

Harford County Circuit Court Adult Drug Court Pre-Evaluation

Submitted to:

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BACKGROUND

NPC Research, a Portland, Oregon-based social policy evaluation research firm, is contracted with the Maryland Administrative Office of the Courts to conduct impact/outcome evaluations and cost analyses for Maryland's Drug and DUI Courts. In 2006, NPC conducted a pilot in Prince George's Juvenile Drug Court for introducing a program to these intensive evaluation activities and gathering the preliminary information needed to begin these other types of studies. The information included in this report represents the summary of the pre-evaluation work completed in December 2007 with the Harford County Circuit Court Adult Drug Court program.

Pre-Evaluation Process Description and Purpose

Process evaluation involves intensive and extensive information collection and analysis. To ensure that NPC's research team gets off to a "running start" in pursuit of this intense research endeavor, it will conduct what it refers to as a "pre-evaluation" for each drug court program that has not undergone a previous process evaluation.

Pre-evaluation activities include an introductory site visit to the drug court, utilization of an electronic survey, and a telephone interview with the program coordinator or other drug court representative possessing a broad overview perspective of the program. The pre-evaluation data that are collected through these activities provide the researchers with a general understanding of the drug court's organization and current processes, assist the evaluation team in determining the direction and content of further process evaluation questions, and inform future outcome and cost evaluation work. In addition, contact information for key informants, a description of general roles of partnering agency representatives, and related information are collected during the pre-evaluation. Perhaps of greatest importance during this brief period of contact with each site is that NPC's researchers have an opportunity to develop a positive and productive working relationship with drug court representatives, in particular program coordinators.

ELECTRONIC PROGRAM SURVEYS

Since the drug court programs participating in the pre-evaluation process are located throughout the State of Maryland, and in the interest of making the most efficient and effective use of research staff and resources, it was decided that NPC's process evaluation team would administer an electronic survey to key informants (generally, these are the program coordinators). The use of an electronic survey allows the researchers to begin building the pre-evaluation understanding of the program, described above, as well as to collect data that will support a future full process evaluation of the site.

Harford County Circuit Court Adult Drug Court Pre-Evaluation Process

NPC staff conducted the following research activities with the Harford County Circuit Court Adult Drug Court Program:

1. Initial introduction of the pre-evaluation process with the program coordinator, including a general description of future evaluation activities
2. Completion by the program coordinator of the Program Survey
3. An interview (and additional follow-up communications) by NPC staff with the program coordinator, e-mail contact with two other staff members, to:
 - a. Ensure that the program understands the 10 key components
 - b. Share the current status of the research in these areas
 - c. Learn about the drug court's program policies and procedures and how they are implementing these as they relate to best practices
4. A site visit by NPC staff to discuss data elements and program operations, and to address any questions that arise

Evaluation products that resulted from the above activities included:

1. A data elements worksheet, which highlights the specific data to be collected for the program, which agency collects that information, where the data are located (e.g., computer database, hardcopy), and when the agency or agencies began collecting the information (or plan to begin collecting it).
2. Findings and recommendations for the program based on the 10 key components of drug courts.
3. Creation of a flow chart that illustrates the program entry process and involvement of the partnering agencies playing a part in that process.

General Summary of Findings

The program is currently facing challenges related to limited staff resources (e.g., Health Department staff member serving as both coordinator and treatment provider), many of which are being shared by both the Circuit and District Court drug court programs. As a result, the Circuit Court program has had to be creative with regard to supporting its program participants (e.g., including participants from both programs in treatment groups) and has had to maintain a lower than desired census/capacity. Other specific findings (also included in the full 10 key component summary) are:

- The team does not meet for pre-court meetings but does attend drug court sessions twice per week. Prior to the drug court session, team members meet informally in court to go over the day's drug court docket and address any new or ongoing

participant issues/concerns. The team is able to do this because there are only a handful of active clients in the program (7 currently), and the court session usually starts several minutes later than scheduled.

