies and procedures, handbooks, forms, and other relevant narrative data to gain a better understanding of the NRADTC operations. Two former participants also provided written information about their experiences with the NRADTC.

### **PROJECT DIRECTOR**

The project director, Tara Kunkel, MSW, is the Founder and Executive Director of Rulo Strategies. Ms. Kunkel is a former Drug Court Administrator who worked for 14 years as a practitioner before becoming an implementation and evaluation consultant. In her 10 years as a consultant, Ms. Kunkel has managed over 20 state and local treatment court evaluations ranging from short-term process or implementation assessments to large-scale five-year outcome and cost-benefit studies and evaluations involving over 20,000 subjects. Ms. Kunkel has conducted treatment court evaluations in Oregon, Nebraska, Michigan, Minnesota, Illinois, New Mexico, Texas, Arkansas, Delaware, Virginia, New Jersey, and Florida. In addition to program evaluations, Ms. Kunkel has developed statewide performance measures for treatment courts in Nebraska, written statewide treatment court standards in multiple states, and assessed compliance with National Best Practice Standards for Adult Drug Court and Family Treatment Courts. Ms. Kunkel has presented her work at more than 50 national and state conferences. Tara holds a BA in psychology from the University of Virginia and an MSW from Virginia Commonwealth University.

## Chapter 1: Referral and Entry Process

Selecting the appropriate target population for a drug court and designing the program to serve that population is critical to ensuring positive outcomes. The National Association of Adult Drug Court Best Practice Standards<sup>1</sup> state that eligibility and exclusion criteria for adult drug court must be predicated on empirical evidence indicating which types of offenders can be treated safely and effectively. Candidates are evaluated for admission to the program using evidence-based assessment tools and procedures. This chapter examines the referral and acceptance processes of the NRADTC.

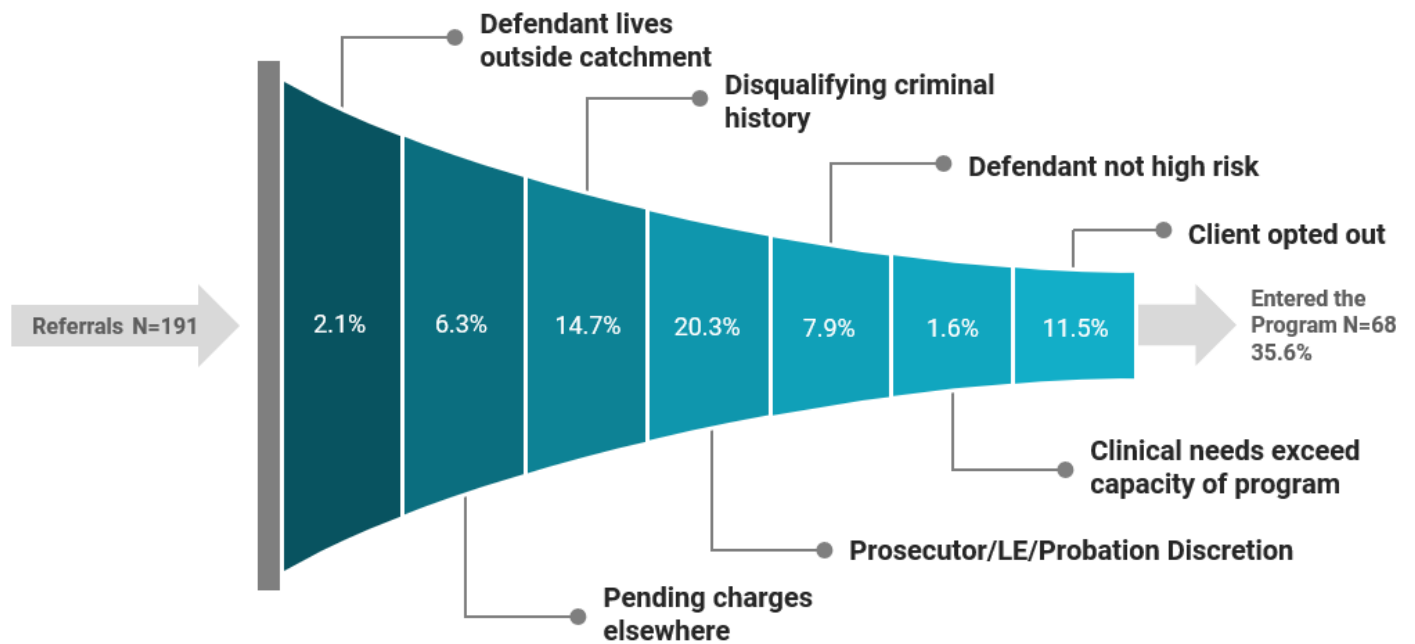
### TARGET POPULATION

**Research question:** Is the court reaching the defined target population?

The NRADTC target population is high risk/high need defendants charged with felony drug charges, felony offenses that were motivated by or closely related to the use of drugs or alcohol, and probation violation proceedings. The NRADTC accepts referrals from the City of Winchester and Counties of Frederick and Clarke.

A total of 222 cases were referred to the NRADTC between 2016 and August 2020. Thirty-one (31) of these cases were removed from analysis because the outcome of the referral could not be determined. A total of 191 defendants were tracked through the referral process. Of the 191 defendants referred and tracked, a total of 35.6% entered the program (see Figure 1).

Figure 1: Outcome of Referrals to the NRADTC, 2016–2020 (N=191)



### Legal and Programmatic Eligibility

1. The process for entry into the NRADTC begins with a referral which may come from the defense attorney, a Commonwealth's Attorney, or a probation officer. Upon referral, the Commonwealth's Attorney's Office reviews the

case for legal eligibility. Defendants must reside in the city of Winchester, Frederick County, or Clarke County. A total of 2.1% of defendants were found ineligible because they lived outside the catchment area. Defendants who have pending charges that may result in the inability to participate in the program are

<sup>1</sup> <https://www.ndci.org/standards/>

excluded. A total of 6.3% of the defendants were excluded from participation because of pending charges. Virginia code prohibits defendants who have been convicted of a violent criminal offense within the preceding 10 years from participation in a drug court program. A total of 14.7% of participants of defendants were found ineligible due to prior criminal history. Finally, prosecutors have the discretion to consider the facts of a case or background information about a defendant when offering drug court as an option. Prosecutors often consult with law enforcement or the probation and parole department during this process. Twenty percent (20.3%) of participants were excluded from entry based on prosecutor discretion. The NRADTC is encouraged to regularly examine its use of discretion. However, this discretion exists for a purpose and there is no indication it is being misused.

### Risk/Need Assessment

Evidence-based screening and assessment protocols help match each participant to an intervention of appropriate type and intensity. Administration of an empirically-based and validated risk and needs assessment tool is the foundation of effective screening and assessment. Risk assessments measure the likelihood that a defendant will reoffend, and needs assessments identify a person’s criminogenic needs (i.e., factors that are strongly correlated with criminal behavior, such as drug addiction, antisocial attitudes and associates, lack of problem-solving skills, lack of education, or lack of job skills). Modern assessment tools measure both static (those things that cannot be changed, such as age and criminal history) and dynamic (those that can be changed, such as drug addiction and antisocial attitudes) risk factors.

If an individual is determined to be legally eligible for participation, the case is referred to the NRADTC probation officer for a risk/need assessment. The NRADTC uses the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) to assess criminogenic risk and needs. The COMPAS is also used to inform dynamic case plans. As shown in *Figure 2*, 44.2% of NRADTC participants were classified as high risk at the time of assessment, and 55.8% were classified as medium with a professional override to make them high risk.

Figure 2: COMPAS results, 2016–2020



Of the 191 defendants referred and tracked, a total of 7.9% were found ineligible because they were not high

risk.

Drug courts are resource-intensive and more time-consuming and costly than other criminal justice interventions. As a result, policy-makers have encouraged the use of drug courts only for those participants who are at high risk to reoffend and who have significant treatment needs. This ensures that the most intensive resources are reserved for those most in need who are unlikely to be successful in a less intensive program.

Some NRADTC staff members noted that the community may question why resources are being provided to individuals who have had previous opportunities for treatment when those who are newer to the system may not be afforded such opportunity. Other staff noted a preference to have a second track for lower risk participants that could be less intensive in nature.

A substantial body of research indicates that drug courts that focus efforts on high-risk/high-need offenders reduce crime approximately twice as much as those serving less serious offenders (Cissner et al., 2013; Fielding et al., 2002; Lowenkamp et al., 2005) and return approximately 50% greater cost savings to their communities (Bhati et al., 2008; Carey et al., 2008, 2012; Downey & Roman, 2010). Some drug court programs have created a second track for lower risk participants, particularly in smaller communities where treatment options are limited.

Individuals who are found to be high-risk/high-need on the COMPAS are then assessed by a trained clinician to determine whether the defendant meets the diagnostic criteria for a substance use disorder. The assessment process consists of an individual interview, a clinical assessment to provide a clinical diagnosis of substance dependency (and any other appropriate diagnoses), and a review of the COMPAS. A report is generated with diagnostic impressions, a statement of risk and need, and recommendations for treatment (which may or may not include involvement in the drug treatment court). Approximately one percent (1.3%) of those assessed were found to not be appropriate for the NRADTC because their treatment needs exceeded the resources available in the program. The assessment report is used to determine clinical eligibility for the NRADTC and to develop the individual treatment plan.

At the conclusion of the screening and assessment process, defendants who are found to be legally and clinically eligible are referred back to the defense attorney for preparation of a written plea agreement. Drug court is a voluntary program and defendants can

elect not to participate in the program. Eleven percent (11.5%) of the referred defendants chose not to enter the program despite being eligible to participate. The plea agreement provides that the defendant enters a plea and enters the program. Upon successful completion of the drug treatment court program, the felony cases are dismissed or reduced with an agreed disposition, and the probation violation matters may be dismissed from the court's docket.

