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**A Self-Evaluation Manual
and
Case Management System
for
Adult Drug Courts**

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We wish you much success in evaluating your drug court, and welcome suggestions for improving this *Self-Evaluation Manual* and the *Drug Court CMS 2000*.

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Part 1

Self-Evaluation Manual for Adult Drug Courts

Part I: Self-Evaluation Manual for Adult Drug Courts

Chapter 1 Introduction

Over the past decade, hundreds of drug courts have been established in the U.S., spurred by the success of the granddaddy of them all, the Dade County, Florida, Diversion and Treatment Program, known as Miami's Drug Court (Finn & Newlyn, 1993). Drug court programs are designed to fit the unique characteristics and needs of their jurisdictions, but generally involve the criminal justice and substance abuse treatment systems working together to coerce non-violent, drug-involved offenders to engage in and complete treatment and become productive members of the community. The majority of drug courts today serve adult offenders, yet the number of juvenile and family drug courts is increasing at a rapid pace. A review of 30 evaluation reports on 24 drug courts reported positive and promising conclusions on their effectiveness (Belenko, 1998). Belenko found that drug use and criminal behavior are reduced while offenders are participating in drug court, that their criminal behavior is lower after participation, particularly for graduates, and that cost savings are realized from reduced incarceration, reduced criminality, and lower justice system costs, and concluded that "there is reason to be sanguine that future research findings on drug courts will continue to be positive."

Evaluation research continues today at local and national levels, for excellent reasons. Drug court practitioners recognize that evaluation is a critical, ongoing function, necessary for all the usual reasons: to track each individual's progress over their weeks and months in drug court, understand and improve program operations, assess the effectiveness and cost of the program, remain accountable to current funding agencies, garner support from potential future funders, and replicate program activities found to be effective and cost-beneficial. A substantial portion of what needs to be done for self-evaluation is synonymous with good program management and case monitoring. At the local and national level, however, questions remain about the long-term impact of drug courts, factors which promote or inhibit participant retention, comparative costs, determinants of treatment success, and effects of different drug court dynamics and approaches (Belenko, 1998). Yet many drug courts cannot afford to hire independent evaluation researchers and do not have the expertise in-house to do evaluations themselves.

This *Self-Evaluation Manual for Drug Courts* has been written for the drug court practitioner looking for tools to design and implement a basic but comprehensive evaluation for an adult drug court. It starts with the premise that you, the reader, the practitioner/evaluator, have answered affirmatively to the question *why evaluate?* and are looking for guidance on *how?* Our strategy in developing the *Self-Evaluation Manual* and its accompanying case management system (the Drug Court CMS 2000) was to keep evaluation as simple as possible while advocating a comprehensive approach that covers all evaluation needs. Both, but the CMS in particular, were designed primarily for small drug courts, those with client caseloads of several hundred per year and a handful of staff, perhaps part-timers. Small drug courts, those which have an annual capacity of 300 or fewer participants, comprised 70% of the drug courts responding to a 1996 national survey (Cooper, 1997). As a "how-to-do-it" manual, we also hope the evaluation

principles and procedures covered are useful to all administrators of drug courts, large, medium, or small, and independent evaluation researchers as well. We are presently working on a companion volume containing a self-evaluation manual and CMS for juvenile drug courts which will be available at the end of 2000.

Evaluations have multiple purposes, and different types answer different questions. In drug courts, the primary questions are customized versions of who participates, how, and with what effects. This manual provides guidance in specifying which questions your drug court needs answered and how to gather and present information which answers these questions in defensible and sensible ways. It is built on the premise that evaluation ultimately calls for producing appropriate information in useful forms. The manual and CMS have been designed to meet three central information (reporting) needs:

1. *Monitoring individual progress.* At the most fundamental level, drug courts must track and monitor the progress of individual participants as they advance through the drug court program, and report this progress on a regular basis to the drug court judge. The information to be captured one time, upon intake, includes basic descriptive data (name, address, contact information, family members, etc.), demographics (age, sex, race, etc.), and substance abuse and criminal history information to enable drug court staff to diagnose and refer the individual to treatment. Once enrolled in drug court, each individual's progress must be closely monitored and reported, including his or her involvement in treatment and 12-step meetings, drug court appearances, urinalysis test results, transgressions and sanctions, advancement from one phase to the next, and program termination or graduation.

This individual case information is the heart of the CMS, which provides you, the user, with a simple tool for recording and reporting it. Intake and case management screens guide you through data entry, which begins at intake and continues with each contact with individual participants. Follow-up forms are designed to capture information gathered through interviews with drug court graduates and former participants and records checks of their criminal behavior, if any, after leaving drug court.

The reporting function of the CMS produces four reports which summarize the present status of an individual's progress, urinalysis test results, 12-step meeting attendance, and payments made. When added to staff recommendations, the Case Summary Report is suitable for presentation to the drug court judge at each court appearance.

According to the *Drug Court Activity Update: Summary Information* published by American University's OJP Drug Court Clearinghouse and Technical Assistance Project, 455 adult drug courts were operational on February 29, 2000, and 287 more were in the planning stage.

A 1996 survey of 90 drug courts (Cooper, 1997) found that 40% have an outside agency doing "some sort of evaluation" on "some aspect" of the program, yet...

most had not yet undertaken any comprehensive evaluation, and the lack of a management information system was viewed a major obstacle to evaluation;

"very few" had accessible and systematic evaluation data available; and just

15% compiled information on graduates.

2. *Presenting caseload statistics.* Drug courts must summarize their current processes and outcomes -- through a caseload summary -- periodically. Each court's needs will vary. Some report monthly or quarterly to a board or funding agency; others have annual or semi-annual reporting requirements. Caseload summaries include *process* information such as the number of current participants, the number in each phase of the program, number of urinalysis tests performed, etc., and *outcome* information such as the number of graduates and terminations, reasons for terminations, number of positive urinalysis tests, etc.

The CMS produces a "Snapshot" Report built from information entered on each individual. Monthly statistics can then be hand-tabulated to produce summary statistics for the needed reporting period.

This manual and its CMS are "DCPO compliant." Data required for annual surveys and the national evaluation, as specified by the Drug Court Program Office, are captured by the CMS, and the manual provides guidelines for gathering and analyzing required information. Some of the annual survey data are provided via the built-in report functions, while others can be obtained by querying the database. The CMS includes a series of queries which produce summary data needed for the annual surveys (or other time periods) at a click of a button.

3. *Reporting results on program operations, outcomes, costs, and comparative benefits.* The third major information need of drug courts is to analyze and report comprehensive evaluation results to internal (the drug court judge, staff, and Board members) and external (funding agencies, the community, etc.) audiences. This reporting should include a descriptive summary of drug court operations (implementation and development history, rules and procedures for participation, staffing, inter-agency coordination, etc.), analyses of relationships between participant characteristics and immediate drug court outcomes, and assessments of offender behavior after leaving drug court.

Assessing drug court outcomes invariably leads to additional questions of whether the drug court is "better" and "cheaper" than alternative ways of handling drug-involved offenders. Defining and measuring "better and cheaper" requires comparing and contrasting the outcomes of drug court participants with similar offenders who do not participate in drug court and computing the individual, justice system, and societal costs of the different outcomes. Defining and measuring "better and cheaper" are also the most difficult challenges of drug court evaluation.

This type of evaluation report results from applying the full contents of this manual. The case management system provides only the portion of the information needed on drug court graduates and dropouts; the remainder of the comparative information is produced in the course of a comprehensive evaluation.

Using this Manual and CMS

This manual is in two parts. This section, Part I, describes how to conduct a self-evaluation of a drug court and incorporates a description of the content and reporting functions of the CMS. Part II provides technical information on the contents, use, and modification of the case management system. Appendix A contains technical information for each CMS form, including the field names, a brief description of each field, and its location in the database. Appendix B contains hard-copy instruments which mirror the data entry screens of the CMS, designed for use in case files and individual data collection. Appendix C contains instruments for the evaluation itself, namely an interview form for stakeholders and a follow-up questionnaire for drug court participants.

In the chapter which follows, we review evaluation types, principles, designs, and issues relevant to the internal evaluation of drug courts. Chapters 3 and 4 cover procedures for specifying, collecting, and analyzing information on program operations, individual progress, caseloads, and outcomes. The final chapter "puts it all together," describing how to prepare an evaluation report.

The CMS provides a simple menu-driven system for capturing and reporting individual and caseload summary data. You will need Windows 95 or higher and Access 97 or higher to run the CMS, and your computer should be a Pentium, with at least 32K of RAM and a mouse. The capacity of the CMS is limited only by your own hard disk and backup medium storage capacity. The CMS can be used on an internal network of computers within the drug court, but is not designed to link to other databases to retrieve data or exchange information.

Every user of the CMS should have a basic knowledge of Access and know how to move around in the database, use filters, create and find records, etc. We recommend that a more experienced Access user be responsible for installing the CMS (and thus setting up its security) and making any desired changes in the database menus or reports. We provide instructions for customizing the CMS for your drug court by adding or deleting fields and menu choices, and changing the content and/or format of reports. "Small" changes such as adding or deleting fields and dropdown menu choices are not difficult, but should be done only by authorized personnel, at the start of data entry, and with consideration given to the effects of changes on the reporting functions. Changing the layout and/or content of reports, adding reports, and writing queries will require expertise in Access.

Evaluation is a necessary tool for drug courts. Most of it is straightforward and not mysterious, done routinely on a daily basis by experienced drug court staff. As you read this manual, we hope you will often think "well, we already do that." Some parts of comprehensive evaluations are more difficult and less straightforward, such as the selection of an appropriate group of comparison cases, gathering recidivism data, and figuring out cost-savings. This self-evaluation manual and CMS are intended to give the practitioner the tools to make both the simple and complex feasible.

Chapter 2

Designing a Drug Court Evaluation: Evaluation Types and Designs

There are many different types of evaluation. You will decide what type of evaluation is best for your program, based on the goals and objectives you wish to measure, the time and resources you have to conduct the evaluation, and the needs of your program's sponsors. A few types to choose from are collaborative, cost-benefit, cost-effective, empowerment, formative, impact, implementation, outcome, participatory, policy, process, outcome, real-time, retrospective, summative, tailored, and theory-driven evaluations. Some of these are not distinctly different types, but rather different names for similar approaches.

There are different schools of thought within the evaluation community surrounding principles and purposes of evaluation. Three decades ago, Donald Campbell promoted the idea that social policy and social programs should be evaluated just as though society functions as a laboratory, one in which experimental and control treatments can be applied at will and controlled, and where outcomes can be carefully and comparatively measured (Campbell, 1969). His 1966 book with J. Stanley, *Experimental and Quasi-Experimentation Designs for Research*, became the essential guidebook for social program evaluators. Campbell and Stanley persuasively championed the true experiment -- with random assignment to experimental and control treatments -- as the most desirable type of evaluation research. In their view, all other evaluation designs suffered from one threat or another to internal or external validity.

A decade and a half later, Lee Cronbach espoused a more pragmatic view of evaluation, that "...evaluations should not be cast into a single mold. For any evaluation many good designs can be proposed, but no perfect ones" (Cronbach, 1982, p.2). Cronbach recognized that the experimental method could lend evaluation research its logic of inquiry and research methods, but that each evaluation faces different constraints and thus has its own particular advantages and disadvantages. The goal, according to Cronbach, is to produce "maximally useful evidence" given the local constraints; in short, evaluators should do what they can, the best they can.

Both Campbell and Cronbach assumed evaluations would be conducted by neutral, unbiased outsiders to the program under study. Yet after another decade passed, empowerment evaluation was introduced (Fetterman, Kaftarian, & Wandersman, 1996). Empowerment evaluation is defined as "the use of evaluation concepts, techniques, and findings to foster improvement and self-determination" (p. 4), and aims "to help people help themselves and improve their programs using a form of self-evaluation and reflection" (p. 5). We have come full circle in this self-evaluation manual, borrowing the rigor of Campbell, coupling it with Cronbach's pragmatism, and empowering practitioners with the knowledge and tools for self-evaluation.

Deciding What Type of Evaluation is Appropriate for your Drug Court: Specifying Goals and Objectives

The type of evaluation you launch, its design, and measures will depend on your program's

goals and objectives. The first step in most¹ evaluations is the specification of goals and objectives. Generally, goals are broad statements of a drug court's principal aims, such as "to intervene successfully in the addiction of non-violent drug offenders to maximize their prospects for recovery" (Roehl, 1998) or "to stop the abuse of alcohol and other drugs and related criminal activity" (National Association of Drug Court Professionals, 1997).