- Treatment representation also provides written reports on participants just prior to the start of the drug court session, to the Judge, probation officer, State's Attorney, and (if requested) defense attorney.
- Policy meetings have not been held since the current coordinator began working in that position, approximately 1 year ago.
- The drug court is a treatment-based program. Legal issues are addressed outside of treatment's purview, which results in the treatment side not knowing a lot about the legal side of the process.
- The Assistant State's Attorney (ASA) and Public Defender (PD) work well together. They appear to buy in to the program's treatment focus and, as a part of the larger team, they share the belief that decisions that the team makes should be in best interest of the participant.
- Since drug court rules are clear and specific, the Public Defender is unable to contest consequences (if it is determined that a participant has a broken program rule). However, the PD can voice an opinion about how severe the court response (i.e., sanction) should be. The Judge can consider the PD's input when making a final decision on a sanction (although it was reported that in the past year there have been no sanctions given).
- When found eligible for the program, individuals go to the next drug court session and stand before the Judge, who suspends their entire sentence, except for 60 to 90 days (which they will spend in jail prior to starting the drug court program).
- In the first three program phases (which all last 8 weeks each), participants attend one group and one individual treatment session every week. In phase 4, there are no groups, but participants see the counselor (individually) twice per month. Both Circuit and District Court drug court participants attend the same treatment groups; this is partially due to a lack of treatment resources that would allow the groups to be run separately.
- Participants in all four drug court phases go to court twice per month.
- Participants who are doing well in the program receive verbal praise from the bench. After completing each phase, participants receive a certificate of completion. They also will be given a gift certificate and key chain at graduation (Note: it was reported that there have been no graduations within the past year but that, in the near future, a few participants will be graduating).
- During the court session, the Judge reviews information on the participant (provided by the team members) while on the bench and then addresses the participant directly.
- The Judge provides all participants with the opportunity to talk or ask questions during the drug court session. He takes into consideration participant input before ultimately deciding on a response (e.g., sanction). The Judge also gives participants the opportunity to engage an attorney if it is necessary (e.g., for serious violations).

- Other than the Office of Drug Control Policy, the drug court has developed no other partnerships with outside agencies/programs. The team has discussed creating partnerships outside of the program; however, because the program is based out of the Health Department, which has a great number of in-house resources (for HIV education, parenting classes, etc.), there has not seemed to be a need to look outside of the Department for additional supports. The program counselors also have contact information for local education/jobs supports, so they can provide phone numbers to participants for those services.

HARFORD COUNTY DISTRICT COURT ADULT DRUG COURT

10 Key Components of Drug Courts

DEFINITIONS AND STRATEGIES FOR ADULT DRUG COURTS

Key Component	Preliminary Site Findings	Suggestions/Questions/Recommendations
<p>1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.</p>	<ul style="list-style-type: none"> • Team membership includes the Judge, treatment representation, and representatives from the State’s Attorney and Public Defender’s Offices, the Office of Drug Control Policy, and probation. • All team members except the Judge and the Public Defender are the same individuals who serve on the District Court drug court team. • The representative from the Office of Drug Control Policy does not attend the drug court hearings regularly. • The team does not meet for pre-court meetings but does attend drug court sessions twice per week. Prior to the drug court session, team members meet informally in court to go over the day’s drug court docket and address any new or ongoing participant issues/concerns. The team is able to do this because there are only a handful of active clients in the program (7 currently), and the court session usually starts a bit late. • Treatment representation also provides written reports on participants just prior 	<ul style="list-style-type: none"> • Invite law enforcement to be part of the team. Consider how they can be more involved and what is needed to engage their participation. • Consider including other outside agencies in the drug court process and how to engage the Office of Drug Control Policy to be more active with the Circuit Court program. • Consider holding a quarterly policy committee meeting to address concerns/ issues relevant to program functioning and to review the program’s effectiveness with regard to meeting its goals. • Most drug court programs find it useful to hold team meetings prior to the drug court sessions, to facilitate communication between team members and build relationships to form a more cohesive team. This program may want to explore this option and what benefits they would gain, such as having dedicated time together for discussions about participant progress and challenges, and helping treatment and legal partners gain a better idea of what role the others play.