## PARTICIPANT DEMOGRAPHICS

Participant demographics are highly related to recidivism, particularly age and gender (e.g., Lanagan & Levin, 2002). While the previous section examined data related to referral and program acceptances, this section focuses on NRADTC participants who completed the program between 2016 and 2019 (n=43) and examines how they compare to the statewide population of drug court participants. The statewide Virginia drug court data, which is provided as a comparison, was obtained from the Virginia Drug Treatment Courts 2020 Annual Report.<sup>2</sup> The Virginia data reflects active participants in FY 2020.

The NRADTC has served more females (51.2%) than is seen in the statewide drug court participant population. The NRADTC has also served a large population of Caucasian participants (83.7%), reflecting the population of the communities served by the NRADTC. Additional data would be needed to determine how this reflects the local arrestee population or the population of the local jails. Finally, similar to the statewide population of drug court participants, the majority of NRADTC participants (74.3%) have been between the ages of 21 and 40 (see *Table 2*).

**Table 2: Demographics of NRADTC Program Completers and Virginia Drug Court Participants (FY2020)**

Demographics	Virginia (Statewide)	NRADTC
<b>Gender</b>		
Male	59.6%	48.8%
Female	40.4%	51.2%
<b>Age</b>		
18–29	31.7%	41.8%
30–39	36.6%	32.5%
40–49	19.9%	23.4%
50–59	10.4%	0%
60–69	1.4%	0%
Unknown	0.0%	2.3%
<b>Race</b>		
Caucasian	67.1%	83.7%
African American	31.3%	11.7%
Other*	1.6%	2.3%

Demographics	Virginia (Statewide)	NRADTC
Missing		2.3%

\*Other includes Asian/White, Native American/American Indian

## DRUG OF CHOICE

The primary drugs of choice of NRADTC participants are opioids (60.5%), cocaine (23.3%), and marijuana (7.0%). These are also the top three drugs of choice for the statewide sample, although the NRADTC serves a significantly larger number of individuals whose primary drug of choice is opioids (see *Table 3*).

**Table 3: Drug of Choice of NRADTC Program Completers and Virginia Drug Court Participants (FY2020)**

	Virginia (Statewide)	NRADTC
Opioids	25.7%	60.5%
Cocaine	19.9%	23.3%
Marijuana	18.5%	7.0%
Methamphetamine	9.2%	4.6%
Alcohol	15.9%	2.3%
Other/Benzodiazepines	10.8%	2.3%

## MARITAL STATUS AT PROGRAM ENTRY

The majority of NRADTC participants were single (44.2%) at the time of program entry, which is similar to the profile of drug court participants statewide. Married and separated participants comprised the next largest categories, with 9.3% and 11.6% of the total, respectively. Less than 5% of drug court participants were divorced or widowed at entry (see *Table 4*).

**Table 4: Marital Status of NRADTC Program Completers and Virginia Drug Court Participants (FY2020)**

	Virginia (Statewide)	NRADTC
Single	40.4%	44.2%
Divorced	7.5%	2.3%
Married	7.6%	9.3%
No data	37.5%	30.2%
Other*	6.9%	13.9%

\*Other includes separated, cohabitating, and widowed

## EDUCATION STATUS AT PROGRAM ENTRY

*Table 5* illustrates the participants' highest educational level achieved at program entry. Eleven percent (11.6%) of NRADTC participants were not high school graduates, 41.9% were high school graduates, and 16.3% had at least some college education. Overall, NRADTC participants were more educated than the statewide sample of drug court participants though just short of a third of the data was missing for participants

<sup>2</sup> <https://rga.lis.virginia.gov/Published/2020/RD591/PDF>



in both samples.

**Table 5: Educational Attainment of NRADTC Program Completers and Virginia Drug Court Participants (FY2020)**

	Virginia (Statewide)	NRADTC
11 <sup>th</sup> grade or less	18.9%	11.6%
High school diploma or equivalency	26.2%	41.9%
Some college/vocational training	14.0%	14.0%
College graduate 4-year program	0.9%	2.3%
Some postgraduate/advanced degree	0.2%	0%
No data	39.8%	30.2%

### EMPLOYMENT STATUS AT PROGRAM ENTRY

Table 6 illustrates participants' employment status at the time of program entry. A significant number of NRADTC participants were unemployed at the time of program entry (65.2%). Less than 5% were employed either working full time or part time, and the remaining participants did not indicate their employment status (30.2%). The NRADTC participants were unemployed at a higher rate than the statewide sample of drug court participants.

**Table 6: Employment Status of NRADTC Program Completers and Virginia Drug Court Participants (FY2020)**

	Virginia (Statewide)	NRADTC
<b>Employment Status at Entry</b>		
Unemployed	42.9%	65.2%
Employed full time	10.2%	2.3%
Employed part time	7.0%	2.3%
Disabled	2.5%	0.0%
No data	37.4%	30.2%

### PLACEMENT OFFENSE

Table 7 shows the placement offenses of NRADTC participants. During the study period, the most common placement offense types were probation violations (55.9%) and drug possession (37.2%). The NRADTC accepts a higher percentage of participants charged with a probation violation than the statewide sample of drug court participants. This is expected as some drug courts in Virginia are pre-plea models that do not accept probation violations.

**Table 7: Placement Offense of NRADTC Program Completers and Virginia Drug Court Participants (FY2020)**

	Virginia (Statewide)	NRADTC
Probation Violation	25.6%	55.9%
Drug Possession Offense	47.8%	37.2%
Property Offense	10.8%	6.9%
Other	21.7%	0.0%

### FINDINGS

- ✓ Drug court eligibility and exclusion criteria are defined objectively, specified in writing, and communicated to potential referral sources.
- ✓ A validated risk-needs tool is used to ensure that participants are high risk/high need, although just over half of the participants were medium risk with a professional override to make them high risk.
- ✓ The NRADTC applies some subjective criteria to determine participants' suitability for the program, but it is not at the level where it appears to be over-exercised.
- ✓ While slightly more men than women are referred to the program, slightly more women enter the program.
- ✓ The NRADTC is serving its target population of high-risk participants.

### TIME TO PLACEMENT

**Research question: Is the court admitting participants in a timely fashion?**

Research indicates that programs with participants who enter drug court programs within 50 days of arrest have a greater reduction of recidivism (Carey et al., 2012). However, these studies were conducted primarily in pre-plea courts, and the NRADTC is post-adjudicatory—meaning the participant has pled guilty to an underlying charge, and his or her completion of the court program is required to avoid incarceration or detention. Therefore, it is more relevant to examine the time from referral to program entry.

The majority (69.1%) of defendants were incarcerated at the time of referral, which suggests that the pace with which assessments are scheduled is within the control of the program staff unless the defendant bonds out of jail during the assessment process. As shown in Table 8, the average time from referral to entry was 82 days, with it taking, on average, 23 days for probation to complete the risk/needs assessment and 20 days for treatment to complete the clinical assessment. The balance of time to entry was the time it took to schedule and conduct a plea into NRADTC.

Table 8: Average Time from Referral to Program Entry, 2016–2020

	Average number of days
Average number of days from referral to program entry	82 days
Average number of days from referral to probation assessment	23 days
Average number of days from referral to clinical assessment	20 days

## FINDINGS

- ✓ The NRADTC is admitting participants, on average, 82 days (or 2.7 months) after referral.

## Chapter 2: NRADTC Program Structure

With substantial evidence that drug courts can be effective in producing such outcomes relative to traditional practices, a body of literature has developed in the last 15 years, focusing on the characteristics of effective drug court programs. Research has supported effective practices in program structure, drug testing intensity, judicial supervision, team staffing and participation, supervision, and treatment. This section examines the structure and design of the NRADTC in relation to these best practices and answers a series of process questions.

**Research question: What treatment and recovery supports are offered?**

### TREATMENT AND RECOVERY SUPPORTS

Treatment is an effective intervention for individuals with substance use disorders (National Institute of Drug Abuse [NIDA], 2014). Drug court treatment produces its strongest effect on participant behavior and subsequent outcomes when it reflects the following characteristics: (1) a continuum of care for substance use treatment is offered (including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services); (2) one or two treatment agencies have primary responsibility for delivering treatment services and clinically trained representatives from these agencies are core members of the Drug Court Team; (3) treatment providers administer treatments that are manualized and demonstrated to improve outcomes for individuals with a substance use disorder (e.g., Moral Reconciliation Therapy [MRT], the MATRIX model, and Multi-Systemic Therapy [MST]; Marlowe, 2010); (4) participants are assigned to a level of care based on a standardized assessment of their treatment needs such as the ASAM criteria, as opposed to relying on professional judgment; and (5) participants have access to prescribed psychotropic or addiction medications (Medication-Assisted Treatment or MAT) when warranted (National Association of Drug Court Professionals [NADCP], 2013; Best Practice Standard V).

Participants must receive a sufficient dosage and duration of substance use treatment to enjoy long-term sobriety and recovery from addiction. Participants who receive six to 10 hours of substance use counseling per week during the initial phase of treatment and approximately 200 hours of counseling over nine to 12 months will achieve better outcomes than similar

individuals who experience treatment of shorter duration and lower dosage (NADCP, 2013: Best Practice Standard V).

The Northwestern Community Services Board (CSB) Substance Use Disorder Program provides behavioral health treatment to NRADTC participants. Treatment services are provided by five clinicians and several case managers at the CSB who run groups. The majority of the primary treatment groups have a peer recovery specialist as a co-facilitator and many of the clients meet with a peer recovery specialist at least once a week. NRADTC groups are closed groups, meaning that only other drug court participants attend, although some electives are open to the community. Treatment services are primarily billed to Medicaid.

All services follow the American Society of Addiction Medicine (ASAM) criteria and utilize evidenced-based approaches. Participants can transition from program to program based on their level of need/care. There is no “fixed” length of stay in each group. See *Table 9* for a menu of treatment groups offered to NRADTC participants.