Objectives are more narrow and specific operational definitions of goals, putting goals in terms that can be measured. For example, drug court objectives may be to concentrate drug cases in one courtroom, link defendants to community-based drug treatment, address other defendant needs, increase the number of recovering drug addicts, alleviate jail overcrowding, reduce public health costs of addicts and drug-addicted babies, and reduce drug-related crime. Objectives may be, but are not

required to be, specified in quantitative terms (e.g., to refer 75% of all offenders arrested annually for possession of narcotics to the drug court and to reduce drug-related crime by 10% each year). Setting such benchmarks is a laudable practice, but one that program administrators should approach with caution. If the drug court handles 65% of the target population and reduces drug-related crime by 8%, for example, you might conclude the drug court has had positive impact, only to wake up to read the local headline "Drug Court Fails to Meet Annual Goals."

Definitions...

Goals: Broad statements of the drug court's principal aims or purposes.

Objectives: Measurable, operational specifications of goals, likely to be multiple.

Stakeholders: Individuals representing organizations, agencies, or groups affected by the implementation or results of the drug court.

Goals and objectives may be specified by the drug court judge, the drug court coordinator, or -- more likely and better -- by the stakeholders of the drug court. Stakeholders are individuals representing organizations, agencies, or less well defined groups (e.g., prisoners or holistic medicine practitioners) who are directly or indirectly affected by the implementation or results of a program. For drug courts, stakeholders include policy and decision makers (judges, district attorneys, public defenders, private attorneys, probation officers, city and county elected officials, etc.), service providers, recovering and reformed drug-involved offenders, program staff, and members of the community. These stakeholders may comprise a drug court task force or advisory board tasked with the development and oversight of the drug court. The specification of goals and objectives may be informal, reached through a series of discussions of local problems, needs, and purposes, or may be quite formal.

Drug court objectives are always multiple, and different stakeholders will have varying, even competing, views of appropriate objectives. Substance abuse treatment professionals, for

¹Scriven, an early evaluation theorist, advocates "goal-free" evaluations, in which the evaluator strives to discover any and all program effects and assiduously avoids talking to program managers about program goals, which, in his view, are likely to be vague and biased (1980, 1976). Stake, a strong case study proponent, also eschews emphasizing program goals as evaluation criteria, preferring that the evaluation emerge from observing program activities (1995, 1975). These approaches are not suitable for self- (or for that matter, independent) evaluations of drug courts, where the ultimate goals are specific and clear.

example, may promote objectives related to decreasing drug abuse and increasing individual productivity, while the district attorney may be more concerned with reducing felony caseloads, decreasing time to disposition, and reducing drug-related crime. These differences should not be viewed as detrimental to self-evaluation, but agreements must be reached regarding which outcomes to measure (e.g., former participants' current use of licit and illicit substances or the number of drug-related case filings per year, or both) and how much time, energy, and other resources should be devoted to their measurement.

Your drug court may have developed a mission statement (a general statement of aims and purposes) and/or identified specific goals and objectives during the development of your local program. If not, now is the time to do so. As a group, your stakeholders should discuss and reach a consensus on the short- and long-term goals of the drug court, then identify specific objectives which must be achieved to reach those goals. This process can simply occur over the course of a meeting or two, as differences of opinion are raised and resolved.

One approach to formally specifying goals and objectives for evaluation purposes is a two-step process which begins with each stakeholder listing their own goals and objectives for the program, then compiling them in a non-redundant list. Goals and (separately) objectives may then be weighted by the stakeholders, according to each person's view of their importance. For example, 100 points are first distributed among Goals A, B, and C, according to each stakeholder's view of the importance of each goal. Within each goal, 100 points are then allocated to the objectives related to that goal, according to each stakeholder's view of their importance. Once the weights are averaged, they provide guidance to the program staff and evaluators as to which goals and objectives should receive priority in both program operations and evaluation measures.

Linking Program Objectives to Evaluation Questions

To evaluate whether the drug court's goals are being met, objectives may be re-worded as evaluation questions. To answer each question, evaluation measures, or indicators, must be developed. The following specifications may be made, for example, if a primary goal of the drug court is to reduce substance abuse among offenders:

Objective 1: Increase the number of drug-involved offenders in treatment.

Evaluation measures:

- Number and percent of drug-involved offenders referred to drug court.
- Number and percent of drug-involved offenders admitted to qualified treatment programs.
- Number of days drug-involved offenders spend in treatment.
- Number and percent of drug-involved offenders who complete treatment.

Objective 2: Decrease substance abuse among drug court graduates.

Evaluation measures:

- Level of self-reported substance abuse by drug court graduates (i.e., number and percent abstaining, frequency of use, number and type of drugs used, etc.).
- Number of arrests and convictions for drug-related crimes committed by drug court graduates six months, twelve months, and eighteen months after graduation.

To develop this self-evaluation manual, by necessity we have made a number of assumptions about the goals and objectives of drug courts, questions to be answered, and evaluation measures to be used, based on the currently available literature and our personal experience in evaluating a local drug court. These decisions should be re-visited by you and your program's stakeholders.

We assume that, through self-evaluation, you will want to critically examine the drug court functions on a day-to-day basis, track the progress of each individual participating in drug court, and follow-up participants after they leave drug court to assess their long-term progress. We also assume that most of you will want to compare the outcomes of drug court participants to offenders arrested on similar charges but handled in alternative ways, particularly traditional adjudication. The primary outcomes to be evaluated are assumed to be the levels of substance use and criminal involvement following drug court or other interventions, as well as measures of individual well-being and stability, social participation and productivity, and costs and cost savings.

In short, the most important evaluation types in our view are process (encompassing implementation) and impact (encompassing cost) evaluation; combined they represent a comprehensive evaluation. The purpose of a process evaluation is to describe *how* the program operates, to assess whether the program is operating as you (the collective stakeholders) intended it to operate. The purpose of an impact evaluation is to describe *how well* the program operates, how effective it is in reaching stated goals. It does little good to concentrate on one and not the other type of evaluation -- why work to assess whether a drug court is effective, if you do not know how it works; conversely, describing how a drug court works is of limited value if you do not know whether it is effective or not. Thus, we advocate that all drug court evaluations, regardless of design, be comprehensive evaluations encompassing both process and impact assessments.

The annual reporting and evaluation information requirements of the Drug Court Program Office are formidable. Our simplified but comprehensive approach to self-evaluation meets DCPO requirements for both the process and impact assessments.

A process evaluation answers the following questions about the drug court:

1. How was the program developed -- who was involved, what were their aims and agendas, how and why were initial decisions governing the policies and procedures of the drug court made?

2. What are the policies and procedures of drug court? How have they changed over time, and why? Policies and procedures should cover: (a) screening (selection) criteria used to determine eligibility, including the types of offenses allowed; (b) the point in the criminal justice system at which referrals to drug court occur; (c) program requirements (rules for treatment, 12-step meetings, urinalysis testing, etc., how points are earned, etc.); and (d) sanctions available in cases of noncompliance.
3. What is the size and nature of the total population eligible for drug court? How are screening and referral functions carried out? How many people are referred to drug court, how many are accepted, and why are those not accepted rejected?
4. What are the characteristics of the program participants, in terms of their demographics, substance abuse problems, and criminal histories?
5. What are the characteristics of available treatment interventions? What treatment and other services are participants getting?
6. What are the major case processing steps? What happens to participants in drug court? What is their treatment regimen, urinalysis test results, point accumulations, back sliding and sanctions, etc.?
7. Who are the staff and what are their responsibilities? What is the drug court's annual budget and sources of funds?
8. Is there an advisory board or governing task force, and if so, who serves and what are their responsibilities? Include the roles of the judge, prosecutor, and defense attorney.
9. What is the extent of coordination and collaboration with other agencies, such as probation, parole, treatment providers, social services, etc. What information is routinely made available to and/or required by these agencies?
10. What local conditions (court caseloads, community attitudes, local legal culture, etc.) affect drug court?
11. How long do participants stay in drug court? Who drops out, at what point, and why? How many participants, with what characteristics, graduate from drug court?

Some would argue that this last question is an outcome question, an immediate outcome to be sure, but one that rightfully belongs in the impact evaluation. We argue that this question is closely related to how a program operates, and belongs in the process evaluation, as does Peters (1996) in his excellent resource on drug court evaluation. Perhaps the main point is that it doesn't matter which evaluation heading it is placed under -- it is an important question and one that must be answered in evaluating drug courts.

In essence, a process evaluation alone is a case study, a non-experimental, descriptive

study of how a drug court was implemented and how it operates now. It is concerned with history, current operations, participant progress, obstacles, and overcoming impediments. It is primarily qualitative and descriptive, although numbers and elementary statistics (percentages and averages) are necessary to summarize the size and nature of the caseload. Evaluating drug court processes is covered in Chapter 3.

An impact evaluation answers the following questions about the drug court:

1. Which types of services are most appropriate for which participants?
2. After participants leave drug court, how do they fare in terms of recovery and recidivism? How do participants in alternative interventions fare in comparison?
3. What are the costs to the criminal justice system to run drug court? What are the total costs of the drug court, including treatment?
4. What are the costs of alternative handling of drug court eligible-offenders, to the criminal justice and public health systems at minimum? Is the drug court an overall savings or expenditure to the county?
5. What are the non-fiscal benefits and disadvantages of the drug court to the community?

Evaluating drug court outcomes is the subject of Chapter 4. Just as the decision about the type of evaluation to implement flows from your program's goals, objectives, and resources, so does choosing an evaluation design, as described below.

Selecting a Design for your Drug Court Evaluation

Evaluation design refers to how the impact assessments will be conducted, and may be placed on a continuum from non-experimental to experimental. Non-experimental designs involve no comparisons to other interventions; they simply involve observing the outcomes of the drug court participants alone. Experimental designs, at the other end of rigor, emulate the controlled conditions of a laboratory experiment, and compare the outcomes of equivalent individuals receiving different interventions (drug court or an alternative). The evaluation design you choose will be determined by the goals and objectives you want to measure, particularly whether you need to prove the drug court is "better and cheaper" than its traditional alternative argument, and the resources you have available to devote to evaluation. Carrying out comparative outcome and cost assessments can double the time needed for data collection and analysis. Additional information on how experimental, quasi-experimental, and non-experimental designs apply to drug court evaluation is presented below along with discussions of their pros and cons

Non-experimental designs. At one end of the continuum of evaluation designs is the non-experimental design, in which no comparison or control group is used. In Campbell's terms, non-experimental designs range from a one-shot case study to a pre/post single group study -- the main point, again, is that there is no comparison/control group -- only the progress and outcomes

of drug court participants are included in the evaluation.

At the most elemental level, a non-experimental design for drug courts is a simple, narrative case study, which describes in qualitative terms the development and implementation of the drug courts, its rules and procedures, participant characteristics, and immediate outcomes. It ends when participants leave drug court, either through graduation or termination. This type of case study is not comprehensive; it covers only the ten questions presented under process evaluation above. It is a snapshot of the program at one point in time (i.e., a one-shot case study), and probably every drug court has, knowingly or not, done this limited type of evaluation. If you are required to submit an annual report to your sponsor (the Municipal Court, for example), or are writing a grant proposal for funding, you have probably already written a brief case study of your program covering its history, operations, current caseload, caseload-to-date, and immediate outcomes.

A more advanced non-experimental design is needed for an evaluation encompassing both process and impact -- the pre/post single group study. This is a case study that includes all that is described above (history, routine operations, participants characteristics and immediate outcomes, etc.), but goes beyond the end of drug court participation. It includes "post-test" measures obtained by following up both graduates and drop-outs, to see how participants fare after leaving drug court in terms of abstinence or continued substance abuse, recidivism, employment, etc.

The pre/post case study approach, encompassing post-drug court follow-up, is recommended if a quasi-experimental or experimental design is infeasible. It is a relatively simple evaluation design that provides critical information to practitioners, sponsors, and funders, and much of it is possibly already progress because it is necessary for program and case management.

The main advantages of non-experimental designs are that they are relatively uncomplicated and inexpensive to conduct and easily understandable to the non-scientific observer. In their simplest form -- the one-shot case study -- they only require data already in your case files, perhaps even already compiled into a description of the history and operations of your drug court and some sort of caseload summary (the number of arrestees screened, number admitted, when and why they left drug court, etc.). Many programs simply update this type of summary periodically, revising the narrative to incorporate changes in procedures and updating the case statistics.

In the more advanced non-experimental designs, such as the pre-post single group study, the data collection is more complex, requiring follow-up with drug court graduates. The very best case studies will be built on multiple sources of information, including interviews with key actors (the drug court judges, assistant district attorneys, probation officers, treatment providers, etc.), good individual case records, data provided by service providers, criminal justice system data, and interviews with drug court participants.