Key Component	Preliminary Site Findings	Suggestions/Questions/Recommendations
	<p>to the start of the drug court session, to the Judge, probation officer, State’s Attorney, and (if requested) defense attorney.</p> <ul style="list-style-type: none"> • Law enforcement is not represented on the team, nor is it involved in any aspect of the program. • Policy meetings have not been held since the coordinator took over the program approximately 1 year ago. • The drug court is a treatment-based program (as opposed to probation-based, for example) which, it feels, separates it from most other drug court programs. Legal issues are addressed outside of treatment’s purview, which results in the treatment side not knowing a lot about the legal side of the process. 	
<p>2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.</p>	<ul style="list-style-type: none"> • 95-99% of drug court clients are served by the Public Defender, while 1-5% has private attorneys. • The Assistant State’s Attorney (ASA) and Public Defender (PD) work well together. They appear to buy in to the program’s treatment focus and, as a part of the larger team, they share the belief that decisions that the team make should be in best interest of the participant. • Since drug court rules are clear and specific, the Public Defender is unable to contest consequences (if it is determined 	<ul style="list-style-type: none"> • Work to ensure that decisions about sanctions are arrived at as part of the team process as much as possible. Consider setting specific time aside for pre-court team meetings, or in conjunction with team meetings for the District Court drug court team meetings.

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	<p>that a participant has a broken program rule). However, the PD can voice an opinion about how severe the court response (i.e., sanction) should be. The Judge can consider the PD’s input when making a final decision on a sanction (although it was reported that in the past year there have been no sanctions given).</p>	
<p>3. Eligible participants are identified early and promptly placed in the drug court program.</p>	<ul style="list-style-type: none"> • Entry into the program is at the post-plea, pre-conviction stage of the judicial process. If participants complete the program successfully, the initial charge that resulted in the drug court referral is dropped (i.e., they are found not guilty). Participants who do not successfully complete the program receive jail time (minus time already served in jail). The Judge may take into account drug court participation when deciding on how much jail time a participant released from the program will serve. • Potential participants can be referred to the program by the State’s Attorney and the Public Defender. Most individuals come into the program as a result of a violation of probation (VOP) charge, and the typical initial charge is possession with intent to distribute. • Referred individuals have their legal eligibility determined by the State’s Attorney’s Office. If eligible, they receive a letter about the program from 	<ul style="list-style-type: none"> • The team should examine the drug court entry process (e.g., where referrals can come from, letter referral process), to identify any bottlenecks or delays in the system and speed up the time it takes from referral to entry into the program. • Consider the implications of keeping the legal and treatment aspects of the process relatively separate. Look at ways to increase communication between all team members throughout the process. • A future full process evaluation will review the eligibility and program entry process with all team members to ensure that everyone has a similar understanding of how individuals are selected for the program and their feedback on the process. Additionally, the full process evaluation will explore the current eligibility criteria and program capacity, and if there are individuals who could benefit from the program who are currently not being served. • Review the efficacy of sending participants to jail before officially beginning the drug court

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	<p>the State’s Attorney’s Office. If interested in drug court, the individual must contact the treatment provider for an intake assessment.</p> <ul style="list-style-type: none"> • The drug court coordinator (who is based at the Health Department and also represents treatment) facilitates the intake appointment. During this assessment process, prospective participants relate their psychiatric history (including medication use), in addition to providing relevant demographic information, describing their drug use, etc. Individuals entering the drug court program must admit to their drug use and be amenable to treatment. • Prospective participants who are determined to be appropriate for the program officially enter on the next drug court session date following the intake appointment. The drug court coordinator makes the determination of clinical eligibility for the program. • During the assessment, it may be found that the individual’s drug use is too intense for the program, as the drug court program is designed as an outpatient program. If not found appropriate for the program, individuals are referred to the appropriate resources. 	<p>program and the costs of this practice. If it is decided that this practice is appropriate and effective at achieving a stated objective, work with corrections to determine if participants’ treatment needs are being met while in jail and, if that is not the case, consider whether they and the program would be better served if participants received some sort treatment support before transitioning into the drug court program.</p>