**Table 9: Menu of Treatment Groups Offered to NRADTC Participants**

Group	Hours/week
The <b>Intro IOP group</b> is the first group that most participants complete. In this group, participants begin learning basic addiction education, relapse prevention, and coping skills and process challenges experienced in early recovery. At least one hour per week will be utilized for orientation purposes, focusing on rules and expectations in Drug Court and IOP.	3x/week x 3 hours
<b>IOP</b> is for individuals with co-occurring disorders, a SUD diagnosis, and acute needs such as trauma. The curriculum focuses on areas such as relapse prevention, co-occurring disorders, trauma, self-worth, grief and loss, and other emotional challenges. IOP groups are gender-specific groups.	3x/week x 3 hours/day
The <b>Recovery Skills Group</b> is for participants whose level of care is less than IOP in that there is no history of trauma or mental health diagnosis or who are transitioning from a higher level of care. The curriculum focuses on relapse prevention, identifying triggers, relapse justifications, distorted ways of thinking, coping skills, expanding a support network, boundaries,	2x/week x 3 hours/day

assertiveness, stress management, etc. The Recovery Skills Group is gender specific.

The **Balance and Maintenance Group** is for participants who are presently in a lengthy period of sobriety, have been consistent in learning and applying recovery skills to their lives outside of treatment, and are effectively managing any mental health-related symptoms and emotional challenges. The purpose of this group is to prepare participants for full transition back into the community. The Balance and Maintenance Group is co-ed.

1x/week x 3 hours/day

**Aftercare** consists of peer-run groups as well as any service offered in the SUD program. Drug Court participants must participate in four hours of Aftercare per month. This could include outpatient therapy, IOP, group therapy, peer groups, or a combination of several services.

4 hours/month

**Electives** 1 hour/week

There are at least four one-hour, topic-specific elective groups offered weekly. Drug Court participants are expected to participate in at least one hour of electives per week. Electives may include the following topics:

- Grief and Loss
- Co-Occurring Disorders
- Parenting
- Adult Life Skills
- Sober Relationships
- Anger Management
- Moral Reconciliation Therapy (which all Phase I participants complete)

Inpatient treatment is available, although it can be difficult to place someone into services. The pandemic has made this even more challenging when COVID-19 testing and pre-placement quarantines may be required. Medication-assisted treatment (MAT) for opioid use disorders is offered and permitted, but very few participants elect to be on medication. This is not particularly uncommon among drug court participants who may experience stigma around electing MAT. In particular, participants may experience stigma from the self-help community and some local sober-living homes may prohibit MAT.

There can be a delay for psychiatric appointments of a month or longer, although the wait time has been reduced during the pandemic because the treatment agency is using telehealth and it is easier to get an

appointment. Medication management for psychiatric disorders is available. It can be difficult to get separate case management for mental health treatment, and they are still trying to figure out how to effectively support complex cases. Participants can continue in treatment even after they graduate, which some participants elect to do.

Staff were asked to identify treatment gaps and opportunities to strengthen the existing treatment services. Suggestions included:

- Expanding trauma services
- Working more with the family and providing more support to participants who want to work on relationship issues
- Recovery housing where mothers and/or fathers can live with their children

Finally, during interviews some staff raised the concern of participants whose mental health treatment needs became more apparent after they have pled into the program and those treatment needs exceed the capacity of the program to address. Best practice is to have an alternate legal remedy for these individuals to ensure that a participant is not held to a standard that cannot be met due to his or her illness. In practice, it is uncommon for this to occur more than once or twice per year in a typical drug court.

### Participant Perspectives about Treatment

Participants were asked, during focus groups, to share their opinions about various aspects of the program. Below is a summary of views expressed by the participants about treatment.

- Treatment is viewed as a motivating component of the NRADTC, and participants were largely positive about their experiences with treatment.
- Participants noted that they would like parenting classes to be added.
- Participants felt like the MRT curriculum itself was very helpful, but they did not find the past instructors to be effective.
- Participants felt that the treatment staff did not have as much say in program decisions as other team members, which may be, in part, because not all treatment staff attend team meetings.

Participants also completed a survey with a variety of questions about different domains of the program. Treatment-related responses are reflected in *Table 10*

below.

**Table 10: Participant Attitudes about Treatment Services (n=23)**

	Strongly agree or agree	Strongly disagree or disagree
The treatment staff create an environment in group that helps me feel comfortable in participating in discussions.	87.0%	0.0%

## FINDINGS

- ✓ A continuum of care for substance use treatment is offered.
- ✓ One agency has primary responsibility for delivering treatment services and clinically trained representatives from these agencies are core members of the Drug Court Team.
- ✓ Treatment providers administer treatments that are manualized and demonstrated to improve outcomes for justice-involved participants (e.g., Moral Reconciliation Therapy).
- ✓ Participants are assigned to a level of care based on a standardized assessment of their treatment needs.
- ✓ Participants have access to MAT, although community attitudes towards MAT are largely unsupportive.

## PRE-COURT STAFFING AND DRUG COURT SESSIONS

**Research question: How frequently are review hearings occurring?**

Two pre-court staffings are held each week. The first staffing is held each Tuesday at 9 a.m. and is led by the Drug Court Coordinator and attended by the line staff (e.g., probation officer, law enforcement officers, treatment, and case manager). A second staffing is held each Tuesday at 12:30 p.m. and is attended by the line staff as well as prosecutors, a public defender, and the judges.

Court status hearings allow participants to interact with all team members in the same proceeding; the judge speaks personally with each participant; and incentives, sanctions, and treatment adjustments are administered in accordance with participants' progress or lack thereof in treatment. A substantial body of research establishes convincingly that better outcomes are achieved when status hearings are held biweekly (every two weeks) or more frequently, at least during the first

phase of drug court (Carey et al., 2012; Cissner et al., 2013; Marlowe et al., 2006, 2007; Mitchell et al., 2012; Rossman et al., 2011).

Court sessions are conducted every Tuesday at 2 p.m. and are presided by two Circuit Court Judges. The court docket averages an hour and a half to two hours in length each week. Participants appear before the court weekly during Phase I, every other week during Phase II, every third week during Phase III, and once per month during Phases IV and V. At the status hearings, the participant and judge interact directly with one another. All other team members, including the Commonwealth's Attorney, public defender, probation officer, surveillance officer, treatment provider, and drug court administrator, are also present and able to participate. All sanctions, incentives, and therapeutic adjustments are imposed by the court. If the court sanctions a participant to jail, the participant can expect to be remanded to jail immediately from the courtroom.

## Participant Perspectives about Attending Court

Below is a summary of views expressed by the participants about attending court.

- Attending court is viewed as a motivating component of the NRADTC, and participants were largely positive about their experiences with being recognized for their progress when they attend court.
- The majority of participants (82.6%) reported that appearances before the judges help them follow program rules and requirements (see *Table 11*).
- Sixty-one percent (61.9%) of the participants reported that the presence of the public defender in court helped them feel their rights were represented, while nearly 10 percent (9.5%) strongly disagreed or disagreed with this statement.
- Sixty percent (60.9%) of the participants felt that having a termination hearing protected their legal rights, while nearly nine percent (8.7%) disagreed or strongly disagreed.

**Table 11: Participant Attitudes about Court (n=23)**

	Strongly agree or agree	Strongly disagree or disagree
Appearances before the judges help me follow program rules and requirements.	82.6%	0.0%
The presence of the public defender in court helps to make sure my rights are represented fairly.	61.9%	9.5%
The idea that I will have a termination hearing if I am terminated makes me feel like the program protects my legal rights.	60.9%	8.7%

## FINDINGS

- ✓ Participants consistently appear before the two judges that preside on the NRADTC.
- ✓ Participants appear before the judges for status hearings no less frequently than every two weeks during the first phase of the program.
- ✓ The judges regularly attend pre-court staff meetings during which each participant’s progress is reviewed.
- ✓ The judges spend sufficient time during status hearings to review each participant’s progress in the program.
- ✓ Participants report that attending court is helpful to supporting their participation in drug court.
- ✓ To a lesser degree, participants report that having a public defender in court ensures their rights and that having a termination hearing protects their legal rights.

## SUPERVISION

**Research question: How are program participants supervised during the program?**

A probation officer with District 11 Probation and Parole, along with two law enforcement officers, provide community supervision. The law enforcement officers conduct cell phone searches, monitor jail calls, conduct social media checks, transport participants to and from residential treatment, conduct home visits, and drug test during home visits.

The probation officer monitors employment through employment contacts, assesses individuals referred to the program for risk and need, and, pre-pandemic, conducted drug testing during office visits, and conducted more limited field work. The law enforcement officers continue to conduct home visits, but the Department of Corrections has restricted the activities of probation officers to mostly calling and texting participants. Since the pandemic, probation has used the Shadowtrack app for drug court participants to monitor the geolocation of participants and track curfew. The participants have found the app to be challenging, although some staff report it is helpful.

Prior to the pandemic, participants reported to the probation office for supervision appointments based on their phase of the program. Participants are required to meet with their probation officer weekly during Phase I and II, twice per month in Phase III, and once per month during Phases IV and V. Additionally, the deputy and police officer conduct home checks once per month and monitor curfews. In Phase I, participants have a curfew of 9 p.m., Phase II participants have a curfew of 10 p.m., Phase III participants have a curfew of 11 p.m., and Phase IV participants have a curfew of midnight.

## Participant Perspectives about Supervision

Below is a summary of views expressed by the participants about supervision.

- Participants reported that meetings with their probation officer are helpful because it keeps them goal oriented. Participants reported that they feel like their probation officer has been much less present in their lives since the pandemic due to departmental policies.
- Participants reported that the law enforcement officers are very helpful and available to them.
- Communication with the team around supervision issues, scheduling, and program rules is a source of significant frustration for the participants overall. Participants report feeling like they are bounced around from team member to team member when it comes to decisions.
- Participants also report feeling like the only communication they have with some staff members is when they are in trouble. Participants report wanting a balance of acknowledgment for the positive things they do.

- Finally, participants reported that the program rules change a lot and the program they signed up for is not the same as the current program.