The main disadvantage to non-experimental designs is that they provide no information on the *relative* worth of the drug court approach. They do not enable you to answer questions related to whether drug court is "better or cheaper" than alternative ways of handling drug-

involved offenders, particularly the court's "usual" way of proceeding. While an in-depth case study may include measures of costs, they do not include comparative assessments of cost-effectiveness (i.e., does drug court reduce the rate of recidivism, and thus save the criminal justice system money, compared to traditional adjudication or diversion of drug cases?). Since drug courts have arisen out of dissatisfaction with existing ways to rehabilitate drug-related offenders, comparative assessments are needed. These require experimental or quasi-experimental designs.

Experimental designs. The experimental design is the most rigorous design you can implement, the one that will present the strongest defense to critics. In its ideal form, it emulates laboratory experiments (hence its name) that you are undoubtedly familiar with, and requires random assignment. Subjects (let's say laboratory rats or drug-involved offenders) are randomly placed in two groups -- one group receives an experimental treatment (Viagra or drug court, for example) and becomes the experimental group, and the other group receives no treatment or an alternative treatment (a placebo or adjudication, for example) and becomes the control group. The outcomes of both groups are then observed, and any differences between them may be attributed with substantial confidence to the treatment they receive (Viagra or the placebo, or drug court or traditional adjudication).

Random assignment of subjects to experimental conditions is the key. It eliminates differences between subjects that proceed the experiment. For example, if participation in drug court is voluntary and individuals choose to participate in it (known as self-selection), there is a possibility that those who choose to participate are also those who would improve regardless of whether they received drug court services or not. Random assignment also reduces various other "threats to validity" in Campbell's words, or alternative explanations for different results. Suppose, for example, that the act of getting arrested was speculated to be a significant enough event to make a drug-involved offender stop using drugs and committing criminal acts. Random assignment helps ensure that the experimental and control group subjects are not different from one another in systematic ways -- all have been arrested, for example.

Implementing a true, randomized, experimental design for a drug court evaluation requires that you first identify the pool of drug-involved offenders

Several Random Assignment Procedures

1. Use of a list of random numbers. This is the time-honored approach to random assignment. Decide in advance that (for example) even numbers will mean referral to drug court and odd numbers mean normal adjudication. Obtain a computer-generated or textbook list of random numbers. As each case is judged eligible for drug court, go systematically down the list of random numbers -- if the next is even, the offender is referred to drug court; if odd, the offender is adjudicated. Cross that number out and the next one determines the assignment of the next case.

One benefit of this procedure is that it provides a written record of the assignment process.

2. Flip a coin. Decide in advance (for example) heads will mean referral to drug court and tails will mean normal adjudication. As each potential case is judged eligible, a flip of a coin determines the route of the case.

3. Alternate days, weeks, or months. On randomly selected days, weeks, or months, make referral to drug court unavailable, but screen all potential cases anyway. All eligible cases forced to adjudication (or other alternative intervention) become a control group. This strategy is weaker than others. It does not guard against seasonal or time of day or week differences in caseload and may raise concerns about denying services to offenders.

eligible for drug court. Screening criteria are applied to those arrested on drug charges, and once deemed eligible for drug court, each offender is assigned to the drug court or alternative approach, using random procedures (see sidebar on previous page). Once assigned to the experimental or control group, each offender proceeds through his or her program. The drug court and alternative processes are tracked, and the same outcome data are collected on all offenders.

The main advantage to experimental designs is that they enable you to conclude, with confidence, whether drug court is "better" than alternative approaches to handling drug-involved offenders. They guard against sources of bias and invalidity, and provide solid ground for rebutting any arguments from critics.

The main disadvantage to experimental designs is that they are difficult to implement in the field. Many stakeholders do not recognize their value and are often concerned about either denying services (i.e., drug court) thought to be highly effective for some offenders or putting offenders in an unknown, experimental program, to cite polar ends of the issue. Conducting the random assignment properly is often troublesome. It is difficult to tell a judge, for example, who feels Molly Smith would really benefit from the drug court, that the random assignment procedure says she must be handled through traditional adjudication -- and to violate the random assignment, even for one person, invalidates the experimental design. Experimental designs are more palatable to stakeholders and others when the number of eligible individuals exceeds the capacity of the drug court program, and some method -- such as random assignment -- must be used to select those who will participate in drug court and those who will not. Because of the difficulties with random assignment, many drug court evaluators have turned to strong *quasi*-experimental designs to study program effectiveness.

Quasi-experimental designs. For situations in which the obstacles to implementing a rigorous experimental design are insurmountable, there are other solid designs which are quite appropriate -- "good enough" (Rossi & Freeman, 1993, p. 220) -- for drug court evaluations. Quasi-experimental designs offer drug court administrators suitable approaches for impact evaluation.

In quasi-experimental designs, the outcomes of drug court participants are compared to the outcomes of a comparison group, a group of individuals selected by non-random means to be as similar as possible to drug court participants. The key words here are *as similar as possible*. The comparison group individuals must fit the drug court eligibility requirements, and not lesser criteria, by which we mean that they should not be charged with lesser offenses or have less extensive substance abuse pasts. For example, in a one county drug court, first-time offenders are referred to a diversion program in which they participate in treatment during unsupervised probation and charges are dropped upon successful completion. Drug Court participants must be ineligible for diversion (i.e., they must be at least second-time offenders) and must have no convictions for violent crimes or drug trafficking. In this case,

Comparison groups must be as similar as possible to drug court participants, with substance abuse problems and criminal histories that are neither more or less severe.

neither first-time offenders or offenders arrested for drug possession *and* sales are appropriate comparison groups; both are dissimilar to the drug court participants in important ways.

A common comparison group for drug court evaluation is a group of drug-involved offenders who meet all criteria for drug court, but who were handled during the period immediately preceding the implementation of the drug court. To put it another way, the comparison group offenders would have participated in drug court, had it existed when they were arrested. This approach was used in seven of nine impact evaluations reviewed by Belenko (1998).

The selection of the comparison group must be carefully done. One way is to begin by identifying the most common charges which have resulted in the arrest of current drug court participants (e.g., drug possession, possession of paraphernalia, and under the influence, whether the charges are felonies or misdemeanors). Second, request a listing from your court's information services of all offenders arrested on those charges during the six months or a year prior to the implementation of drug court (choose a time period that will get you at least five times as many offenders as you will need in your comparison group. If you have 100 drug court participants and are looking for a 100 comparison offenders, make sure at least 500 are on the list you request).

Now comes the hard part. Third, review the criminal records of these potential comparison individuals, and judge whether they would have been eligible for drug court, had it existed then. Fourth, eliminate those on this list which would not have been eligible for drug court. For example, you may eliminate from the list those with past convictions for drug trafficking or violent crimes, and those arrested on driving while intoxicated charges, if those offenders are also ineligible for drug court. If possible, have this screening done by those who currently screen cases for drug court. Those that remain on the list after eliminating ineligible offenders form your comparison pool. Fifth, to get the comparison group, randomly select the number needed -- it is quite acceptable at this point to select every *n*th individual on the remaining list (i.e., if 350 individuals are in the pool and you need 100 comparison subjects, select every third person until you reach 100). The resultant list is your comparison group, and their outcomes will be compared to the experimental drug court group.

The main advantage of quasi-experimental designs is that they are a respected alternative to experimental designs and guard against the most serious threats to validity. They enable you to compare the drug court processes and outcomes to alternative approaches, particularly (if done as described above) the traditional approach to drug-involved offenders that drug court has presumably been developed to improve upon.

Quasi-experimental designs have several disadvantages. It is often time-consuming and tricky to develop an appropriate comparison group. The design also remains vulnerable to criticisms that the comparison group is not "good enough," that perhaps there are systematic differences between the experimental and comparison groups (e.g., changes in arrest policies, changes in the availability and use of illegal substances in the community, etc.).

Recommended Evaluation Designs

The preferred evaluation design is the experimental design, but comprehensive evaluations with appropriately matched comparison groups are a close second. Quasi-experimental designs are the strongest designs typically feasible in the field, and are highly recommended.

If your evaluation resources are limited, start with a pre/post case study design. Much of it you have probably either already done or have the information readily at hand -- "it" being a thorough program description and caseload summary. This information can be strengthened through a critical analysis by stakeholders (see Chapter 3). We strongly recommend that you implement a simple management information system to store your case data for easy retrieval and analysis. To this process case study, add the "post" information gathered through follow-up interviews and records checks on program participants after they leave drug court.

As resources are available, add the comparative data needed for the "drug courts are better and cheaper" argument by implementing a quasi-experimental design. Identify and draw a good comparison group and follow up with the members, emulating the content and procedures of the drug court follow-up. As a final step, apply cost figures to the interventions and outcomes of the experimental drug court group and the comparison group, and your comprehensive evaluation is complete.

At this point, an independent evaluator would submit a final report, try to find time to write a journal article, and move on, unless additional funding was available. The self-evaluator -- you -- has to decide what level and type of ongoing evaluation is needed for the continued success and improvement of the drug court. At minimum, a management information system is needed for good case management and program analysis. Other requirements should be regular, small but well done follow-ups of drug court participants. Additional evaluation steps can be added as new needs arise.

Chapter 3

Evaluating Drug Court Processes

A thorough process evaluation will document and assess your drug court's operations, from its creation through the immediate outcomes of the current caseload. If you implement each step in this chapter, you will have the makings of a case study of your program.

Documenting Program Implementation and Operations

Regardless of the research design chosen, your self-evaluation should begin with a basic description and subjective assessment of the history, implementation, and current operations of the drug court. Knowledge of the drug court's development, early history, and current day-to-day operations is likely to be held by a small number of people, perhaps even a single person. A process assessment of the drug court, however, must go beyond the factual reconstruction of early events and current activities, to include the views of key stakeholders on important drug court issues and a critical analysis of program functioning. This important step is somewhat controversial for a self-evaluation, since the evaluator is not independent of the program. Stakeholders may be hesitant to provide their open and honest opinions to someone vested in the program. In spite of this concern, this step of self-evaluation is one well worth taking.

Three sources of information are recommended for putting together a critical analysis of the drug court's implementation and operations: existing program documents, the memory of long-term staff or involved policy-makers, and interviews or surveys of key stakeholders. With luck, the documents will be readily available, the memories will be good (and in the best case, will have already been put to use in recording the drug court's development and early days), and the stakeholders will be eager to participate. We suggest you use these sources as follows.

Step 1¹. Gather and review the following program documents:

1. Minutes of meetings of early developers or task force members.
2. Documents that put in writing the drug court's purpose and objectives, such as mission statements and formal goals and objectives.
3. Descriptive accounts of the drug court's history, such as funding proposals, grant applications, media coverage (e.g., local newspaper articles), annual reports, etc.
4. Program documents that relate to how the drug court operates. These may include eligibility criteria, program rules and standards, roles and responsibilities of key agencies, systems for collecting points for progress from one phase to another or graduation, sanctions, sample contracts for participants, information provided to participants, and the program's budget.
5. Caseload summaries, if any.

Step 2. The second step in the process assessment is to build a factual account of the program's history and current operations. If you have been involved with the drug court since its inception, you may simply be able to write up a short historical description. Alternatively, interviews with a few key individuals who have been involved in most of the steps (e.g., the drug court judge, staff) along the way can provide the information needed. These interviews should be semi-structured, designed to produce an objective summary of key events. If one person compiles the drug court history, it is important to have one or more others who have been involved in your drug court since the start review the narrative for accuracy and completeness.

The description of the program's history and current operations should include the following information:

- Date the drug court was established.
- Jurisdiction served: name of city or county, population demographics (size, ethnicity, income level), drug problems.
- A summary of the universe for drug court: the number of potentially eligible offenders.
- Purpose or mission of the drug court, specific goals and objectives.
- Key agencies involved in the drug court -- court sponsorship, task force membership, role of key agencies (court, district attorneys, public defenders, probation, treatment).
- Past and present staffing and facilities.
- Eligibility criteria, referral, screening, and substance abuse assessment procedures.
- Current program processes -- description of each program phase, average length of time spent in each phase, components and requirements of each phase (treatment and 12-step requirements, urinalysis testing, etc.). Include major changes in processes since the drug court was established.
- Participant obligations and sanctions for non-compliance.
- Treatment and other services (a brief description of all available and used).
- Early and current caseload statistics (number of referrals, number of graduates, and information on nature of substance abuse problems of participants (e.g., long-term heroin users vs. first-time offenders)). Information on compiling and reporting this information is covered later in this chapter.

Step 3. The third step is to identify and interview key stakeholders. Some stakeholders will be obvious, such as the drug court judge and task force members, if any. Potential stakeholders are listed in the side bar as a starting place; another strategy is to ask known stakeholders, such as the judge, who else should be included in this process.