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	<ul style="list-style-type: none"> • Individuals receiving methadone treatment are not allowed entry into the program; the same is true for individuals taking any form of narcotics (e.g., to treat a psychiatric disorder). • Individuals can be excluded from participation if their mental health diagnosis reflects a high probability that it would be difficult for them to be successful in the program. • When found eligible for the program, individuals go to the next drug court session and stand before the Judge, who suspends their entire sentence, except for 60-90 days (which they will spend in jail prior to starting the drug court program). 	
<p>4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.</p>	<ul style="list-style-type: none"> • In the first three program phases (which last 8 weeks each) participants attend one group and one individual treatment session every week. In phase 4, there are no groups, but participants see the counselor (individually) twice per month. Both Circuit and District Court drug court participants attend the same treatment groups; this is partially due to a lack of treatment resources that would allow the groups to be run separately. • Participants in all four drug court phases go to court twice per month. • The program does not currently offer gender or culture-specific treatment 	<ul style="list-style-type: none"> • Consider the possibility of future gender and culture-related treatment support for participants. • Work with the Office of Problem-Solving Courts and the Health Department to examine ways to add needed counseling support, so that the program’s capacity goals can be met and, if deemed more effective, groups for Circuit and District Court participants can be run separately. • Case management services are important to provide support for and ensure success of participants working on multiple issues. Discuss as a team how to provide this advocacy and coordination support to participants, such

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	<p>services. Currently, there are 7 active clients with a maximum capacity of 40 for the Circuit and District court programs combined (this number was determined at the state level), with 25 currently being served in the District Court. The program is going through a reorganization process, specifically at the Health Department. As a result, there is currently only one full-time counselor working with the program (usually, there are two). If and when the Health Department provides a second counselor, it is predicted that the census will increase to meet capacity.</p> <ul style="list-style-type: none"> • Alcoholics Anonymous (AA) groups are not a program requirement but are available to participants. Treatment staff provides participants with the contact information for any needed service; however, it does not provide case management services (it is up to participants to contact referred agencies). Many of these services are available within the Health Department (e.g., parenting and anger management classes). Treatment staff can also refer participants for mental health counseling and psychiatric support (including medication management). • On occasion, the program will receive reports from outside agencies working 	<p>as whether this service could be provided through Parole and Probation or other resources.</p>

Key Component	Preliminary Site Findings	Suggestions/Questions/Recommendations
	<p>with participants. However, this happens infrequently and only if the Judge requires it.</p>	
<p>5. Abstinence is monitored by frequent alcohol and other drug testing.</p>	<ul style="list-style-type: none"> • Drug testing done by the program (usually urinalysis) is random and occurs once per week by treatment staff and once per week by probation staff for all participants (the testing schedule is not phase dependent). Participants may also randomly receive breathalyzer tests. • Test results are reported to the program from the local testing lab. Occasionally, a sample is sent back to the lab to be re-tested (e.g., if a person who tested positive believes the result to be incorrect). • In the past, participants have had to pay for drug testing. The program currently has a grant that covers those costs. 	<ul style="list-style-type: none"> • There are no recommendations for this Key Component at this time. More information will be gathered during a future full process evaluation, including whether it may be appropriate to modify the drug testing strategy to reduce the frequency of testing for participants with long periods of negative tests.
<p>6. A coordinated strategy governs drug court responses to participants' compliance.</p>	<ul style="list-style-type: none"> • The Public Defender is involved in the imposition of sanctions and in decisions about rewards given to program participants. Only on occasion is probation involved in this process. • Participants who are doing well in the program receive verbal praise from the bench. After completing each phase, participants receive a certificate of completion. They also will be given a gift certificate and key chain at graduation (Note: it was reported that 	<ul style="list-style-type: none"> • Review the program's current process for responding to participant behavior through sanctions and rewards. While a focus on positive reinforcement is beneficial, strategic use of sanctions can be an appropriate augmentation to incentives and rewards to support behavioral changes. • Future evaluation should look at the length of time it actually takes participants to complete the program compared to the program's stated goal. Ensure that the whole team is participating in decisions regarding sanctions

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	<p>there have been no graduations within the past year but that, in the near future, a few participants will be graduating).</p> <ul style="list-style-type: none"> • When a client does not attend a treatment-related appointment (e.g., an individual or group session), or has a positive drug test result, the counselor has her/him sign a form that is submitted to the Judge stating that he/she violated that particular drug court rule. No participant has ever declined to sign the form. • Sanctions, aside from verbal expression of Judicial and other staff disappointment, do not appear to be used as part of this program. While most of the participants are compliant with drug court rules because they do not want to go to jail, some participants have displayed repeated problematic behaviors. • Participants know and understand drug court rules, which are specific and clearly described to them before they enter the program. • Treatment does not provide input regarding sanctions; it merely informs the court about rule violations. However, if there is an appropriate reason for a client to break a rule (e.g., not making a treatment meeting because of a flat tire), the violation report is not issued. 	<p>and rewards. Discussions of responses to behavior that include the entire team benefit from the multiple points of view provided by various team members.</p>