## FINDINGS

- ✓ The law enforcement officers assigned to the NRADTC play a critical role in providing community-based supervision.
- ✓ Contact with probation is valued by the participants and they report the policies enacted by the probation department during the pandemic has changed the quality of that contact.
- ✓ Participants report inconsistent communication with the team, which is a significant source of frustration for them.
- ✓ Participants want more praise from the team members, in general, and report that some of their interactions with some team members are challenging.

## DRUG AND ALCOHOL TESTING

Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of unauthorized substance use throughout participants' enrollment in the drug court (NADCP 2015; Best Practice Standard VII). Research has found drug court program outcomes improve significantly when detection of substance use is likely (Kilmer et al., 2013; Schuler et al., 2014), and participants receive incentives for abstinence and sanctions or treatment adjustments for positive test results (Hawken & Kleiman, 2009; Marlowe et al., 2005). Therefore, the success of any drug court will depend, in part, on the reliable monitoring of substance use.

During the pandemic, the Department of Corrections has restricted office visits and reduced drug testing. As a result, the NRADTC has shifted drug testing away from probation and parole and contracted with Urgent Care for most of the drug testing. Prior to the pandemic, Urgent Care was only being used for specialty drug testing.

**Research question: What is the impact of the NRADTC on sobriety?**

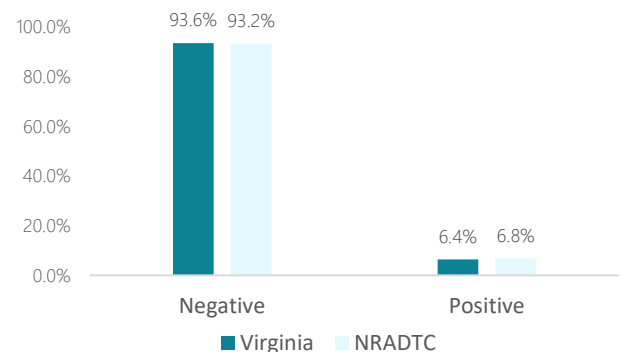
Carey et al. (2012) found that programs that performed drug tests at least twice a week in the first phase experienced a 38 percent larger reduction in recidivism (Carey et al., 2012), supporting results of a previous study that associated such frequent drug testing with

the most effective drug courts (Carey, Finigan, & Pukstas, 2008).

Participants are drug tested three times weekly during Phase I, twice a week during Phase II and Phase III, once per week during Phase IV, and once per month in Phase V. The NRADTC staff logged 1,862 drug or alcohol tests in the statewide MIS database for the participants who exited the program during the evaluation period. This represents an average of 56 drug or alcohol screens per participant. However, this is not a complete accounting of the alcohol and drug tests conducted as the drug tests conducted by the officers during home visits and by probation during routine office testing are not logged into the database. This provides an incomplete picture of the drug and alcohol testing conducted.

As shown in *Figure 3* below, the vast majority of all drug and alcohol tests that were captured in the database are negative (93.2%). In this time period, 6.8% of screens were positive. The average rate of positive drug screens among NRADTC participants was identical to the average rate of positive drug screens among adult drug court completers in Virginia statewide in FY 2020.

**Figure 3: Percent of Drug/Alcohol Screens that were Positive, 2016–2020**



Sobriety, both during and after drug court participation, is a goal of all drug courts because it fosters rehabilitation, public safety, and accountability. *Table 12* shows that nearly all participants (90.9%) had at least one positive drug or alcohol screen while active in the NRADTC. Fewer participants who went on to graduate from the NRADTC tested positive for drugs and/or alcohol at some point during the program (75.0%) compared to participants who eventually left the program unsuccessfully (100.0%). Overall, 6.8% of all drug or alcohol tests were positive. The rate of positive screens for graduates (2.2%) is statistically lower than positive drug screens for non-graduates (11.2%).

**Table 12: In-Program Positive Drug Tests (n=43)**

	% of participants who tested positive at least once while in drug court	% of all drug/alcohol tests that were positive
All Participants	90.9%	6.8%
Graduates	75.0%	2.2%
Non-Graduates	100.0%	11.2%

Table 13 shows the average number of positive drug and alcohol tests for participants (3.8). Graduates had significantly fewer average positive tests (1.5) compared to non-graduates (5.2).

**Table 13: Average Number of Positive Drug/Alcohol Screens by Case Closure Type, 2016–2020**

Type of Program Completion	Average # of positive drug/alcohol tests per participant
All participants	3.8
Graduates	1.5
Non-Graduates	5.2

The vast majority of positive drug tests were positive for either cocaine (23.6%), opiates (15.7%), alcohol (10.7%), or methamphetamine (10.7%) (See Table 14).

**Table 14: Positive Drug Tests Broken out by Drug, 2016–2020**

	% of Positive Tests
Cocaine	23.6%
Opiate	15.7%
Alcohol	10.7%
Methamphetamine	10.7%
Fentanyl	7.1%
Amphetamine	7.1%
Marijuana	5.0%
LSD	3.6%
Buprenorphine	2.9%
Benzodiazepine	2.1%
Neurontin	2.1%
Ecstasy	0.7%
Other	8.6%

### Participant Perspectives about Drug Testing

Below is a summary of views expressed by the participants about drug and alcohol testing.

- Some participants reported concerns about testing at Urgent Care as this is a COVID-19 testing site and they were concerned about possible exposure.
- Participants expressed frustration that they have to pay for a confirmation test, but do not have that cost refunded if the test is negative. It should be noted, this is an unusual policy as the vast majority of drug court programs nationally do not require payment if the

confirmation test is negative.

- The majority of participants (81.8%) agree that it is difficult to beat a drug test while nearly five percent (4.5%) disagree (see Table 15).

**Table 15: Participant Attitudes about Drug Testing (n=23)**

	Strongly agree or agree	Strongly disagree or disagree
It is hard to beat a drug test in this program.	81.8%	4.5%

### FINDINGS

- ✓ The drug court uses scientifically valid and reliable testing procedures and has established a chain of custody for each specimen.
- ✓ Testing is performed at least twice weekly until the last phase of the program.
- ✓ The schedule of drug and alcohol testing is random and predictable for the duration of the participants' stay in the drug court, and drug courts test for a breadth of substances potentially used by participants.
- ✓ The collection of drug test specimens is observed directly by staff.
- ✓ The drug court staff receive drug test results within 48 hours of collection.

### SANCTIONS AND INCENTIVES

**Research question: Is there a coordinated strategy for incentives and sanctions?**

The use of sanctions and incentives is firmly grounded in scientific literature and is a key component of drug courts throughout the United States. Consequences for participants' behavior should be predictable, fair, consistent, and administered in accordance with evidence-based principles of effective behavior modification (NADCP 2013, Best Practice Standard IV). Within drug court programs, reinforcement (incentives) and punishment (sanctions) are used to increase desired behavior. Drug court program policies and procedures should provide a clear indication of which behaviors may elicit an incentive, sanction, or therapeutic adjustment (NADCP 2013, Best Practice Standard IV).

Many studies have reported significantly better outcomes when the drug court develops a coordinated sanctioning strategy that is communicated in advance to team members and participants. Specifically, the



Multisite Adult Drug Court Evaluation found significantly better outcomes for drug courts that had a written schedule of predictable sanctions that were shared with participants and staff members (Zweig et al., 2012). The most effective drug courts develop a wide and creative range of intermediate-magnitude sanctions and incentives that can be ratcheted upward or downward in response to participants' behaviors. Providing gradually escalating sanctions for difficult goals allows the participants' treatment program to take effect and prepares participants to meet steadily increasing responsibilities in the program (Marlowe, 2007) (Marlowe, 2011).

The following section is based on a sanction and incentive system that was replaced in October 2020 with a new system. Both staff and participants report the previous sanction and incentive system was ineffective. The focus groups were conducted prior to this change, so it is unknown how this new system is being received.

### Sanctions

According to national research, sanctions tend to be least effective in the lowest and highest magnitudes and most effective within the intermediate range (Marlowe & Wong, 2008). Drug courts tend to be more effective and cost-efficient when they use jail detention sparingly. One study found that drug courts that tended to apply jail sanctions of less than two weeks' duration reduced crime approximately two and a half times more than those tending to impose longer jail sanctions (Carey et al., 2012). Moreover, because jail is an expensive resource, drug courts that tended to impose jail sanctions of longer than two weeks had 45% lower cost savings in the national studies.

Table 16 describes the behaviors that resulted in sanctions among NRADTC participants whose cases were closed between 2016 and 2020. The most common behaviors that were sanctioned in this time period were curfew violations (29.3%), positive drug screens/drug use (10.7%), and missed treatment appointments.

**Table 16: Behaviors that Led to Sanctions, 2016–2020**

Behavior	% of Violations
Curfew violation	29.3%
Positive drug screen/Admitted drug use	10.7%
Missed treatment	6.3%
Dishonesty	6.0%
Program non-compliance	3.5%
Missed drug test	3.1%
Non-completion of community service	3.0%
Diluted drug screen	2.9%
Disrespectful	2.1%

Behavior	% of Violations
New arrest	1.2%
Absconding	1.2%
Other	30.6%

Table 17 shows the list of sanctions participants received while in the program. Every participant received at least one sanction. The sanction described as "Other" was most commonly received, followed by jail (17.7%) and community service work (14.7%). The statewide drug court MIS provides limited options for categorizing sanctions and "other" is used as a default for a variety of sanctions ranging from a verbal warning to a treatment assignment.

**Table 17: Sanctions Administered to NRADTC Participants, 2016–2020**

Sanction	% of Sanctions
Jail sanction	17.7%
Community service work	14.7%
Loss of privilege	5.1%
House arrest	3.6%
Essay	0.8%
Increase peer recovery attendance	0.3%
Increase drug testing	0.2%
Other	57.5%

### Incentives

Incentives are used in drug court and other treatment settings to motivate participant behavior toward prosocial behavior. Incentives are used to shape behavior gradually by rewarding the participant's positive behavior or achievement of a specific target behavior to reinforce this positive behavior. Long-term gains are more likely to be realized if drug courts use reinforcement to increase productive behaviors that compete against drug abuse and crime after participants are no longer under the authority of the drug court. Incentives can be as simple as praise from a staff member or the drug court judge, a certificate of completion for a specific milestone of the program, or medallions that reward and acknowledge specific lengths of sobriety.