Once identified, the views of stakeholders on significant issues should be explored. An independent evaluator would interview each person, as interviews enable one to gather detailed information and ask clarification questions as needed. A written survey mailed to the stakeholders enables the information to be gathered anonymously, although the group of respondents is quite small and their identities may be evident from their responses. The information to be gathered is subjective and the nature of the questions is that they require mostly open-ended answers -- another obstacle to written surveys.

Potential Stakeholders

Drug court judge
District attorney or deputy district attorneys
Public defender or deputy public defenders
Probation officers
Drug court staff, director or coordinator
Court administrator
Law enforcement officers from the county sheriff's department or municipal police departments
Public health officials, particularly those in alcohol and drug divisions
Treatment and aftercare service providers
Community representatives (may include individuals from civic organizations, activist groups such as Mothers Against Drunk Driving, charitable organizations, AA and NA, and/or residents)
Local elected officials (e.g., members of the county Board of Supervisors, the mayor)

We recommend gathering stakeholder views in one of three ways, whichever is most comfortable given the inter-relationships of the self-evaluator and key stakeholders (this is also a good time to recruit an outside evaluator for a single task²). The three ways are (1) in-person or telephone interviews, (2) a brief written survey, or (3) an informal group interview. A group interview is suggested if the stakeholders are comfortable with one another and no one person or point-of-view will dominate.

In a self-evaluation, it is difficult if not impossible to guarantee confidentiality to stakeholders, as their views will be gathered by an insider and with such a small group of known people, the district attorney's office's view, for example, will be obvious to knowledgeable people. Stress that no one will be individually identified in any written report, and that the information you are seeking is for program improvement purposes only.

The following topics are a minimal list of topics that should be discussed periodically with stakeholders. A more complete interview guide is included in Appendix C, and you may want to incorporate additional areas suggested by your program's objectives and information needs:

- Respondent's role in the development of the drug court, particularly in setting policy

²Local sources include colleges, private organizations, and individuals. If no local sources are known to you, ask others (directors of programs like yours, government human services or planning staff, directors of service and community organizations) for recommendations. College interns or other paid students may be quite capable of conducting stakeholder and follow-up (see Chapter 4) interviews under your direction or overseen by a faculty member.

(eligibility criteria, program rules, point system, etc.).

- Views of key components and policies, including eligibility criteria, screening procedures, program requirements, applications of sanctions, permissiveness or strictness of staff and judge, etc.).
- Local conditions, such as budget constraints and court caseload size, that impact the stakeholder's work with drug court.
- Impact on respondent's agency.
- Strengths and weaknesses of drug court.
- Suggestions for changes or improvements.

Step 4: Summary and analysis. The information on the drug court's implementation and operations will be useful to your drug courts in two ways. First, it should be turned into a concise, written narrative -- a case study -- used for multiple purposes. The most common purpose will be to serve as a preface for funding proposals and annual reports to sponsors and funders; another is to provide information to interested outsiders, including the media. To organize the narrative case study, aim to answer the evaluation questions developed in Chapter 2 and use the list of information under Step 2 as an outline. The narrative summary should be updated periodically -- at least annually -- as policies, procedures, and caseload figures change.

The second purpose for this exercise in investigating your program's history, current operations, and the perceptions of stakeholders is to use this information to strengthen the program. The factual information on program processes you have compiled in the narrative summary must now be critically examined by key staff and policy makers, particularly the drug court judge and task force members, to see if revisions and mid-course changes are needed. The kinds of critical questions that this group should address have been suggested by Peters (1996, p. 8-9). For example, to assess whether the program is meeting its goals and objectives, Peters suggests answering questions such as:

- Have all of the intended services been provided?
- Have the services been provided as intended?
- What services not currently provided should be added to the program?
- Did the program reach the intended "target" population?
- Did the program widen the "net" of defendants who were supervised by the court, or who received criminal justice sanctions?
- Was the program implemented within projected time frames?
- What problems were encountered in program implementation, operation, and performance? How were these problems resolved?

Similarly, once the characteristics of participants in the drug court are known, Peters suggests answering further critical questions: Is this an appropriate population to receive drug court

services? Is this the population that was intended to receive drug court services? Simply compiling and reviewing the information described above will provide you with insights into how, and how well, your program is operating. The discussion of critical issues by key stakeholders will should cover both strengths and weaknesses of the program, and identify areas needing improvement.

Depending on the intended audience, you may or may not include the perceptions of the stakeholders in the written summary, always keeping individual names out. If your audience is your drug court's task force, you will probably want to include them. The knowledge that (for example) the district attorney feels the drug court is too lenient on drug-involved offenders or that the public defender feels the drug court eligibility criteria should be expanded to include those arrested on drug and domestic violence charges is very important to them. It need not, however, be shared with the media or potential funders.

Too often, evaluation is seen as a critical exercise, in the sense of *critical* meaning to find fault. While your self-evaluation may uncover some program weaknesses, it will also identify program strengths. Highlight these strengths in your narrative summary and celebrate your successes.

Tracking and Reporting Individual Progress

Keeping track of each participant's progress through the program is a routine part of a drug court's day-to-day operation. If you do not currently have a computerized database that enables you to record, retrieve, and report information on each participant -- a management information system, in other words -- significant information on each participant is undoubtedly kept in separate case files. Each case file may include a copy of the court's drug charge, and perhaps the police arrest report, a rap sheet (history of arrests and convictions), substance abuse assessment results, intake form, contract, drug court dates, urinalysis results, referrals for treatment, treatment progress, 12-step attendance, case management notes, and the termination date and reason. Case management can be capably accomplished by reviewing individual files, but reporting on individual progress can be time consuming, and case analysis impossible.

A management information system enables you to easily computerize case file information, to make it accessible, retrievable, and analyzable. If your drug court does not currently have a system, we strongly recommend that you get one, and suggest the simple one contained in this manual, the Drug Court Case Management System 2000. This management information system was designed to serve as the main repository of participant information and progress, and will produce individual progress reports, summary case statistics, and DCPO annual survey data as

In praise of computerized record-keeping

Today's technologies make computerized record-keeping for individual cases relatively easy. Management information systems store case-specific information and, more important, enable you to retrieve it and analyze case characteristics and outcomes in the aggregate. Computerized management information systems are extremely important tools for case management *and* self-evaluation. They are well worth the effort required to implement and maintain them. If you don't have one, get one -- try ours!

needed. The CMS data entry, query, and reporting functions are menu-driven and will be familiar to those with minimal computer experience. The content and use of the CMS are covered in this chapter; technical information on using and customizing the CMS is included in Part II of this manual.

Information to be Collected on Drug Court Participants

The CMS stores the following information on each drug court participant:

1. Data gathered during the intake and assessment processes:
 - a. Demographic information -- name, address, phone, marital status, social security number, ethnicity, age, sex, primary language, emergency contact, primary source of information, income per week, employer, occupation, education, current schooling, ages of children, custody of children, living situation of children, whether pregnant or not, where children would live if defendant is incarcerated. This information is stored through Intake screens "General" and "Children."
 - b. Substance abuse problems and history -- drugs taken, route, frequency of use of each drug, age began each drug, last use of each drug, primary and secondary drugs of choice, drug test types, drug test results, use by partner or housemate, use by family of origin, type of prior treatment, prior treatment providers, length of prior treatments. This information is on the "Drug History" and "Treatment History" screens under Intake.
 - c. Physical and mental health status -- whether a mental health evaluation has been made, evaluation diagnosis, major health problems, current medications, and whether the defendant has suicidal tendencies, has exhibited violence toward others, and was physically or sexually abused as a child. See the "Health" and "Mental health" Intake screens.
 - d. Criminal history -- referring court and judge, case number, screening date, current charges, misdemeanor or felony level, penal codes of current charges, status of current charges, cases pending, number of prior arrests in past year and in adult life for drug-related, violent, and non-violent crimes; number of prior convictions in past year and in adult life for drug-related, violent, and non-violent crimes. This information should be available through your court's information system or local criminal justice system. It will be highly confidential information, and may be directly accessed only by public attorneys or probation officers -- it should, however, be a routine part of screening of potential participants and accessible to approved drug court staff. See "Criminal History" Intake screen.
2. Information on drug court events, treatment, and conditions of participation, which are collected on a regular schedule as the participant progresses through the drug court (on the "Drug Court," "Court Dates," and "Treatment" Case Management screens).

- a. Key events -- dates of drug court hearings, dates defendant enters each phase.
 - b. Treatment and other services -- 12-step meeting attendance, urinalysis test dates and results, type of treatment(s), treatment provider(s), admission dates, treatment status, treatment discharge, points for progress.
 - c. Progress, sanctions -- contacts with defendant, type of contacts, sanctions applied, reasons for sanctions, points deducted for sanctions, number of days spent in jail due to sanctions.
3. Data on immediate outcomes of drug court, recorded at the termination date and beyond (on the "Outcomes" Case Management screen):
- a. Drug court outcomes -- date of discharge from drug court, reason for discharge (graduation, dismissal, drop out, etc.).
 - b. Post-drug court referrals, other outcomes (drug-free baby, earned GED, etc.), aftercare services.

Most of this information is likely to be routinely collected by your drug court already, even if you do not have a management information system. Your court may enter case information into the CMS in different ways -- intake and assessment staff may want to enter data directly into the CMS while interviewing the potential drug court participant, with case management and follow-up information entered regularly by case workers and others as the case progresses through drug court. Alternatively, your drug court may continue to rely on physical case files, with data entered by a clerk on a regular basis. Appendix B contains copies of case file forms that mirror the CMS screens; these may be used to record the information as it is gathered, which will then be transferred to the CMS by the data entry clerk.

If you do not see the need to gather some pieces of this information, you can simply ignore related fields, or alter the CMS (see the Part II of this manual for specifics on customizing the CMS' data entry screens). Similarly, if there are other data elements your drug court gathers, the CMS can be customized to include them. Peters (1996), for example, also includes the following characteristics of program participants: social adjustment information, HIV risk behaviors and attitudes, and attitudes toward treatment. We caution, however, that adding or deleting fields that are incorporated into individual reports or caseload summaries built into the CMS will affect those reporting capabilities. Creating and revising reporting and query functions are advanced programming skills that require expertise with Access or other database management programs.

All of the information covered above is contained in the Intake or Case Management forms reached through the Main Menu of the CMS. The Intake Form leads to individual screens (via tabs on what appear on the Intake Menu to be a stack of manila file folders) which are labeled General, Children, Health, Mental Health, Drug History, Treatment History, Criminal History, and Assessment Results. The Case Management Form leads to five individual screens. Drug Court summarizes progress in terms of phases, current status, current 12-step requirement, and

identification of drugs routinely tested. Court Dates screens summarize what happened on each drug court date for the defendant. Treatment tracks attendance and compliance; and Outcome records the date and reason for leaving drug court, referrals upon discharge, and other significant outcomes during drug court.

There is one additional section to the Case Management Form that has little to do with self-evaluation but much to do with case management. This is the Contacts and Notes folder, which enables the drug court staff members to enter free-form information on each contact with the participant, much like a case worker's notes would work.

The final major form of the CMS, the Follow-up Form, is relevant to impact evaluation. It consists of three screens to record information collected on participants after they leave drug court. To match DCPO requirements, these follow-up periods are assumed to cover the periods of six months, twelve months, and eighteen months after leaving drug court.

Information to be Collected on Control or Comparison Cases

Ideally, similar demographic, substance abuse, health, and criminal history data will be available for cases included in a control or comparison group. If you are able to implement an experimental design with random assignment, intake and assessment will be conducted with all individuals referred to the drug court, whether they end up in the experimental or control group. These data, however, should not go into the CMS, which is intended for use with drug court participants only. Rather, they should be entered into a statistical database, such as SPSS, to be analyzed with the drug court data transferred from the CMS to the statistical database (details may be found in the Access Help Menu or manual, but basically the data in the CMS are exported from Access to an Excel or delimited ASCII file, then imported into the statistical database).

In a quasi-experimental design with a comparison group, it is unlikely that you will be involved in intake and assessment, and will have to rely on whatever information is available in court records. Our experience is that demographic information is likely to be limited to age, sex, race, date of birth, and contact information (name, address, phone numbers) -- and the unnecessary, such as height, weight, hair color, and eye color. Criminal history data, however, should mirror that of the drug court participants in the experimental group.

For both control and comparison cases, you will want to extract the following information from court or criminal justice system records:

1. Key events -- arrest charges, filed charges, dates and types of court hearings (particularly arraignment and the final court date when a plea or verdict is entered).
2. Outcomes -- case outcome (dismissed, acquitted, pled guilty, or found guilty), charges convicted of (misdemeanor or felony, penal code number, and description (e.g., drug possession), and sentence. Sentence data should include prison or jail time, terms of probation (length and conditions), amount of fines, and other fines or fees such as restitution. In many cases, the offender will receive prison or jail time that is suspended if no

further violations occur while on probation. If time is served, note the number of days served and date of release (needed to guide the follow-up period discussed in Chapter 4).