Key Component	Preliminary Site Findings	Suggestions/Questions/Recommendations
	<ul style="list-style-type: none"> The program is designed to take 9 months to 1 year for participants to complete. There is a continuing care program offered to individuals who have difficulties staying clean while in phases 3 or 4. While in continuing care, which takes 3 months to complete, participants attend AA/NA meetings and regular drug court groups offered at the Health Department (in addition to having to satisfy the general requirements of their particular phase). After completing continuing care, the participant then starts at the beginning of either phase 3 or 4 (depending on where they were when they began continuing care). 	
<p>7. Ongoing judicial interaction with each drug court participant is essential.</p>	<ul style="list-style-type: none"> The current Judge has been presiding over the drug court since its inception. During the court session, the Judge reviews information on the participant (provided by the team members) while on the bench and then addresses the participant directly. The Judge provides all participants with the opportunity to talk or ask questions during the drug court session. He takes into consideration participant input before ultimately deciding on a response (i.e., sanction). The Judge also gives participants the opportunity to engage an attorney if it is necessary (e.g., for 	<ul style="list-style-type: none"> During the full process evaluation, there will be an opportunity for the research team to observe a drug court session and interview the Judge. If there is ever a new judge, plan transition time for the new judge to observe and learn from the experience of the current one.

Key Component	Preliminary Site Findings	Suggestions/Questions/Recommendations
	<p>serious violations).</p> <ul style="list-style-type: none"> • Participants come before the Judge twice per month throughout their program participation. 	
<p>8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.</p>	<ul style="list-style-type: none"> • A release form is completed at the intake appointment, which allows the treatment provider to share information with the drug court team. Additionally, this signed agreement allows participant information to be discussed openly during the court session. • The courtroom is open; however, the Judge is very aware of who is in attendance during drug court sessions. The only “outside” observers that have attended drug court sessions have typically been participants in the juvenile drug court program (who are there as a result of a sanction from that program). • Information from the initial intake is entered by treatment (at the Health Department) into the SMART data management system. The program (through treatment) collects ongoing client information, usually in paper form. • The graduation rate is one of the ways the program will determine whether it is successfully meeting its program goals (as reported earlier, the program will be graduating a few participants in the near future). Since the drug court’s inception 	<ul style="list-style-type: none"> • Retain paper records and other non-SMART database information (collected prior to SMART) for future evaluations. • There are some data that are currently recorded only in hard copy files, including program data (dates of entry into each phase, drug court sessions, services received, and criminal justice status at program exit). It is recommended that the program begin entering this information into SMART.

Key Component	Preliminary Site Findings	Suggestions/Questions/Recommendations
	<p>(in 2004), four participants have graduated and six have been removed from (i.e., did not successfully complete) the program.</p>	
<p>9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.</p>	<ul style="list-style-type: none"> • All team members have received drug court-specific training at state-based symposia offered through the Office of Problem Solving Courts. • Treatment staff attends classes for training specific to their role as counselors (and to maintain licensure). 	<ul style="list-style-type: none"> • Establish a training log to ensure that team members are receiving ongoing training necessary to be an effective part of the drug court program. • New individuals coming in to work on the drug court team should get training specific to their role in drug court.
<p>10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.</p>	<ul style="list-style-type: none"> • The program has developed a relationship with the Office of Drug Control Policy; the agency’s coordinator is part of the drug court team. The ODCP also provides grants to the drug court; recently, the drug court received \$10,000 from this organization, which is being used to pay for drug testing. • Other than the ODCP, the drug court has developed no other partnerships with outside agencies/programs. The team has discussed creating partnerships outside of the program; however, because the program based out of the Health Department, which has a great number of in-house resources (for HIV education, parenting classes, etc.), there has not seemed to be a need to look outside of the Department for additional supports. The program counselors also have 	<ul style="list-style-type: none"> • Consider the benefit of engaging outside (community) agencies in the drug court program. Although the Health Department does provide a variety of services, there may be other groups/ organizations available to participants that could offer (potentially) valuable services to participants (e.g., career consultation).