Table 18 describes the behaviors that resulted in incentives among NRADTC participants whose cases were closed between 2016 and 2020. The most common behaviors that were recognized with incentives in this time period were compliance with program requirements (68.8%), sobriety (11.5%), and phase advancement (9.8%).

**Table 18: Behaviors that Led to Incentives, 2016–2020**

	%
100% compliance with all requirements	68.8%
Sobriety	11.5%

	%
Phase advancement	9.8%
Other	6.3%
Exceptional performance	3.6%

Table 19 shows the list of incentives participants received while in the program. All participants in the study received at least one incentive. The top three incentives received by participants were small gifts, medallions, and phase advancement.

**Table 19: Incentives Administered to NRADTC Participants, 2016–2020**

Incentive	% of Incentives
Small gift	58.9%
Medallion	9.6%
Phase advancement	7.0%
Increased privileges	6.5%
Special recognition from the judge	6.5%
Gift card	4.2%
Other	4.0%
Certificate	3.3%

Table 20 shows a summary of the number of incentives and sanctions given to drug court participants. When broken down by jail sanction, specifically, nearly two-thirds (69.0%) of drug court participants received at least one jail sanction.

**Table 20: Number of Incentives and Sanctions Given to Drug Court Participants, 2016–2020**

Behavioral Response	
<b>Incentives</b>	
% of participants who received at least one incentive	100.0%
Average # of incentives per participant*	21.3
<b>Sanctions – General</b>	
% of participants who received at least one sanction	97.6%
Average # of sanctions per participant*	15.2
<b>Sanctions – Jail</b>	
% of participants who received at least one jail sanction	69.0%
Average # of jail sanctions per participant*	4.4

Some studies (e.g., Gendreau, 1996) have found that a 4:1 ratio of incentives to sanctions was associated with significantly better outcomes among individuals.

### Participant Perspectives about Sanctions and Incentives

Below is a summary of views expressed by the participants about attending sanctions and incentives. Again, it is important to note that the focus groups occurred prior to the implementation of the new

sanction and incentive system.

- Participants are ambivalent about whether the incentive system motivates them to do well. Participants reported that many of the incentives offered were not motivating.
- Participants reported that the incentives they most want are privileges (e.g., a pass to miss a court session, a pass to miss drug testing), transportation vouchers, free food like cupcakes or cookies, and nice ink pens.
- Participants reported feeling like the staff does not consider their perspective when making decisions. For example, if a participant gets in trouble, they have to report to the next session of court to receive a sanction, but if a participant is ready to move up in phases, they have to wait until their next scheduled court session (even if they are eligible to progress to the next phase earlier). These types of decisions that prioritize sanctions versus rewards contribute to the perception that the program is more focused on punishing than rewarding positive behaviors.
- Participants agree that they understand the sanctions that may be imposed if they do not follow the rules (95.7%) and that the possibility of being sanctioned motivates them (87.0%) (see Table 21).
- Participants are less likely to endorse that the rules and expectations are clear (69.6%), that sanctions are imposed equally and fairly (39.1%), and that rewards and incentives motivate them (50.0%).
- Forty percent (40.9%) of participants felt that sanctions are used too frequently in the program, and 27.3% of participants disagreed that sanctions are used too frequently.

**Table 21: Participant Attitudes about Sanctions and Incentives (n=23)**

	Strongly agree or agree	Strongly disagree or disagree
I understand what may happen if I do not follow the rules of the program.	95.7%	0.0%
Rules and expectations of the program are clear.	69.6%	0.0%
The possibility of being sanctioned motivates me to comply with program rules and policies	87.0%	0.0%

	Strongly agree or agree	Strongly disagree or disagree
Sanctions are used too frequently in this program.	40.9%	27.3%
Sanctions are imposed equally and fairly.	39.1%	26.1%
Rewards and incentives used in this program motivate me to comply with program requirements.	50.0%	13.6%
Rewards and incentives are used in an equal and fair manner.	47.8%	13.0%

## FINDINGS

- ✓ Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to NRADTC participants and team members.
- ✓ Participants are given an opportunity to explain their perspectives concerning factual controversies and the imposition of incentives, sanctions, and therapeutic adjustments.
- ✓ The most common behavior that is sanctioned are curfew violations. Some staff reported feeling like the team gets bogged down in the minutia of participants' lives and set expectations too high. The high volume of curfew violations may reflect this.
- ✓ Participants report feeling that sanctions and incentives are applied inconsistently. While individualizing incentives and sanctions is taught in drug court training, NRADTC participants view this in a negative light.
- ✓ In October 2020, the NRADTC launched a new sanction and incentive system. Focus groups were conducted prior to the launch of this new system.
- ✓ Some staff report a lack of follow through when staff say something is going to happen.

## PROGRAM TERMINATIONS

Any team member can move for a termination hearing during pre-court staffing. When this occurs, the team discusses the case and, ultimately, calls for a vote to terminate. The judges leave the room prior to voting, and the team conducts a vote by secret ballot, so no

team member feels pressured to vote one way or the other. The law enforcement officers have one combined vote, while each prosecutor gets a vote. A majority vote determines if a termination hearing will be held or not. If there is a tie, the individual does not have a termination hearing. If the vote is for a termination hearing, the participant is remanded to custody until the termination hearing. During the termination hearing, the participant is represented by their original attorney. The termination hearing is held in a manner similar to a probation violation hearing, and the participant can offer testimony and call witnesses.

## FINDINGS

- ✓ The current voting/termination hearing process is significantly more complex procedurally than is observed in many drug courts nationally.
- ✓ While a termination hearing must be offered to participants, when requested, this is typically held to review the facts that led to the termination. The termination hearings in the NRADTC sometimes also include a discussion of the merit of the participant continuing participation in the program.

## COMMUNITY PARTNERSHIPS

Valley Health System is an instrumental partner with the NRADTC, providing an initial level of funding that has been matched by the localities. The Northern Shenandoah Valley Substance Abuse Coalition serves as the fiscal agency for the administration of the program. The NRADTC has worked hard to facilitate strong community ties, and community groups, such as the Rotary Club, have assisted the program with funds for housing and transportation. There are a number of agencies offering collateral services in the community, including the Free Medical Clinic, Literacy Volunteers, the Northern Shenandoah Valley Adult Education program, Lord Fairfax Community College, the United Way, Salvation Army, Winchester Rescue Mission, Lord Fairfax House, Edgehill Recovery Center, The Recovery Connection and Oxford Houses. In addition, representatives of the local Departments of Social Services are members of the Advisory Committee and provide needed services such as SNAP, Medicaid, and housing assistance.

## FINDINGS

- ✓ The NRADTC has strong community partnerships that benefit the program.

## Chapter 3: The NRADTC Team

A dedicated multidisciplinary team of professionals manages the day-to-day operations of the drug court, including reviewing participant progress during pre-court staff meetings and status hearings, contributing observations and recommendations within team members' respective areas of expertise, and delivering or overseeing the delivery of legal, treatment, and community supervision services.

The NRADTC team had the opportunity to learn from a variety of other drug court teams. While planning the program, the team visited a court in Pennsylvania and Chesterfield, Virginia. Since the court has been operational, the team has visited the Arlington, Virginia drug court and a court in Missouri for a mentor site visit. The program also received technical assistance when they were a BJA grantee, which included a site visit from Judge Spencer, the retired Richmond Adult Drug Court Judge.

**Research question: Who sits on the drug court team, and what are their roles and responsibilities? What is the overall workload of the NRADTC staff?**

**Presiding Judges** — Two Circuit Court Judges preside over the NRADTC. The two judges preside over all NRADTC hearings. After receiving input from the team, the presiding judge uses his discretion in imposing sanctions or incentives.

**Northern Shenandoah Valley Substance Abuse Coalition Executive Director** — The Executive Director manages grant funds associated with the NRADTC, except the Supreme Court of Virginia funds. She also manages contracts and assists, when needed, with drug court operations.

**Drug Court Coordinator** — The Drug Court Coordinator is responsible for the day-to-day operations of the program. The Coordinator is responsible for managing issues that come up with the participants, coordinating communication among the team members about participant issues throughout the week, coordinating with the officers to manage home visits and transportation to residential treatment, and receiving the referrals from the Commonwealth's Attorney's offices and coordinating the screening and assessment process. The Coordinator also prepares the weekly docket, sends it out, prepares the weekly progress reports, and leads the pre-court staffing meetings. After court, the Coordinator is responsible

for all the data entered into the statewide drug court MIS. Finally, the Coordinator is responsible for the grant reporting to the Virginia Supreme Court.

During the pandemic, drug testing shifted from the probation and parole agency to a community provider (Urgent Care). As a result of this shift, the Coordinator also took on the responsibility of scheduling drug screening and coordinating with the lab. When onsite drug testing is done, after court, the Coordinator sometimes observes the urine collection for drug tests and is responsible for sending samples to the lab when a confirmation test is needed. She also sends out updates to the team once the laboratory results are received.

**Commonwealth's Attorney** — A Commonwealth's Attorney representative for each participating jurisdiction—City of Winchester, Frederick County, and Clarke County—determines the eligibility of potential participants. Representatives of the three Commonwealth's Attorneys offices attend weekly status hearings and staffing meetings, make recommendations to the team concerning the progress of participants and any sanctions or incentives to be imposed, and work closely with the other team members to ensure that participants are compliant with all program requirements.

**Public Defender** — The Public Defender attends weekly status hearings and staffing meetings, makes recommendations to the team concerning the progress of participants and any sanctions or incentives to be imposed, and works closely with the other team members to ensure that participants are compliant with all program requirements.