Preparing Regular Progress Reports on Drug Court Participants

The CMS provides an automated and easy way to manage drug court cases, and stores individual data for use in the evaluation. It is also designed to produce reports on individual participants, primarily to provide information to the judge on the day of drug court hearings. These reports present the progress (or backsliding) of each participant during their tenure in drug court and summarize earned points to date. It is likely that your treatment coordinator or other staff will want to add a brief summary of the individual's progress in treatment or make recommendations to the court on a separate paper.

A sample individual progress report is presented on the following page (unavailable in electronic versions of this manual). To produce the report from the CMS, one simply clicks on Case Summary Reports on the Main Menu, clicks on Case Summary for one participant, enters the number of the case (your drug court's identification number), and clicks print.

Reporting Caseload Statistics

As previously discussed, an important step in process evaluation is to put together summary statistics on the drug court's caseload, combining individual data as needed and appropriate. Summary caseload statistics provide (1) a snapshot of the current caseload, to provide the staff and policy makers with information on both the caseload and workload, (2) a means to compare the current state of affairs with past times, and (3) a convenient way to report to funders and sponsors.

Periodic caseload summaries let you answer a number of questions. At the most basic level, they present the number of currently active cases, and usually "where" they are in the drug court process (i.e., number of people in Phase 1, number in Phase 2, number graduated, and so on). They also enable you to compare the current caseload with last month's, last quarter's, or last year's, and provide information related to achieving program goals concerning the number of cases referred to drug court, number of people accepted into the program, number graduating, etc. These benchmarks can be used to analyze whether the drug court program is progressing as you had envisioned or expected, and let you know when, if not what, something should be changed.

The more narrowly you breakdown the caseload statistics, the more detailed the question you will be able to answer. You may, for example, want to know if your drug court is serving more Hispanics over time, or if more women are graduating than men. The CMS produces a routine Snapshot Report, presenting the total number of cases referred, total accepted, and total people in each phase, for the current month, as shown on the sample report on the next page. Note that the first two sections, New Referrals and Left Program, can be summed over the months or quarters to obtain semi-annual or annual totals. The remaining sections contain information which provide a snapshot at a particular point in time -- such as the numbers of

DRUG COURT PARTICIPANT PROGRESS REPORT

NAME	Michelle Jones	DATE ENTERED PHASE 1	12/12/1999
CASE NUMBER	case111	DATE ENTERED PHASE 2	01/24/2000
ENROLLMENT DATE	12/12/1999	DATE ENTERED PHASE 3	
STATUS	active, in program	12-STEP REQUIREMENT	3x a week
CURRENT PHASE	phase 2		

Court Date	Present	Attended 12-Step	12- Step Points	Urinalysis	Tox	Urinalysis Points	Payment Points	Other Points	Sanctions
12/12/1999	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	<input type="checkbox"/>		0	0	0	
12/20/1999	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	neg	1	0	0	
12/30/1999	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	neg	1	0	0	
01/12/2000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	neg	1	1	0	
01/18/2000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	neg	1	0	0	
01/26/2000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	<input checked="" type="checkbox"/>	pos	0	0	0	increase 12-step meetings
02/01/2000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	pos	1	1	0	
02/10/2000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	neg	1	0	0	
02/20/2000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	neg	1	2	0	
02/29/2000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	<input checked="" type="checkbox"/>	pos	0	0	0	jail time increase contact with dc staff
03/03/2000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	neg	1	0	0	
03/10/2000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	neg	1	0	1	
03/15/2000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	neg	1	0	0	
03/25/2000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	neg	1	1	1	
03/31/2000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	neg	1	1	0	
TOTAL POINTS			13			12	6	2	33

Thursday, April 13, 2000

participants in Phase 1, 2, or 3 -- and summations over months are not appropriate. An example of a Snapshot Report appears on the next page, except in electronic versions of this manual.

If your reporting needs are consistently different from the standard fare we offer in the CMS, the report form should be altered, or a second one constructed (again, these require considerable experience with Access). If, however, you have only periodic needs for different statistics, these needs might be best met through the query function of the CMS' basic program (Access). The queries built into the CMS produce information required in the DCPO annual surveys (number of participants of different ages in the program, number of men and women, number of drug-free babies born to participants, number of participants of different racial or ethnic groups, etc). The DCPO annual survey asks for these data from the "program start" and the "grant start;" the CMS will produce that information, and also allows you to put in the date range for the data you are seeking. Having said that the query function may be used to produce data to answer questions of your choosing, we must again caution that experience in Access programming may be necessary. If you are using a different CMS or database program, there is undoubtedly a parallel to the query function that will enable you to ask any question you want -- assuming you have entered the raw data needed to answer it (if you failed to record whether each participant is a man or a women, for example, you cannot ask whether the sexes succeed at equal rates or not).

A third way to answer questions drawn on information in your CMS or database is to transfer raw data from the CMS into a statistical software program such as SPSS or SAS and use the statistical software to produce more complex tables (such as the number and percentage of Hispanics, African-Americans, and Anglos for 1997, 1998, and 1999 to date) and statistics (averages, percentages, significance tests, etc.). This step is most commonly used when writing an evaluation report, but can also be used for periodic questions not amenable to the query function. Additional information on analyzing and presenting case data is contained in *Chapter 5: Putting It All Together*.

MONTHLY SNAPSHOT REPORT

STATUS OF NEW REFERRALS

New referrals this month	0
Assessments completed this month	4
Cases admitted this month	2
Cases rejected this month	2
Did not appear	0
Ineligible	2
Not suitable	0

LEFT PROGRAM THIS MONTH

Graduated	0
Withdrew	0
Terminated	2
Death	0

CURRENT CASELOAD

In Phase 1	1
In Phase 2	6
In Phase 3	0

STATUS OF CURRENT CASES

Active, in aftercare	0
Active, in custody	0
Active, in post treatment	0
Active, in program	7
Bench warrant status	0

STATUS OF CURRENT TREATMENT

Aftercare	0
Detox	1
Mental health	0
Methadone maintenance	0
Out-patient	4
Psychotherapy	0
Residential	2

Chapter 4

Evaluating Drug Court Outcomes

Gathering accurate and unbiased data related to program outcomes is arguably the most difficult part of evaluating drug courts. If your drug court contacts program participants on a regular basis after they leave drug court to "see how they're doing" or looks annually at criminal justice system information on former participants, however, you are at least halfway there. In this chapter, we discuss how to conduct follow-ups with former drug court participants and comparison cases, and how to access and collect recidivism data on both groups.

The cost of drug court is another important piece of outcome information. In this chapter, we discuss how to estimate the costs of your drug court, and how to estimate its benefits in dollar terms. The benefits may be expressed in terms of cost savings -- i.e., how much did the drug court *save* the court, or the larger criminal justice system, or the community. This requires comparing the costs and cost savings of drug court to the costs and cost savings of alternative ways to handle drug-involved offenders. Program costs and cost savings will be discussed mostly in quantitative, i.e., dollar, terms (costs of jail days or probation supervision, for example) and in subjective, intangible terms as well. How can one put dollar figures on the value of reuniting a family, for example? It is important to recognize, however, that neither the tangible dollar terms nor the intangible savings are easy to come by or free of controversy. Cost-benefit analyses are notoriously difficult, even for seasoned evaluators. We offer admittedly simple approaches to this difficult self-evaluation step, and suggest that a cost-benefit expert be recruited if precise, complete cost and cost-savings data are needed.

Following Up Former Participants and Control/Comparison Group Members

Perhaps the most important finding from an evaluation of drug court is whether the drug court process can lead individuals away from a lifestyle of drug abuse and crime and toward a drug-free, non-criminal, productive life. Part of this answer lies in graduation rates; the rest lies in what happens after participants leave drug court. Further criminal behavior -- or at least criminal behavior that results in attention from law enforcement -- can be objectively assessed via reviewing criminal records, *if* they are accurate and up-to-date. Other outcomes, such as continued abstinence or renewed drug abuse, employment or unemployment, etc., are not outcomes that can be readily documented independently. You may learn that one participant got a particular job, or another re-entered a treatment program, but there are few systematic ways to gather this type of individual information -- except directly from the individual.

For evaluation purposes, we recommend conducting telephone interviews with former participants at regular intervals (six months or one year, for example) after they have left the program, whether they have been terminated for non-compliance or have graduated. In an external evaluation, the evaluator is in a very different position when it comes to conducting follow-up interviews with former drug court participants than staff or others closely connected to the drug court. The external evaluator can guarantee confidentiality, since she or he will be reporting outcome information in group form only (i.e., it will be reported that 82% of drug court

graduates report they have been alcohol and drug free since leaving drug court, and 55% continue to attend 12-step meetings). This will not guarantee honest reporting, but it will help. The internal evaluator, on the other hand, probably knows the former participants by name, and even if not, the former participants will assume that their identity is known. This may encourage honest reporting, if a good rapport has been established and maintained, or may lead the participant to put a positive spin on his or her current state of affairs, or at worst, lie about how they are doing to cover up disapproved behavior. We suggest following one of two plans of action:

1. Have staff conduct follow-up interviews on a routine basis, informing participants during the program that this is a critical step in their recovery. When a staff person contacts the participant, the same procedures for confidentiality that were upheld during drug court should be maintained and explained to them. The interviewer should encourage former participants to give honest answers to sensitive questions, with the guarantee that the information will not be used against them in any way, and not shared with law enforcement or probation officials.

If you use this approach, the follow-ups will serve two purposes. They will enable the drug court staff to monitor former participants and be in a position to encourage and support continued abstinence and progress, or alternatively, urge the former participants back into treatment or other helping services if needed. In this form, follow-up interviews serve as monitoring and aftercare services. The information gathered, however, can also be used for evaluation purposes, for reporting outcome information to others. You should be very clear in any reports who did the interviews and what the participants were told in terms of confidentiality and the use of the data.

2. Recruit an outside evaluator/interviewer to conduct the follow-ups, guaranteeing confidentiality. This means the external interviewer cannot divulge individual outcome data to the drug court. Only summary group information can be reported.

If an outside evaluator conducts the follow-up interviews, it will help to inform drug court participants about this, either during their tenure at the drug court or in a separate phone call after they leave. Simply tell them that as a routine part of an ongoing evaluation of drug court, an evaluator will be calling them to discuss their views of drug court and how they have done since leaving. Again assure them that their responses will be confidential, not

Confidentiality Protections

Standard evaluation practice requires that the subjects of your study -- the drug court participants and comparison group individuals -- be fully informed about the purpose of the study, how the information gathered will be used, the risks and benefits of their participation, and that their participation is voluntary. This "informed consent" can be communicated in writing or orally. Most importantly, be honest about the degree of confidentiality you can guarantee about follow-up information, and *scrupulously maintain that degree of confidentiality.*

Additional safeguards should be taken to protect the privacy and rights of evaluation participants. These may include password protections for management information systems, reaching agreements with prosecutors regarding confidentiality of follow-up interviews, keeping identifying records in locked drawers, and shredding identifying information at the close of your study.

reported back to the drug court staff or others. Regardless of who conducts the interviews, you will be able to do one check on the truthfulness of the participant. Continued involvement in criminal activity that results in an arrest will be part of the official record (described below).

The following information may be collected via follow-up interviews (a sample form is included in Appendix C). Additional information pertinent to your court's needs and interests should be added.

1. Motivations for entering and staying in drug court.
2. Perceptions of key elements of the drug court process.
3. Participation in treatment, 12-step meetings, other services.
4. Use of alcohol and illicit drugs.
5. Involvement in criminal activity.
6. Current family and living situation, changes since beginning drug court.
7. Current employment, vocational training, education.
8. Status of health, physical and mental; any emergency room or hospital visits.

Entering follow-up data into the CMS. The CMS is not designed for the entry and analysis of data directly from the questionnaires; rather, the follow-up screens enable you to record summary information gathered from the interview. The CMS will hold follow-up information from interviews at three points in time (if you are a DCPO grantee, these points are probably 6, 12, and 18 months after each participant has graduated or left drug court). In addition to recidivism data, the follow-up screens record the date of follow-up, case worker notes, whether the participant reports abstinence or not, current treatment if any, other significant outcomes (such as obtaining a GED), and some medical information. Through queries, summary data can be obtained from these screens.

Follow-up with control and comparison groups. Conducting follow-up interviews with individuals in control or comparison groups will be more difficult than following up with drug court participants. These individuals will be hard to contact, since you will be relying on dated court records, and they will naturally be very leery of talking to a stranger asking about criminal behavior. Because we feel trying to conduct follow-up interviews with comparison group individuals -- with whom you have no contact, and only know of through court or criminal justice system records -- will be time-intensive, frustrating, and probably unsuccessful in the main, we do not advocate doing them. Your long-term outcome assessment of the comparison group will rely on what is available in criminal justice system records concerning recidivism.