Key Component	Preliminary Site Findings	Suggestions/Questions/Recommendations
	<p>contact information for local education/jobs supports, so can provide phone numbers to participants for those services.</p> <ul style="list-style-type: none"> • It was reported that none of the drug court participants have experienced difficulties with regard to transportation, which has been found to be a concern in many other drug court programs. As having access to adequate transportation is a requirement of the program (and is addressed prior to entry), it appears that this issue is addressed as part of program eligibility determination. 	

HARFORD COUNTY CIRCUIT COURT ADULT DRUG COURT DATA ELEMENTS WORKSHEET

Notes: Many data elements are being collected and maintained in electronic format (in the SMART Data System as of December 2007). Data at intake are collected at the Health Department (during the psychosocial evaluation) and entered into SMART; this information can then be accessed by the drug court program. However, there are some data that are currently recorded only in hard copy files, including program data (dates of entry into each phase, drug court sessions, services received, and criminal justice status at program exit). It is recommended that the program begin entering this information into SMART. For future evaluation purposes, please retain electronic and/or hard copy records of any information listed below that were collected prior to use of SMART.

DRUG COURT PROGRAM (OR PROGRAM PARTNERS) DATA:

	Variable/Data element	Where located/who collects? (electronic/written records?)	When agency began collecting or plans to begin?	Notes
	DEMOGRAPHICS & ID (collect from all possible sources)			
1	Name	Harford County Health Department/Drug Court Program (SMART)	At Program Start	
2	SSN, state ID, FBI ID, DL#, DC case number, state TX number	Harford County Health Department/Drug Court Program (SMART)	At Program Start	
3	Birth Date	Harford County Health Department/Drug Court Program (SMART)	At Program Start	

	Variable/Data element	Where located/ who collects? (electronic/written records?)	When agency began collecting or plans to begin?	Notes
4	Gender	Harford County Health Department/Drug Court Program (SMART)	At Program Start	
5	Race/Ethnicity	Harford County Health Department/Drug Court Program (SMART)	At Program Start	
CLIENT INFORMATION				
6	Employment status at drug court entry	Harford County Health Department/Drug Court Program (SMART)	At Program Start	
7	Employment status at drug court exit	Harford County Health Department/Drug Court Program (SMART)	At Program Start	
8	Highest grade of school completed at time of drug court entry	Harford County Health Department/Drug Court Program (SMART)	At Program Start	
9	Number and ages of children	Harford County Health Department/Drug Court Program (SMART)	At Program Start	
10	Housing status at entry	Harford County Health Department/Drug Court Program (SMART)	At Program Start	
11	Housing status at exit	Harford County Health Department/Drug Court Program (SMART)	At Program Start	
12	Income at entry (if self- supporting)	Harford County Health Department/Drug Court Program (SMART)	At Program Start	

	Variable/Data element	Where located/who collects? (electronic/written records?)	When agency began collecting or plans to begin?	Notes
13	Income at exit (if self-supporting)	Drug Court Program (SMART)	At Program Start	
14	Other demographics	Harford County Health Department/Drug Court Program (SMART)	At Program Start	
	DRUG COURT PROGRAM DATA			
15	Drug court entry date	Drug Court Program (SMART)	At Program Start	
16	Drug court exit date	Drug Court Program (SMART)	At Program Start	
17	Date of drug court eligible arrest	States Attorney's Office (State of MD court database)	At Program Start	
18	Charge for DC arrest	States Attorney's Office (State of MD court database)	At Program Start	
19	Arresting agency	States Attorney's Office (State of MD court database)	At Program Start	
20	Court case number for case leading to drug court participation	States Attorney's Office (State of MD court database)	At Program Start	
21	Date of referral to drug court program	States Attorney's Office (State of MD court database)	At Program Start	
22	Drug court status on exit (e.g., graduated, revoked, terminated, dropped out)	Drug Court Program (SMART)	At Program Start	
23	If participation in drug court is revoked or terminated, reason	Drug Court Program (Hard copy)	At Program Start	