**Probation Officer** — There is a full-time probation officer assigned by the District 11 Probation and Parole Office to the NRADTC. The probation officer supervises and monitors all participants in the program for compliance with the terms and conditions of probation, collaborates with the treatment providers to provide case management for participants, and attends weekly status hearings and staffing meetings. She also makes recommendations to the team concerning the progress of participants and any sanctions or incentives to be imposed, and works closely with the other team members to ensure that participants are compliant with all program requirements. The probation officer also administers the COMPAS during the assessment process to determine the risk level of defendants referred to the program.

Historically the probation office has been responsible for administering urine and alcohol screens, but during

the pandemic, probation and parole has not been conducting drug and alcohol testing, except for with select individuals.

In the past, there was a second part-time officer also assigned to the program.

**Local Law Enforcement Officers** — Two law enforcement officers — one from the Winchester Police Department and one from the Frederick County Sheriff’s Office—provide surveillance and monitoring of participants in the program. In this capacity, they identify potential community risks for participants, attend weekly status hearings and staffing meetings, make recommendations to the team concerning the progress of participants and any sanctions or incentives to be imposed, and work closely with the other team members to ensure that participants are compliant with all program requirements.

**Substance Abuse Treatment Provider** — One clinician is formally assigned to the NRADTC team, although approximately six other clinicians and four case managers provide some level of treatment service to the NRADTC participants (though only two are primarily assigned to the NRADTC). The substance abuse treatment provider is responsible for providing comprehensive treatment to program participants and for reporting treatment progress and outcomes to the Coordinator. The treatment providers submit a report on the progress of each participant they treat prior to the weekly staffing meeting and court docket. The clinician assigned to the NRADTC team attends the weekly staffing meetings and court dockets as a treatment representative.

## FINDINGS

- ✓ The NRADTC has an active and engaged team that meets regularly and is committed to the program.
- ✓ The complexity of a three-county regional drug court program leads to an imbalance in representation on the team in some circumstances (e.g., three prosecutors and one public defender).
- ✓ The workload is imbalanced with the Coordinator carrying too many duties that, in other drug court programs, would be performed by others (e.g., coordinating drug testing). This can lead to the perception that the Coordinator has more authority than other team members.

## PROGRESS REPORTS

**Research question:** How are progress reports prepared, and do they meet the needs they are intended to meet?

Communication among the members of the Drug Treatment Court Team is critical to the success of the participants in the program. Team members communicate via email and written progress reports that are prepared by the line staff for the weekly pre-court staffing meetings and court dockets. The team members are all committed to working collaboratively to achieve the goals of the program and achieve the best results for the program participants.

## FINDING

- ✓ The weekly progress reports are thorough and meet the needs of the staff.

## ADVISORY BOARD

The NRADTC has an advisory board that meets quarterly. The advisory board consists of many of the team members as well as the law enforcement Chiefs and Sheriffs, the City Manager, a Board of Supervisor member from Clarke County, the Administrator from Frederick County, the local Probation and Parole Director, and other community stakeholders. During advisory board meetings, the program staff may discuss changes to the program or specific programmatic issues.

## FINDINGS

- ✓ The NRADTC has an active and engaged advisory board.
- ✓ Many programmatic issues that would typically be addressed within the team at a drug court retreat are taken to the advisory board for discussion.

## TEAM TRAINING

The National Adult Drug Court Standards encourage team members to attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance use disorder and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision-making, and constitutional and legal issues in Drug Courts. NRADTC

staff members were asked to self-report the trainings they attended in the previous two years. *Table 22* reflects their responses.

**Table 22: Training Attended by Team Members in the Last Two Years**

	% of Team Members Reporting Attendance
Legal and constitutional issues	80.0%
Evidence-based substance use treatment	76.9%
Trauma-informed services	69.2%
Drug court best practices	69.2%
Use of incentives and sanctions	61.5%
Drug testing	53.8%
Drug trends	53.8%

Team members were asked to identify trainings they would find useful. Below is a list of trainings the staff identified would be helpful to them:

- Trauma training (for the whole team)
- Specialized training like dialectical behavioral treatment (DBT) for the clinicians
- Drug testing
- Motivational interviewing
- Roles and responsibilities

#### FINDING

- ✓ The NRADTC has access to ongoing professional training and readily participates in learning opportunities.

## Chapter 4: Outcomes

The following section outlines short-term outcomes, including those key to drug court participants' long-term success in the community, such as program completion, time in program, and recidivism.

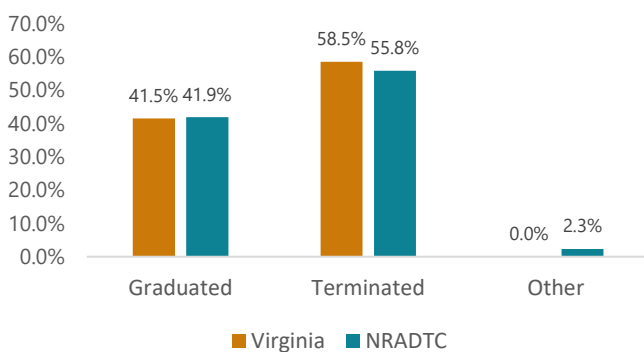
Additionally, drug courts where participants were required to have at least 90 days of clean time to graduate had a 164% reduction in recidivism than programs that required less clean time (Carey et al., 2012). The idea is that the longer an individual abstains from drugs and alcohol, the more likely they will remain abstinent after leaving the program (e.g., Kelly & White, 2010). Finally, drug courts that, among other things, perform intensive drug testing, especially when participants first enter the program, produced both reductions in crime and lower societal costs (Carey et al., 2012).

### GRADUATION RATE

**Research question: What is the retention and successful completion rate of the NRADTC participants?**

Figure 4 shows that 41.9% of the NRADTC participants exited successfully from the drug court program by means of graduation which is in line with the statewide successful completion rate in FY 2020. Another 55.8% were terminated unsuccessfully and one person died while in the program (2.3%).

Figure 4: Type of Program Exit (n=43)



### RETENTION RATE

On average, all program participants (graduates and non-graduates) remained in the program for 14.8 months (1.2 years) (see Table 23). Graduates averaged 18.9 months (1.8 years) in the program. The NRADTC

length of stay for graduates was shorter than the average for the state. Terminated participants spent an average of 11.9 months (1 year) in the program.

Table 23: Time in Program (n=43)

	Virginia	NRADTC
All participants		14.8 months
Graduates	21.7 months	18.9 months
Terminated participants	10.1 months	11.9 months

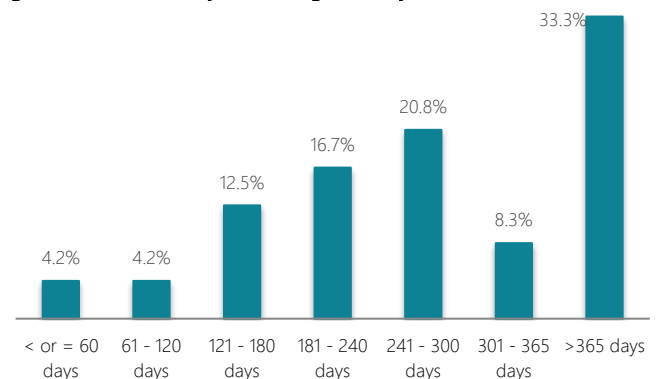
Table 24 examines the length of stay in each phase, which is largely the same for each phase.

Table 24: Average Time Moving Through Phases (n=43)

	Average number of months
Average time from entry to Phase II	4.2 months
Average time from Phase II to Phase III	4.3 months
Average time from Phase III to Phase IV	4.6 months
Average time from Phase IV to exit	8.4 months

A sub-analysis of the terminated participants examined the length of time between program entry and termination (see Figure 5). Approximately 8.4% of participants were terminated from the program within the first 120 days (four months) after entry, while 46% were terminated between four months and one year after acceptance. The remaining 33.3% were terminated more than one year after entering the program.

Figure 5: Number of Days from Program Entry to Termination (n=24)



These data reflect that participants are not routinely terminated without first having been given ample time to succeed in drug court. They also reflect that drug courts are investing resources in participants that are, for the most part, terminated late in their drug court programs. Given this investment, drug courts should avoid termination, if at all possible. It is recommended that individual programs examine the point in time that terminations occur in their programs (like the analysis above) and seek to strengthen their programs at the

points where most terminations occur.

**FINDING**

- ✓ The NRADTC’s graduation rate is in line with the statewide graduation rate.
- ✓ The NRADTC retains clients at a rate that suggests an effort is made to work with participants prior to termination.

### RECIDIVISM

**Research question: What is the impact of the NRADTC on criminal recidivism?**

Participants had to have completed the program and been in the community for a minimum of one year post-program to be included in the recidivism analysis. A total of 30 participants met these criteria. Some participants in the recidivism analysis have had over three years to recidivate, while others have only had one year in the community to recidivate. The recidivism analysis was conducted by the Virginia Department of Corrections and included both graduates and non-graduates. All recidivist events occurred post-program completion.

Table 25 shows that approximately 30% of the NRADTC participants were rearrested during the follow-up period, 20% had a new conviction within two years, and no participants were reincarcerated.

Table 25: Recidivism Rate (n=43)

	Virginia (Statewide)	NRADTC
Two-year re-arrest rate	31.4%	30.0%
Two-year reconviction rate	15.6%	20.0%
Reincarceration rate	Not reported	0.0%

Source: Virginia Department of Corrections

**FINDING**

- ✓ The recidivism rate of the NRADTC is in line with the statewide drug court recidivism rate.

### PROGRAM GOALS

**Research question: Is the NRADTC achieving its goals? What are the anecdotal reports of success or failure of NRADTC participants and staff?**

The mission of the NRADTC is to reduce substance abuse and related criminal activity and enhance public safety through collaboration, treatment, supervision, and accountability.

The goals of the NRADTC are:

- Promote public safety by treating addiction and substance abuse among nonviolent defendants involved in the judicial system,
- Reduce recidivism and criminal offenses in the community,
- Increase accountability through intensive supervision, monitoring, sanctions, incentives, and treatment, and
- Promote collaboration and the effective use of resources among the criminal justice system, community agencies, and other partners.