With a control group, however, the situation is different. Someone at the court will have screened these individuals for eligibility for drug court, informed them of the study in progress, and obtained informed consent and current contact information for them. Thus, we do recommend follow-up interviews with these individuals. In place of the questions concerning the participant's views of the drug court (items 1 and 2 in the list above), insert the following:

1. After you were arrested on [the drug offense that resulted in their selection for the control group], were you aware of the Drug Court? If yes, were you interested in getting into the Drug Court?
2. a. Your record indicates that you were [found not guilty or sentenced to...]. Is that correct?
b. In your own words, please describe the impact of your [experience (if acquitted) or sentence] on you.

The control group participants should be asked the same remaining questions as the drug court experimental group, substituting the phrase "since you were sentenced" (for those receiving no jail time) or "since you were released from jail" in place of "since you left drug court."

Follow-up Time Frames

We advocate following up drug court participants and control group members for at least one year; the Drug Court Program Office's annual survey calls for recording recidivism at intervals of 6, 12, and 18 months.

Follow-up from what point? Drug court participants in your experimental group will include graduates (following 12 months or more of court-supervised sobriety and treatment) and drop-outs or terminations (who likely participated in treatment for a much shorter time period). Comparison group members may have been acquitted, had their case discussed, or been found guilty. Their sentence may include jail time and/or probation, fines, restitution, and/or victim compensation fund payments.

We advocate looking at criminal behavior from the point of arrest forward (the "time at risk" period), with special attention paid to the follow-up period (the time after leaving drug court or alternative handling):

Drug court participants: The follow-up period starts from the point of leaving drug court, regardless of reason. The evaluation should capture substance abuse and criminal behavior during drug court also.

Comparison or control groups: The follow-up period will generally start from the point of re-entering everyday life (i.e., after acquittal, release from jail, or when released on probation). If an offender is put on intensive supervised probation, this might be considered akin to the drug court process, and the follow-up period would begin when probation ends. Behaviors during probation then (violations, further criminal behavior, etc.) should also be monitored and reported, in parallel to behaviors of participants during drug court.

Gathering Recidivism Data

The goal of most drug courts is to eliminate (or reduce) drug abuse and related criminal behavior, leading to positive benefits for the individual, the criminal justice system, and the community as a whole. Benefits to the criminal justice system such as reduced costs of police,

prosecutors, judges, court officials, jail beds, etc., can be directly attributed to reductions in arrests and convictions. Thus, tracking the recidivism of drug court participants and comparison group members, and translating recidivism into dollar figures to analyze costs and cost savings, are key components of a drug court impact evaluation.

The community also benefits, of course, from the reduced victimization that comes with reduced recidivism; other societal benefits include such things as reduced health care costs as drug-free babies are born and increased productivity that comes from former addicts getting jobs and paying taxes. These societal benefits are less tangible -- at least more difficult to attach dollar figures to -- but are also significant drug court outcomes obtained primarily through the follow-up interviews.

Do not expect to find jurisdiction-wide impact. If a drug court graduated enough people and a self-evaluation reported reduced criminal behavior and substance abuse among graduates for the year following their participation, some people might look for jurisdiction-wide reductions in drug-related crime or decreases in public health care costs. Yet we do not recommend spending any time looking at jurisdiction-wide records data. Such impact cannot be expected, minimally, until drug courts have been around for a long time and served many drug-involved offenders; even then, attributing any changes to drug court rather than the other myriad possible causes would be highly unlikely.

In most states, access to individual criminal activity data is strictly controlled. Criminal activity data used to screen individuals for drug court may become part of the drug court file, but is usually accessed only by the prosecutor's or other criminal justice office. If no one on the drug court has access to these data directly (in California, for example, researchers may obtain permission from the state justice agency if they are sponsored by an approved criminal justice agency and pass a background check), you will have to work out an agreement with your prosecutor's or other office to work on this with you. State law may require that you still obtain approval to view the data, as you will have to know individual's names or court numbers to add the recidivism data to the proper case.

The standard recidivism data collected, as required in the DCPO annual surveys, are the number of arrests and convictions for:

- Non-violent drug crimes
- Violent drug crimes
- Non-violent non-drug crimes
- Violent non-drug crimes

Actual figures used for impact analyses vary, and include the percentage of drug court participants or comparison group members rearrested, the number of arrests or convictions per person, and the length of time to the first arrest. For each conviction, sentence information should be sought, including whether a jail or prison term was imposed, if it was suspended, and the number of days served (if any); length and terms of probation; and the amount of fines, restitution, victim compensation, etc. This information should be obtained for the drug court experimental group

and any comparison or control groups, if used, for the time frames you determine, based on the guidelines above.

Costs and Cost-savings

Assessing the costs and cost-savings of drug courts is the most difficult part of an impact evaluation, one that challenges the most seasoned of evaluators. Here, we will keep it as simple and direct as possible. For a thorough report covering the computation of drug court costs and cost-benefits, please see Roman, Woodard, Harrell, and Riggs (1998).

Cost data should be obtained locally, but for some information, only state or national estimates will be available. In California, for example, a major study of the cost and cost-benefits of drug and alcohol treatment was completed in 1994, and serves as a very useful source of cost data (Gerstein, *et al.*, 1994). Roman *et al.* (1998) use a combination of national and local District of Columbia cost figures for their analysis.

The focus of cost-savings or cost-benefits of drug courts is on the public benefits of decreased drug use among drug court participants, rather than the benefits to the drug court participants themselves. Public benefits include reductions in victim, law enforcement, criminal justice system, and corrections costs due to reductions in crime; improvements in health, leading to reductions in the public cost of emergency room visits, hospitalization, high-risk infant care, and substance abuse treatment; labor market gains through increased employment, tax payments, and productivity, and reductions in public assistance costs; and improvements in family life, leading to increased child support payments where required and reductions in child welfare and foster care costs. These costs may be estimated for a specific period, such as the year following drug court participation, and extrapolated to lifetime savings.

Analyzing the cost-effectiveness of a drug court requires two steps:

Step 1. First is the documentation of how much the drug court itself costs, over and above what the usual costs of handling drug-involved offenders may be. Drug court costs for a specific period (a year, for example, not including implementation costs) may be computed, with adjustments made for the number of participants involved, the length of time spent in drug court, and the services participants receive. The following costs should be considered:

- Personnel costs (coordinator, treatment specialists, probation officers, clerical, etc.) and facilities costs (rent, utilities, phones, computers, urine tests, etc.). These costs may be covered by different agencies, and although they may be "free" to the drug court, the costs are real and can be estimated by the financial office of your court or county.
- Cost of treatment, perhaps borne by the participants or public assistance funds. Gerstein and colleagues (1994) estimate the daily costs of treatment in California as residential treatment, \$61.47/day; social recovery, \$34.41/day; outpatient, \$7.87/day; and methadone, \$6.79/day.
- Court and criminal justice time related to drug court: judge time, prosecutor time, court

staff (clerk, bailiff, etc.), public defender time, and jail costs for sanctioned participants.

Step 2. The second step is to document how much the drug court saves the court, criminal justice system, and community. This cost analysis is best when a comparison group is included in the evaluation, as it is based on the re-arrest and conviction data as well as the behavior and life changes reported by follow-up interviewees themselves. However, in a pre/post case study, you can look at arrest and conviction rates of drug court participants prior to their involvement in drug court, compared to their recidivism data after drug court.

One cost-savings question is whether the criminal justice system has saved money because drug court participants are re-arrested and re-convicted at lower rates than similar offenders processed in the normal way. These cost figures are usually estimated from annual budgets and caseloads and are difficult to obtain with accuracy. One needs to find out how much an arrest costs law enforcement, prosecutors, public defenders, and courts; how much a trial costs, if there is one; and how much each day in jail, prison, or probation costs the system. The source and figures on these types of costs from our local evaluation of the Monterey County Drug Court are presented in the box below; they rely on a mixture of federal, state, and local data.

Potential Cost Savings due to Drug Court
(drawn from Roehl, 1998)

Averted costs of police protection from crime:

"Cost per arrest" figures are not generally available in Monterey County. Gerstein *et al.* (1994) estimate "police protection from crime" as the cost per arrest (police expenditures divided by all arrests) times the likelihood of arrest (number of arrests divided by number of incidents). Using the 1994 *Sourcebook of Criminal Justice Statistics* (Maguire & Pastore, 1995) figures for California, this cost is \$762 per arrest.

Averted costs of adjudication and sentencing:

Gerstein *et al.* (1994) estimate these costs as expenditures on crime-related court and legal costs divided by total arrests. Using 1994 *Sourcebook* data (Maguire & Pastore, 1995) for California, this cost is \$1966 per arrest.

Averted costs of corrections:

Following Gerstein *et al.* (1994) and Maguire & Pastore (1995), the following costs were derived for California: prison costs are \$20,741 per year per inmate, or \$57/day; jail costs are \$13,935 per year per inmate, or \$38/day; probation/parole average costs are \$6.40 per day. 1998 data from the California Department of Corrections estimate annual costs of prison at \$21,098 per inmate and annual costs of parole at \$2,145 per inmate. The Chief Probation Officer of Monterey County reports that probation costs range from \$5-20/month to \$39-63/month, depending on the level of supervision.

Cost figures are applied to the recidivism data to reach cost-savings to the system. Average figures per group may be used, as follows. In the Monterey County Drug Court evaluation, we found that the average number of arrests per drug court graduate for the year after graduation

was .22. For the comparison group the average number of post-arrests per comparison offender was 1.20. Using the estimates presented on the previous page, the cost savings to law enforcement (the averted cost of police protection), based on 18 graduates was \$13,441 ($(18 \times 1.22 \times \$762) - (18 \times .22 \times \$762) = \$16,459 - \$3,018 = \$13,441$). Using the same approach to averted costs of adjudication and sentencing results in a \$34,681 cost savings.

Roman *et al.* (1998) report estimates for the cost of arrests for four crimes, compiled by Cohen, Miller, and Rossman (1994), who include in their figures the defendant's legal services and the system costs of arrest, booking, jail, pretrial investigation and hearings, trial, sentencing, posttrial jail, and conditional release. Their costs of arrest range from \$1,898 for robbery to \$8,954 for murder.

Corrections cost savings can also be computed. In Monterey County, five drug court graduates were placed on probation for an average of 10.7 months, while comparison group individuals were placed on probation for an average of 33.0 months. Graduates served an average of 19 days in jail post-drug court, while comparison group individuals served an average of 35 days in jail during the follow-up period. In D.C., jail costs were estimated at \$65/day and probation/parole costs at \$2.40/day (Roman *et al.*, 1998).

If fewer arrests occur due to drug court participation, the community also benefits from lower victimization, in tangible and intangible ways. Lower victimization results in reductions in property loss, medical care, and lost work days to individual victims, and immeasurable savings in decreased fear and psychological trauma. Roman *et al.* (1998) rely on victimization figures derived by Miller, Cohen, and Wiersema (1996), who include costs related to property loss, medical care, mental health, police response, victim services, and lost productivity. Using National Crime Victimization Survey data, Miller *et al.* estimate the cost of an assault incident at \$1,665, burglary at \$1,183, child abuse at \$7,350, drunk driving at \$6,246, and robbery at \$2,416.

Other cost savings may occur due to the improved lifestyles of drug court participants. Comparisons pre- and post-drug court can be made within a case study design, or the experimental group can be compared to the comparison or control group in an experimental or quasi-experimental design. Some of the changes that could be expected due to successful drug court completion are:

Productivity: Compare pre-drug court income and source (employment, public assistance, illegal activities, etc.) to post-drug court income and source. Drug court participants may change from consumers of public funds to producers (i.e., taxpayers).

Health care: Successful drug court participation -- and sobriety -- may lead to lower medical and mental health costs, as well as drug-free babies (the General Accounting Office reports that post-natal care of cocaine-addicted babies costs between \$250,000 and \$1,000,000, paid primarily by Medicaid and hospitals).

If you are unable to apply dollar figures to outcomes, report the outcomes in qualitative terms any way. For example, the public and your sponsors can readily appreciate the financial and

societal savings of findings such as: (a) 42% of the comparison group were re-arrested on drug charges six months following their adjudication, compared to 12% of drug court graduates during the six months after leaving drug court; (b) the majority (68%) of offenders referred to drug court were unemployed at the time of arrest, and 40% of them were employed when they left drug court; and (c) two of the 18 female graduates, pregnant at the time of referral to drug court, gave birth to drug-free babies prior to graduation. Even without dollar signs, these can be some of your drug court's most powerful findings.