	Variable/Data element	Where located/who collects? (electronic/written records?)	When agency began collecting or plans to begin?	Notes
24	Dates of entry into each phase	Drug Court Program (Hard copy)	At Program Start	
25	Criminal justice status on exit (e.g., on probation, charge expunged, etc.)	Drug Court Program (Hard copy)	At Program Start	
26	Dates of UAs	Drug Court Program (Hard copy)	At Program Start	
27	Dates of positive UAs	Drug Court Program (Hard copy)	At Program Start	
28	Dates of other drug tests	Drug Court Program (Hard copy)	At Program Start	
29	Dates of other positive drug tests	Drug Court Program (Hard copy)	At Program Start	
30	Agency provided test results	Drug Court Program (Hard copy)	At Program Start	
31	Drugs of choice (primary and secondary)	Drug Court Program (Hard copy)	At Program Start	
32	Dates of drug court sessions	Drug Court Program (Hard copy)	At Program Start	
33	Attitude toward treatment/readiness to change at entry	Drug Court Program (Hard copy)	At Program Start	

	Variable/Data element	Where located/who collects? (electronic/written records?)	When agency began collecting or plans to begin?	Notes
34	Dates of services received with types of service received (see examples below) [Note: If dates are not available, then we would at least need the different types of services received and approximate time periods or the number of times the individual received a particular service].	Drug Court Program (Hard copy)	At Program Start	
34a	○ Group A&D sessions	Drug Court Program (Hard copy)	At Program Start	
34b	○ Individual A&D sessions	Drug Court Program (Hard copy)	At Program Start	
34c	○ Mental health services	Drug Court Program (SMART)	At Program Start	Treatment provider sends client information to the coordinator who enters the data into SMART
34d	○ Anger management classes	Drug Court Program (SMART)	At Program Start	Treatment provider sends client information to the coordinator who enters the data into SMART

	Variable/Data element	Where located/who collects? (electronic/written records?)	When agency began collecting or plans to begin?	Notes
34e	○ Agency providing TX	Drug Court Program (SMART)	At Program Start	Treatment provider sends client information to the coordinator who enters the data into SMART
35	Mental health or A&D diagnoses	Drug Court Program (SMART)	At Program Start	Treatment provider sends client information to the coordinator who enters the data into SMART
36	Aftercare services (dates and types), if applicable	N/A		
37	Dates of re-arrests/re-referrals during program participation	States Attorney's Office (State of MD court database)/Parole and Probation	At Program Start	
38	Charge(s)/allegation(s) associated with re-arrests/re-referrals during program participation	States Attorney's Office (State of MD court database)/Parole and Probation	At Program Start	
39	Outcome(s) of re-arrests/re-referrals (conviction, dismissed, etc.) during program participation	States Attorney's Office (State of MD court database)/Parole and Probation	At Program Start	

	Variable/Data element	Where located/who collects? (electronic/written records?)	When agency began collecting or plans to begin?	Notes
40	Other noncompliant behavior (types, dates) during program participation	States Attorney's Office (State of MD court database)/Parole and Probation	At Program Start	
41	Probation violations during program participation	States Attorney's Office (State of MD court database)/Parole and Probation	At Program Start	
42	Rewards and sanctions (dates, types, and duration)	States Attorney's Office (State of MD court database)/Parole and Probation	At Program Start	
43	Detention/jail time as a sanction	States Attorney's Office (State of MD court database)/Parole and Probation	At Program Start	

OUTCOME DATA (DATA COLLECTED BY THE EVALUATION TEAM; USUALLY FROM OTHER AGENCIES, NOT DRUG COURT PROGRAM)

	Variable/Data element	Where located/who collects? (electronic/written records?)	When began collecting or plans to begin?	Notes
	TREATMENT DATA			
44	Subsequent treatment episodes	Case Manager-Health Department (SMART)		
44a	o Start and end dates/Dates of sessions	Case Manager-Health Department (SMART)		
44b	o Modality	Case Manager-Health Department (SMART)		

	Variable/Data element	Where located/who collects? (electronic/written records?)	When began collecting or plans to begin?	Notes
44c	o Name of provider(s)	Case Manager-Health Department (SMART)		
	OTHER USEFUL INFORMATION			
45	Health care use (type of service, date of service, agency)	Drug Court Program (SMART)	At Program Start	Coordinator enters information in to SMART after receiving it from reporting agency
46	Social service use (type of service, date of service, agency)	Drug Court Program (SMART)	At Program Start	Same as above
47	Child Welfare involvement	Drug Court Program (SMART)	At Program Start	Same as above