The objectives of the NRADTC are to:

1. Identify nonviolent high-risk/high-need criminal defendants for participation in the drug treatment court.
2. Provide a comprehensive and effective course of substance abuse treatment for participants in the drug treatment court program.
3. Reduce the incidence of probation violation proceedings for participants in the drug treatment court program.
4. Reduce the incidence of criminal activity and offenses for participants and graduates of the drug treatment program.
5. Ensure that participants are intensely supervised through weekly meetings with drug treatment court staff.
6. Ensure that participants are not abusing illegal controlled substances through frequent and random urine screens.
7. Ensure that participants in the drug treatment court program are employed and that all court and program costs are paid in full before graduation or a payment plan is in place.
8. Utilize the resources of existing parties in the criminal justice system to provide supervision, testing, and monitoring.
9. Utilize the resources of private treatment providers and the community services board in the provision of treatment services.

### Participant Perspective

Participants reported that the structure provided by the program was extremely helpful. Participants were asked to identify the benefits they have experienced because



of participating in the program. Participants reported the following benefits:

- Sobriety
- Obtaining health insurance for the first time
- Obtaining a driver's license
- Improved personal relationships
- Improved housing
- More responsible decision-making and life choices.

## FINDINGS

- ✓ The NRADTC is achieving the legislative goals set by the state.
- ✓ Participants report numerous benefits they have experienced as a result of program participation and generally were quite positive about being in the program.
- ✓ NRADTC staff report all of the same benefits that participants noted.

**Research question:** How do participants view various program components?

**BACKGROUND**

The Multi-Site Adult Drug Court Evaluation (MADCE) study found that the strongest predictor of reduced future criminality among drug court participants was the defendant's attitude toward the judge (Rossman et al., 2011). Having a positive perception of the judge was also the greatest predictor of reduced drug use and reduced violations (Rossman et al., 2011). The MADCE study did not examine the participant's view of other team members such as treatment providers and probation staff. Researchers have identified the key elements of procedural justice to be:

- Voice – defendants are given the opportunity to tell their story;
- Respect – defendants perceive they are treated with respect and dignity;
- Neutrality – defendants believe the decision-making process is fair;
- Understanding – defendants understand the decisions that are made; and
- Helpfulness – defendants believe the judge and staff are interested in their personal situation (Tyler, 1990).

**Procedural Justice Survey**

The Procedural Justice Survey is designed to assess the components of procedural justice in a problem-solving court setting. The survey was administered to participants of NRADTC in October and November of 2020. Participants were asked to voluntarily complete this written survey anonymously. A total of 23 participants elected to complete the survey.

The survey asked the participants to rate their experiences with four sets of program staff—the judges, their probation officer, their treatment provider, and the court staff as a group. Participants were asked about their experiences with the team in areas typically associated with procedural justice, as noted above. Participants responded on a 7-point scale to the statements. Response options ranged from “Strongly Agree” (reflecting a score of 7) to “Strongly Disagree” (reflecting a score of 1). A score of 5.0 indicates that the participant somewhat agreed with the statements. Categories with scores above 6.0 are considered areas

of strength for the drug court team. Categories in which scores range between 5.5 and 6.0 present some room for improvement. Finally, scores under 5.5 indicate areas where the team could look to improve.

Polarization score measures the degree of disagreement in response between the survey participants. The polarization score refers to the standard deviation, or amount of variation, in responses. The higher the polarization score, the more disagreement in the responses of survey participants.

**Judges**

The judges scored very high in all areas except applying the rules consistently to everyone. This was a pattern seen across all team members. *Table 26* details the scores regarding the judges.

**Table 26: Procedural Fairness Results for the NRADTC Judges**

	Average (n=23)	Polarization Score
The judges apply rules consistently to everyone.	5.3	2.17
The judges make me feel comfortable enough to say how I really feel about things.	6.0	1.00
The judges give me a chance to tell my side of the story.	6.4	0.77
The judges treat me with courtesy.	6.8	0.41
The judges are knowledgeable about my case.	6.1	1.21
The judges make decisions about how to handle my problems in a fair way.	6.3	0.69

**Probation Officer**

The probation officer's scores closely mirror those of the judges with the scores being high in all areas, except in treating participants equally. *Table 27* details all results regarding the probation officer.

**Table 27: Procedural Fairness Results for the NRADTC Probation Officer**

	Average (n=23)	Polarization Score
My probation officer interacts with me in a professional manner.	6.5	0.77
I know that my probation officer wants to help me.	6.6	0.82
My probation officer gives me enough of a chance to say what I want to say.	6.3	1.13
The way my probation officer handles my case is fair.	6.2	1.20

	Average (n=23)	Polarization Score
My probation officer treats all of his or her participants equally.	5.6	1.97
I feel safe enough to be open and honest with my probation officer.	6.2	1.44

**FINDINGS**

- ✓ In general, participants view all components of the program quite positively.
- ✓ The consistent area identified as an area needing improvement is whether the staff treat participants fairly or equally.

**Treatment**

The treatment staff scored very high in all areas. Treatment had the highest scores of all of the team members. *Table 28* details all responses for treatment from the survey.

**Table 28: Procedural Fairness Results for NRADTC Treatment**

	Average (n=23)	Polarization Score
The treatment staff gives me a chance to tell my side of the story.	6.6	0.71
I believe the treatment staff is genuinely interested in helping me with my problems.	6.8	0.48
The treatment staff interacts with me in a professional manner.	6.7	0.63
The treatment staff treats all participants equally.	6.1	1.18
I feel safe enough to be open and honest with treatment staff.	6.5	0.93
The way treatment handles my case is fair.	6.5	0.93

**Court Team as a Whole**

The court team as a whole had lower scores in treating people equally and being fair. All other areas scored high. This is in line with the feedback offered during focus groups which suggests that the majority of participants do not view the program staff as treating participants equally. *Table 29* details all responses for the rest of the staff from the survey.

**Table 29: Procedural Fairness Results for the NRADTC Court Team**

	Average (n=23)	Polarization Score
The program treats all people and groups equally.	4.7	2.33
The program staff are fair in their dealings.	4.9	1.89
The program staff care about me.	6.1	1.38
The program staff treat me with courtesy.	6.1	1.43
The program staff listen to me.	5.9	1.24
The program staff are trustworthy.	5.9	1.30

**Research question:** How do team members evaluate their current level of collaboration?

**INTRODUCTION**

To assess the current functioning of the collaboration between members and agencies involved in the NRADTC, team members were asked to complete an online collaboration survey consisting of 56 questions. The collaboration survey is based upon recent research in management, public administration, and institutional psychology and is tailored to fit the collaboration between members and agencies represented on a problem-solving court team.

Effective collaborative relationships require rules and procedures for both the functioning of the team and program, creation of a group identity, development of shared goals and trust, and maintenance of organizational autonomy or individual identity (Huxham & Vangen, 2005; Thomson et al., 2007, Wood & Gray 1991). To achieve the most successful type of collaboration, teams should strive to perform well on the five dimensions that capture the above requirements. These dimensions are governance, administration, organizational autonomy, mutuality, and norms (Thomson et al., 2007). The collaboration survey explores each of these dimensions of collaboration.

A total of 16 team members completed the survey in September 2020. The survey measures collaboration on the five dimensions outlined above: governance, administration, organizational autonomy, mutuality, and norms. The responses to the survey questions were measured on a seven-point Likert scale. The scale indicated either strength of agreement or disagreement with the statement (where 1 = strongly disagree and 7 = strongly agree) or the frequency (where 1 = never and 7 = always). All items were coded, with seven (7) being the most desirable score.

Areas of collaboration with scores above 6.0 are considered areas of strength for the drug court team. Categories in which scores range between 5.5 and 6.0 present some room for improvement. Finally, scores under 5.5 indicate areas where the team could look to improve.

The results of individual survey items are reported in the following section by category of collaboration. For

these results, average team score and polarization score are reported. The average team score is comprised of the average of all responses for each question. Again, all questions were measured on a 7-point scale, with 7 being the most desired response. The polarization score, on the other hand, measures the degree of disagreement in response between team members. The polarization score has a maximum of 3.2. The higher the polarization score, the more disagreement in the responses of team members.

**Governance**

Any collaboration process necessarily includes defined rules and procedures that govern not just program functioning but the decision-making process of the team. The governance dimension of collaboration encompasses both the process by which decisions are made and the formalization of the rules that govern this process. Governance refers to the rules that are devised for the functioning of the collaborative relationship (Thomson et al., 2007).

The two main components of governance include defining policy and procedures for the functioning of the collaboration (institutionalization of practices) and defining processes by which those policies and procedures can be updated (definition of decision-making processes). The following sections highlight results from the survey and display results by survey item within each area of collaboration governance.

**Institutionalization of Practice**

Table 30 below displays the scores for each survey item and a polarization score for each item. The team scored high in all areas, but the Coordinator may want to ensure that all team members receive copies of updated policies and procedures each year.

**Table 30: Formality in the Collaboration of the NRADTC Team**

	Team Score	Polarization Score
The team has a written policy and procedures manual that addresses how the program operates.	6.7	0.5
Policies and procedures are updated annually to reflect current practice.	5.9	1.1
A Memorandum of Understanding/Memorandum of Agreement defines the relationship between team members/agencies.	6.0	1.0
<b>Average Score</b>	<b>6.2</b>	<b>1.0</b>

## Decision-Making

Items in this area assess how team members feel about different aspects of decision-making, such as team decision-making, independent decision-making, input into decisions, time to discuss issues that require team decisions, and authority to make decisions. The team scored high in all areas, except the perception that there may be informal alliances among team members that impact how decisions are made. Two additional areas may need attention. The team is encouraged to set aside time, outside of staffing and the advisory board meetings, to focus on programmatic issues and clarify what authority the team has to change policies.

Table 31 below displays an item-by-item team score and polarization score.