Chapter 5

Putting It All Together

Now that you have collected all this information on your drug court, what are you going to do with it? As each piece of information was compiled, you may have shared it with key staff, policy makers, and stakeholders. In all likelihood, however, you will want to write your evaluation results up in a readily available report to share with funding agencies, reporters, the general public, and others. In this final chapter, we offer some suggestions for developing an evaluation report, particularly how to present caseload figures. A review of appropriate statistics is beyond the scope of this manual, but several of the most common statistics used for assessing differences between experimental and comparison groups will be covered.

A comprehensive evaluation report will begin with a concise summary of your program's history, development, and current operating procedures, gathered during the course of your process evaluation. This summary might follow the following outline (most of sections I-III flow from the information in Chapter 3):

I. Background of the Drug Court

- A. Date established, and reason for creation (might include reference to jurisdiction-wide problems of substance abuse or treating drug-involved offenders, the special efforts of the drug court "champion" or key driving force, if there is one, or other significant event or cause).
- B. Description of the jurisdiction served, including population demographics (size, ethnicity, income level) and a summary of substance abuse problems and trends.
- C. A summary of the problems drug court is designed to resolve, including a description of the universe for drug court (i.e., the number of potentially eligible offenders).
- D. An overview of your evaluation methods.

II. Development of the Drug Court

- A. Purpose or mission of the Drug Court, including specific goals and objectives.
- B. A description of the sponsor and funding of the drug court, including how the drug court fits into the local court system.
- C. Key agencies involved in the development of the Drug Court (such as the members of a task force), their roles in development, and current responsibilities. The roles and responsibilities of the court, district attorney's office, public defender's office, probation department, and treatment providers should be included.

III. Current Functioning of the Drug Court

- A. Eligibility criteria, referral, screening, and substance abuse assessment procedures.
- B. Current program processes -- description of each program phase, average length of time spent in each phase, components and requirements of each phase (treatment and 12-step requirements, urinalysis testing, etc.).
- C. Participant obligations and sanctions for non-compliance.
- D. Treatment and other services (a brief description of all available and used).
- E. Staffing and facilities.

IV. Caseload statistics (number of referrals to date, characteristics of drug court participants, summary of drug court processes (e.g., time between referral and assessment, number of drug court appearances or urinalysis tests, treatment received, etc.), immediate outcomes of participants to date). Additional information on this presentation appears below.

V. Outcome findings (outcome information from criminal records and follow-up interviews of former drug court participants and any comparison or control groups, along with cost data if available). Additional information on this presentation appears below.

VI. Summary and Recommendations

- A. Strengths of Drug Court, drawn from stakeholder interviews, immediate outcome figures, and impact analyses.
- B. Weaknesses of Drug Court, drawn from the same sources.
- C. Recommendations for changes in Drug Court criteria or procedures based on evaluation findings.

Presenting Caseload Statistics

An analysis of the drug court caseload imparts a tremendous amount of information about the functioning of the court, including such information as who participates in drug court (and is that the population you had aimed to reach?), how they progress through the program (quickly, in a sober straight line, or slowly, with backsliding, sanctions, and support?), and whether the drug court operates as it should. All of the information is contained in the CMS, and simply needs to be summarized, extracted, and presented in a usable form (analyzed, in other words). The CMS in this manual produces a caseload report that provides information on the status of cases. Queries of the CMS or exporting the caseload data to a statistical analysis program are necessary to analyze case characteristics, processes, and immediate outcomes.

If your drug court has been recently established (in the past year or two), you may want to treat all participants as one group. In this case, you could use queries to slowly extract the information you are looking for, counting the numbers of men and women; Whites, African-Americans, Hispanics, Asians, etc.; those with cocaine, heroin, or meth problems; and so on. Numbers (typically referred to as frequencies in statistical programs) of participants should be converted to percentages of the total for easier examination. Exporting your data to a statistics program will enable these many extraction steps to be done in the blink of any eye, with percentages and any other desired statistics included. If you have never used a statistical analysis program, you will probably want to recruit someone who has for this analysis. Steps needed to prepare the data for analysis, are beyond the scope of this manual.

If your program is a little more mature, it is very informative to break the caseload into groups of interest -- in particular, to look at graduates and those who have dropped out or been dismissed separately. This comparison can provide insight into who is succeeding and perhaps why, and who is not, leading to steps aimed to improve retention and graduation rates.

Again you could use a series of queries to extract information on graduates and dropouts, but it will take a very long time. Instead, use a statistical program, to produce tables for you such as the one in Table V-1. Table V-1 was produced by running a series of cross-tabulations with SPSS, including frequencies or averages, percentages or ranges, row subtotals, and a statistic (the chi-square, which measures whether differences between two groups are "real" (significant) differences or simply a matter of chance). A difference is considered statistically significant if the p (for probability) - level of the statistic is .05 or smaller; this means that there is 95% probability that the differences noted between the groups are indeed real, not an artifact of chance.

Take a look, using cross-tabulations or other table producing steps, at all your case characteristics data such as participants' age, sex, race, drugs of choice, marital status, education, etc. If the characteristic is continuous -- like age in Table V-1, or years of education -- report averages (means) and ranges (as shown in the table, for example, these drug court participants had an average age of 33, the youngest was 18 and oldest 58, and graduates and dropouts were roughly the same average age). If the characteristic is not continuous -- like gender, race, and primary language in Table V-1 -- report raw numbers (frequencies) and percentages. Percentages are very helpful for making comparisons across groups of unequal size, but be careful in interpreting them when your total number of cases is small. For example, it may be true that 60% of graduates are married compared to 40% of dropouts -- but if these percentages are computed from the three graduates among five who are married and the two single people among the five dropouts, it does not mean much.

If you have implemented an experimental or quasi-experimental design, include the control or comparison group's data in your tables. Although your random assignment or selection procedures *should* have produced a group similar to the drug court participants, you will want to check this with the statistical procedures described above. In particular, examine both groups' criminal histories prior to the arrest that led to drug court or the alternative intervention; hopefully, you will find that they are similar, not different in statistically significant ways. Table V-2 presents such an analysis.

Table V-1
Background Information on Drug Court Participants¹

Background variables	Graduates (n = 18)	Phase 2/3 Dismissals (n = 23)	Phase 1 Drop-outs (n = 39)	Differences among DC groups? (chi-sq tests)	Total
Gender:					
Male	10 (56%) ²	12 (52%)	16 (41%)	ns	38 (48%)
Female	8 (44%)	11 (48%)	23 (59%)		42 (53%)
Age:					
Average (Range)	34 (21-47)	31 (19-58)	34 (19-45)	ns	33 (19-58)
Race:					
White	9 (50%)	8 (35%)	14 (36%)	ns	31 (39%)
African-American	1 (6%)	3 (13%)	5 (13%)		9 (11%)
Hispanic	6 (33%)	12 (52%)	18 (46%)		36 (45%)
Other	2 (11%)		2 (5%)		4 (5%)
Primary language:					
Spanish	2 (11%)	5 (22%)	4 (11%)	ns	11 (14%)
English	14 (78%)	15 (65%)	28 (74%)		57 (72%)
Bilingual	2 (11%)	3 (13%)	6 (16%)		11 (14%)

¹"Drug Court Participants" in these tables are individuals who entered the Drug Court program in its first year and a half, between July 1995 and December 1996. Due to the need to follow up cases for one year after leaving Drug Court, individuals entering the program in late December 1996 were excluded from the analysis (follow-up information was collected in early 1998). Also excluded from the analysis were cases in which the individual did not show up for the assessment (n=14), refused to participate (n=5), or was judged ineligible after referral (n=8).

²Percentages are column percentages with missing data excluded. They should be viewed with care, as they are based on small numbers.

Table V-2
Criminal History Pre-Drug Court or Arrest

Average number of arrests or convictions, pre-Drug Court or pre-arrest for comparison cases (over ten years)	Drug court cases		Comparison cases	Differences between two DC groups?	Differences between graduates and comparison cases?	Differences between Phase 2/3 and comparison cases?
	"Graduates" (12 months in DC)	"Phase 2/3" (5 months in DC)		(oneway anovas, F-tests)	(oneway anovas, F-tests)	(oneway anovas, F-tests)
Misdemeanor arrests:						
Drug-related	1.89	1.50	2.04	ns	ns	ns
Violent	.39	.57	.24	ns	ns	ns
Property	.39	.91	1.22	ns	.04	ns
Other	.44	.59	.73	ns	ns	ns
Felony arrests:						
Drug-related	.83	1.55	1.08	ns	ns	ns
Violent	0	0	.02	--	ns	ns
Property	.11	.14	.02	ns	ns	.05
Other	0	0	0	--	--	--
Misdemeanor convictions:						
Drug-related	.33	.45	.57	ns	ns	ns
Violent	0	.09	0	ns	ns	.03
Property	.39	.41	.55	ns	ns	ns
Other	.50	.54	.35	ns	ns	ns
Felony convictions:						
Drug-related	.17	.14	.14	ns	ns	ns
Violent	0	0	0	--	--	--
Property	.11	.18	.18	ns	ns	ns
Other	0	0	0	--	--	--

Table V-2 presents the average number of arrests or convictions for drug court graduates, drug court dropouts, and a comparison group, prior to their inclusion in drug court or the comparison group. A different statistic, an F-test produced through a one-way analysis of variance (anova), is used to test differences between groups, because the data are continuous. The anova F-test or a simple t-test (used when only two groups are compared) are used to assess differences in averages -- to test, in one example drawn from the table, whether the 1.89 arrests, on average of graduates, is statistically significant smaller than the 2.04 arrests, on average, of the comparison cases, or whether the difference is due to chance or a random fluctuation. The "ns" in column 5 tells us the two averages are not significant -- that there is no true difference between graduates and members of the comparison group in their number of misdemeanor drug-related arrests prior to their involvement in drug court or the comparison group. The last three columns in Table V-2 compare the number of arrests and convictions for three sets of groups: graduates compared to dropouts, graduates compared to the comparison group, and dropouts compared to the comparison group. Significant differences were found only between the number of misdemeanor arrests for property crimes of graduates and the comparison group (the comparison group committed more), and between dropouts and the comparison group for felony property crime arrests (dropouts committed more) and convictions for violent misdemeanor crimes (again, dropouts were convicted more often). (By the way, for the evaluation these data were drawn from, it was concluded that the comparison group was a "good enough" match for the drug court experimental group to draw meaningful results.)

Conduct a similar analysis for drug court events, producing tables to present and analyze the average number of days and range between key events, number of court appearances, test results, etc. Table V-3 presents such an analysis. The staff, policy makers, or stakeholders of your drug court may want to look at other process data, for example the number of cases referred to various types of treatment (outpatient, residential, etc.) and the completion rate for each type.

Some people read tables, figures, and graphs very well, and it is relatively simple to turn numerical data into bar graphs, pie charts, and the like. Other people do not interpret graphics readily, and prefer to read about results. Your tables, figures, and graphs should always be accompanied by narratives which summarize the information presented in the graphic.

Presenting Outcome Findings

Outcome data should be handled in the same way as the case characteristics and drug court processing information. Table V-4 presents recidivism data for three groups, drug court graduates, drug court dropouts, and comparison group members, along with tests of differences in means. It was concluded that drug court graduates "do better" than comparison group members in terms of post-drug court recidivism, while drug court dropouts "do worse" than comparison group members. You should be able to view that interpretation by examining the significance tests and the direction of different means between the groups.

It is often difficult for readers of evaluation reports to make sense of the data we evaluators report. The means in Table V-4 lend themselves to statistics, but the same data, presented as frequencies and percentages in Table V-5, may be more meaningful to your readers.