**Table 31: Decision-Making in the NRADTC**

	Team Score	Polarization Score
Team members have the opportunity to provide input into decisions made in staffing.	6.2	1.0
The professional opinions of all team members are considered when decisions are made in staffing.	6.5	0.6
There is adequate time in staffing to discuss each participant and make decisions.	6.5	0.6
Team members have input into policy changes.	6.3	0.8
The team agrees on which decisions can be made as a team.	6.1	0.6
The team sets aside time, outside of staffing, to focus on programmatic issues.	5.7	1.3
The team has authority to establish policies related to the problem-solving court program.	5.8	1.2
The team agrees on which decisions can be made independently.	6.0	1.0
The team decision-making process is transparent (you understand how decisions are made).	6.7	0.5
There are not informal alliances among team members that impact how decisions are made.*	4.8	1.7
<b>Average Score</b>	<b>6.0</b>	<b>1.1</b>

## Administration (Team Management)

In addition to the creation of the rules governing the collaborative program, mechanisms to execute the

rules must be put into place to ensure that the collaborative team is effective. These mechanisms refer to the administrative dimension of collaboration. This does not refer to the leadership or particular roles on the team, but rather, the way in which team management takes place. Effective management or administration of a program requires a great deal of coordination among team members, clear role definition, and processes for conflict resolution. These three areas of administration are imperative to overcoming issues of collective action (Freitag & Winkler, 2001; Thomson et al., 2007).

Collaboration needs to be supported not only by policies and procedures but also requires constant management and coordination. To maintain the collaborative relationship, team management strategies must focus on role definition, communication, and conflict resolution. The following sections explain and display the item-by-item results for each area of collaboration administration.

## Role Definition

Team members agreed that they understand their role on the team, and there were no identified areas that need improvement. Table 32 below displays the results from survey items focusing on role definition.

**Table 32: Role Definition Among NRADTC Team Members**

	Team Score	Polarization Score
I understand my role on the team.	6.5	0.6
Roles and responsibilities of team members are clearly defined.	6.1	0.5
The team can continue to function when members of the team change.	6.1	0.8
The team defers to the expertise of each team member, when appropriate.	6.1	0.5
No single team member (or agency) dominates team decision-making.	6.2	0.5
<b>Average Score</b>	<b>6.2</b>	<b>0.6</b>

## Communication

Team members strongly agreed that all areas of team communication were effective. Table 33 below displays the team and polarization scores for survey items involving team communication.

**Table 33: Communication Among NRADTC Team Members**

	Team Score	Polarization Score
The team has a means of communicating with one another in between staffings.	6.7	0.5
I have the information I need to make decisions in staffings.	6.2	0.8
All relevant information about participants is shared among team members.	6.0	0.8
Information exchanged between team members is accurate.	6.1	0.7
<b>Average Score</b>	<b>6.2</b>	<b>0.8</b>

### Conflict Resolution

There are no specific areas of concern around conflict resolution (see *Table 34*).

**Table 34: Conflict Resolution Among NRADTC Team Members**

	Team Score	Polarization Score
Team members strive to achieve mutually satisfying resolutions to differences of opinion.	6.1	0.6
Discussions to resolve conflicts are effective.	5.9	0.8
The team has formal and/or informal policies that address how conflict is managed.	5.4	1.3
Team members are comfortable respectfully challenging opinions expressed by team members, including the judge.	6.1	0.7
<b>Average Score</b>	<b>5.9</b>	<b>0.9</b>

### Organizational Autonomy

Collaborative relationships often involve agencies which are voluntarily participating in the collaborative effort. As a result, team members may find it challenging to balance their participation in the team or collaborative effort and their responsibilities to their home agency (Huxham, 1996). Tensions between team members' primary identity with their home agency and their identity as a member of the collaborative group can lead team members to pursue goals that are more self-interested. As a result, the process of decision-making and the productivity of the collaborative effort may be impacted. To overcome some of these inherent tensions, collaborative teams must successfully strike a balance between accountability to the team and autonomy (Thomson et al., 2007).

Organizational autonomy is a potential obstacle for collaborative relationships because there is a great deal

of tension between collective identity and goals and independent identity and goals. To function well, the collaborative team should be aware of these tensions and work to try to create balance between the collective responsibilities and the independent responsibilities of team members.

The team scored high in all areas, except there is an indication that some team members may be struggling with the balance between being on the team and meeting their other work obligations (see *Table 35*).

**Table 35: Organizational Autonomy in the NRADTC**

	Team Score	Polarization Score
Team members understand the ethical and professional obligations I have as a result of my role <u>on</u> the team.	5.6	1.4
Team members understand the ethical and professional obligations I have as a result of my role <u>outside</u> of the team.	6.0	1.0
My other professional obligations do not suffer as a result of participation on the team.	5.1	1.5
I do not have difficulty meeting both the expectations of my agency and the expectations of the team.	5.1	1.5
The team holds members accountable for their responsibilities on the team.	5.7	0.9
The different professional philosophies of team members do not make it difficult for team members to work together.	6.0	0.9
<b>Average Score</b>	<b>5.6</b>	<b>1.4</b>

### Mutuality

Collaborative relationships often include agencies that offer unique skill sets which help the team accomplish common goals. Mutuality refers to the reliance of collaborative partners on each other to achieve common goals. Collaboration works best when team members can work towards a common goal without disadvantaging the unique goals of team members (Thomson et al., 2007; Wood & Gray, 1991). All members of a collaborative team contribute unique skill sets that can be used to better serve the common goals of the collaborative team. Ideally, the collaboration will make it easier to accomplish team goals, enhance the independent and collaborative work of individual team members, and create strong cooperative relationships between agencies that are represented on the team. The results for mutuality for

the NRADTC are mixed regarding mutuality.

The team members agreed that being part of the team enhances their work and that participation on the team is a worthwhile use of their time. Though team members indicated strong performance on many measures of mutuality, there appears to be a shared belief that work is not equitably distributed on the team. *Table 36* displays the survey responses for items measuring mutuality in the collaborative relationship of the NRADTC.

**Table 36: Mutuality in the Collaboration of the NRADTC**

	Team Score	Polarization Score
I have developed strong relationships with the agencies that are represented on the team as a result of being a part of the team.	5.5	1.6
My work is enhanced by being part of the problem-solving court team.	6.3	0.9
Participation on the team is a worthwhile use of my time.	6.4	0.9
Team members appreciate the contributions I make to the team.	5.9	0.7
It is not easier to accomplish tasks independently of the team.*	4.4	1.1
Team members carry an equitable share of the work.	4.3	1.9
<b>Average Score</b>	<b>5.5</b>	<b>1.5</b>

### Norms

Trust is particularly important in collaborative relationships (Frey et al., 2006). Established trust between collaborative partners can help overcome some of the inherent vulnerabilities faced by collaborations, such as issues with cooperation and coordination. Trust is built up over time with repeated interactions between members of a collaborative relationship (Putnam, 2000). To be successful, members of a collaborative team must have mutually shared long-term goals that motivate them to cooperate and invest their own resources to meet the larger goals. True collaborative relationships are not formed for one-time interactions to solve short-term problems but rather to combine important and scarce resources to address more complex and enduring problems. Trust creates a sense of shared responsibility to address long-term goals (Putnam, 2000).

The belief that other team members will follow through with responsibilities and obligations that result from team participation encourages team members to also

follow through with their own responsibilities and obligations. Since collaborative relationships rely on team members to cooperate in the absence of a central authority, the development of trust is essential to create self-enforcement of collaboration rules. The team scored high in all areas, except there is an indication that some team members may be struggling with feeling like team members trust their professional judgement (see *Table 37*).

**Table 37: Team Norms in the NRADTC**

	Team Score	Polarization Score
Team members take their commitment to the program seriously.	6.5	0.5
The team shares a common understanding of the goals of the program.	6.1	0.6
Team members have the best interest of participants in mind when they make decisions.	6.0	0.9
Team members work hard to understand each other's perspectives.	5.9	0.5
Team members have a strong group identity.	5.9	0.6
Team members trust my professional judgment.	5.7	0.8
I trust the professional judgment of other team members.	6.3	0.5
I trust team members to do what they say they are going to do.	6.6	0.5
<b>Average Score</b>	<b>6.1</b>	<b>0.7</b>

### FINDING

- ✓ NRADTC staff rate their level of collaboration quite high with only a few areas that could be further examined.

## RECOMMENDATIONS

The NRADTC is commended for a successful first four years of operating. Many of the original team members remain on the team and are highly invested in the program. The short-term outcomes and recidivism results are in line with other drug court programs in Virginia, and the data, to date, does not point to any operational concerns. Based on the findings detailed throughout the report, the following recommendations are made:

1. Reduce the length of time it takes to assess participants and facilitate entry into the program where possible.
2. Establish a legal pathway to reevaluate the placement of participants whose mental health needs exceed the capacity of the drug court program. In this situation, an alternate sentence may be appropriate.
3. Reconsider the practices that impact participant perceptions that the sanctioning and incentive system is inconsistent. The team has implemented a new sanction and incentive system, and the team is encouraged to re-administer the survey to the participants to determine if perceptions have changed.
4. Be deliberate about the frequency with which policy changes are made. In an established drug court, it is unlikely that it is necessary to make policy changes more than once or twice a year. When policy changes are made, communicate the policy changes and the rationale for changes in writing. Formally distribute new policies during court sessions to ensure participants receive the information and understand the changes.
5. Formalize expectations about communication on the nights and weekends and establish expected response times from staff. It is unreasonable to expect the staff to respond 24/7 to participants but participants do not currently know what to expect from the staff. This lack of clarity creates anxiety among participants and confusion about expectations.
6. Adjust the distribution of workload among the drug court team to achieve a greater balance.
7. Ensure that the results of all drug and alcohol tests are captured in the drug court database.
8. Reconsider the topics that are discussed in advisory council meetings. Establish a separate time for the team to discuss programmatic issues and address items that are operational in nature that require a detailed understanding of the program.



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