Table V-3
Drug Court Timeframes and Events

Drug Court Events (Average and range presented)	"Graduates" (12 months in DC)	"Phase 2/3" (5 months in DC)
No. of days between referral and assessment	1.4 (0-5)	2.9 (0-13)
No. of days between first DC appearance and signing of contract	20.9 (5-95)	31.7 (0-98)
No. of days between first DC appearance and last day of Drug Court	361.1 (103-498)	141.0 (35-448)
No. of Drug Court appearances	12.4 (2-22)	8.5 (3-26)
No. of urinalysis tests given by DC staff	19.5 (11-29)	9.3 (1-28)
No. of positive urinalysis tests	1.0 (0-3)	3.4 (0-12)
No. of days in jail during Drug Court, due to DC sanctions	.11 (0-2)	1.2 (0-14)
No. of days in jail during Drug Court, not due to DC sanctions	1.86 (0-15)	4.0 (0-30)

Table V-4
Criminal History Post-Drug Court or Arrest

Average number of arrests or convictions	Drug court cases		Comparison cases	Differences between two DC groups?	Differences between graduates and comparison cases?	Differences between Phase 2/3 and comparison cases?
	"Graduates" (12 months in DC)	"Phase 2/3" (5 months in DC)				
Misdemeanor arrests:						
Drug-related	.17	.95	.59	.003	.10	.05
Violent	.06	0	.08	ns	ns	ns
Property	.11	.14	.27	ns	ns	ns
Other	.28	.27	.14	ns	ns	ns
Felony arrests:						
Drug-related	.06	.91	.71	.003	.008	ns
Violent	0	0	0	--	--	--
Property	0	.09	.02	ns	ns	ns
Other	0	0	0	--	--	--
Misdemeanor convictions:						
Drug-related	.06	.68	.47	.01	.02	ns
Violent	.06	0	0	ns	.09	--
Property	.11	.24	.14	ns	ns	ns
Other	.17	.09	.06	ns	ns	ns
Felony convictions:						
Drug-related	.06	.59	.32	.003	.06	.07
Violent	0	0	0	--	--	--
Property	0	.09	.06	ns	ns	ns
Other	0	0	0	--	--	--
Sentences (total, all convictions)						
Probation (avg months)	10.7	49.4	33.0	.001	.02	ns
Prison (avg days)	0	76.8	136.0	ns	ns	ns
Jail (avg days)	23.8	161.2	72.1	.002	.06	.006
Number of sentences (avg)	.39	1.33	1.04	.001	.01	ns

Table V-5
Drug-Related Arrests and Convictions
Post-Drug Court or Arrest
(Frequencies and Percentages¹)

Number of...	"Graduates" (12 mo. in DC)	"Phase 2/3" (5 mo. in DC)	Comparison cases
Drug-related misdemeanor arrests:			
0	16 (89%)	8 (36)	32 (63)
1	1 (6)	9 (41)	14 (27)
2	1 (6)	3 (14)	4 (8)
3	0 (0)	2 (9)	0 (0)
4 or more	0 (0)	0 (0)	1 (2)
Drug-related felony arrests:			
0	17 (94)	10 (45)	27 (53)
1	1 (6)	7 (32)	16 (31)
2	0 (0)	3 (14)	6 (14)
3	0 (0)	1 (5)	1 (2)
4 or more	0 (0)	1 (5)	1 (2)
Drug-related misdemeanor convictions:			
0			
1	17 (94)	12 (55)	32 (63)
2	1 (6)	7 (32)	15 (29)
3	0 (0)	2 (4)	3 (6)
4 or more	0 (0)	0 (0)	1 (2)
	0 (0)	1 (5)	0 (0)
Drug-related felony convictions:			
0			
1	17 (94)	11 (50)	37 (73)
2	1 (6)	9 (41)	12 (24)
3	0 (0)	2 (9)	2 (4)
4 or more	0 (0)	0 (0)	0 (0)
	0 (0)	0 (0)	0 (0)
Probation sentences:			
None			
Two years	13 (72)	4 (20)	23 (46)
Three years	0 (0)	1 (5)	1 (2)
Four years	4 (22)	7 (35)	10 (20)
More than four years	1 (6)	0 (0)	0 (0)
	0 (0)	8 (40)	16 (32)

¹Percentages should be viewed with caution, as they are based on very small numbers. They are included in this table only to highlight differences between the three groups.

(Chi-square tests of the figures in Table V-5 should produce the same results as the tests of differences between means of Table V-4. The data presented primarily as means in Table V-3 could also be presented in frequencies and percentages.) For example, Table V-4 reports that drug court graduates were arrested for an average of .17 misdemeanor drug-related crimes during the year after graduation, while members of the comparison group were arrested for .59 similar crimes, on average, during the same time period. These mean differences were not statistically significant ($p=.10$, not $.05$ or less), even though the comparison group was arrested more often, on average. A powerful presentation of the same data appears in Table V-5, where we learn that 12% of drug court graduates were re-arrested on misdemeanor drug charges after graduation, compared to 37% of the comparison group. Other outcome findings, such as increased employment, drug-free babies, and the like, may be presented in a narrative or simple tables.

Finally, close your report with a summary of the strengths and weaknesses of your drug court, based both on stakeholders' perceptions and your process and outcome findings. Your report may include recommendations for changes in drug court procedures, and revised objectives for the coming year.

Given the success of drug courts to date, we speculate that your self-evaluation will have uncovered some room for improvement, but also proved, in objective and defensible fashion, what you and your staff "knew" to be true about your drug court program -- that "it works." Again, celebrate your successes and keep that CMS current. Good luck.

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Part II: Using the Drug Court Case Management System 2000

Overview

The Drug Court Case Management System 2000 (CMS) is a simple, menu-driven system developed primarily for use by small drug courts. On-screen forms mimic those typically used to record information on drug court clients from intake through to their termination or graduation. Paper forms are also attached (and included on the compact disk), giving you the option of entering data directly into the CMS from the start or capturing information on paper forms and entering it into the CMS at a later date.

System Requirements

You will need Windows 95 or higher and Access 97 or higher to run the CMS. Your computer should have at least 32K of RAM and a mouse. The capacity of the CMS is limited only by the capacity of your own hard disk and back-up device.

The CMS contains built-in reports to summarize and print case file information. Four individual progress reports may be produced. The *Case Summary Report* presents information on a participant's current status, outcomes and points earned at each drug court date, and total points to date. The other three individual reports summarize a participant's *12-Step Progress*, *Urinalysis Results*, and *Payments* to date.

Lists of participants may be displayed and printed, sorted alphabetically or by admission date. These lists include name, address, and phone numbers.

The CMS also produces *Snapshot Reports*, which present summary information for the *present month* on the number of new cases, number of terminations and graduations, number of participants in each phase, the status of current cases, and the number of cases in various types of treatment. Because this information changes from day to day, the caseload report is a snapshot in time and can be produced only for the current month. For example, a report for November 1999 must be produced between November 1st and November 30th; a Snapshot Report run on December 1st may not be accurate for November.

Knowledge Requirements

Familiarity with Access is needed to enter data, move among fields, print reports, make back-ups, etc. An intermediate knowledge of Access is needed to make routine changes to fields, menus, etc. Expertise in Access is required to make major changes such as altering reports or queries, producing new reports, etc.

Access to the CMS may be controlled by the database administrator, who should also make or approve all changes to the system.

Finally, for those drug courts which receive funding from the Drug Courts Program Office, U.S. Department of Justice, the CMS contains a built-in query system which produces case statistics (ex., number of males and females currently enrolled; number of admissions, graduations, terminations, withdrawals, and deaths; number of arrests and convictions for drug and non-drug crimes following graduation or termination) required for the DCPO's annual survey.

The following sections will guide you through installing and using your CMS:

Getting Started.....	5
Loading, personalizing, and securing your CMS.	
Entering and Viewing Client Data	6
Using the data entry forms, navigating among forms and cases, and entering data.	
Creating and Printing Reports.....	8
How to create and print built-in reports and queries.	
Customizing the CMS	11
Changing or adding to drop-down menus, adding new fields or pages to a form, creating and altering subforms.	
Appendix A: Field Definitions. Form by form, a list of field names, description, and location.	
Appendix B: Intake, Case Management, and Follow-up Forms.	

Expertise needed to use the CMS. Every person using the CMS, whether entering data, simply viewing case records, or printing reports, should have a rudimentary knowledge of Microsoft Access, the database program underlying the CMS. All the standard Access functions, such as deleting records, using filters, and finding records, work in the CMS, and incorrectly using Access may lead to problems with the Drug Court CMS 2000.

We assume that a particular person in your court (the court's database administrator, drug court coordinator, etc.) will be in charge of the CMS. This database administrator controls access to the CMS through passwords and/or the designation of workgroups which limit user access to specific information and protect the structure of the database. Simple changes, such as adding a choice to a drop-down menu or adding an information field to a form, are relatively easy to make and instructions for doing so have been included in this guide. Please note, however, that changes made in fields related to the built-in reports may result in these reports being inaccurate. These fields are listed on page 13.

Expertise in Access is needed to customize the built-in reporting functions, generate new or different reports, incorporate new queries, or produce caseload graphics. Instructions for these types of advanced programming are beyond the scope of this guide, but may be found in a detailed Access manual.

“Dear Drug Court Coordinator.” The first decisions that need to be made before beginning to use the CMS concern how the database will be used, how data will be entered, and what modifications, if any, should be made to the CMS. For example, your court may want to use the entire CMS and enter information in “real-time,” as intakes are performed, contacts are made

with participants, etc., using the entire CMS. Or you may want to use pieces of the CMS, leaving out particular sections (case notes, for example), and enter only needed data on a weekly basis. It is highly likely that customizing drop-down menus and specific fields will be needed to fit your drug court's population and procedures. One person, or a few experienced staff, should enter a few cases and test the CMS vis-à-vis the court's case management and information needs.

Once these initial decisions are made, we recommend that one person – the court's database administrator, drug court coordinator, or other designated person (if your drug court is very small, these may all be the same one person, you) – be charged with the responsibility for maintaining the CMS' security, customizing the CMS as desired, and training and monitoring all staff using the CMS. This person should be familiar with Access 97 and the CMS, and make all modifications (or as many as possible) before data are entered. All users not familiar with Access 97 or your court's case files and procedures will need initial training followed by close supervision and monitoring until it is clear that correct information is being entered appropriately and accurately. Periodic verifications are recommended to ensure the quality of data entry.

Security and networking. There are two methods used in Access to protect a database: (1) set a single password for opening the database, or (2) establish user-level security, which limits access to different parts of the database to different users. Setting a single password is the simplest method; it requires each CMS user to type in the same password to open the database. Lost passwords cannot be recovered, so the password should be recorded in a secure place. The user-level security method, although a bit more time consuming to establish, can be used to prevent users from accidentally damaging the structure of the database. More information on these methods may be found on the Access Help Menu by typing in "secure a database."

The CMS opens in a secure mode, with the database window hidden and menus partially hidden. Changes to the basic structure and design are relatively easy to make, however, and the ability to do so should be limited to the database administrator or other designated staff.

The Drug Court CMS 2000 is intended for use within the drug court itself, and is not designed to link to, or electronically exchange information with, other agencies such as treatment programs and probation departments. However, if you have multiple computers networked within the drug court office, more than one person may use the CMS at the same time. The user-level security method allows you to assign passwords to different users and limit their access or the ability to enter or change data. Unless you have experience with the maintenance of a multi-user environment, you may want to seek professional assistance in installing the CMS on a network. There are specific decisions to be made prior to the installation regarding user access, editing data, and editing database objects.

Backups. As with any database or computer file, you should back up the CMS often to avoid the loss of information due to computer or power failures. Backups are made using standard software (e.g., Windows Explorer, My Computer, MS-DOS copy command, etc.) to copy the CMS database to the medium of your choice. The CMS may be saved in compacted or compressed form to save space. Compact your database frequently, especially after making changes to the structure or entering and deleting data. If the database file exceeds the size of a floppy disk, you must use

Microsoft Backup or backup software to copy the file onto more than one disk. While data are saved automatically as they are entered, we cannot stress the need for frequent backups enough. Please backup your CMS at least daily.

If you need assistance. Assistance in installing the CMS on your computer, using Access, and making changes to the CMS must be obtained from your court's computer department. If you have specific questions regarding the use of the CMS, please contact Kristin Guertin at kguertin@redshift.com.

Getting Started

Loading the CMS. The Drug Court CMS 2000 is an application built on Access 97, and thus cannot be installed by "Adding software" or running a program through Windows. Please note that the CMS cannot be read or used directly from the CD. The CMS is fully functional only after it is copied onto your hard drive *and* after you remove the check mark from "Read only" in the Properties dialog box (as described in step eight below). To begin, copy the CMS database from the CD to your computer:

1. Insert the CMS CD.
2. Open Windows Explorer.
3. Double-click on your CD-ROM drive letter.
4. Highlight (click once) the folder titled Drug Court CMS 2000, right click the mouse, and choose Copy.
5. Highlight the c:/ drive (or a folder you choose within the c:/ drive), right click the mouse, and choose Paste.
6. In your c:/ drive, open the copy of the Drug Court CMS 2000 folder. There are four items in the folder: the Drug Court CMS 2000 (an Access database), the CMS Manual (a Word document), Appendix A: CMS Field Definitions (a Word Document), and Appendix B: CMS Data Entry Forms (a Word document).
7. Highlight the words Drug Court CMS 2000, right click on the mouse, and choose Properties.
8. In the Properties dialog box remove the check mark from "Read-only" and click Apply.
9. Click OK. Repeat this process for any Word document you wish to alter.
10. Open the CMS you copied into the c:/ drive by clicking on it twice. If the CMS does not open, repeat steps 2 -9.
11. Remove the CMS CD.

Alternatively, you may simply click and drag the CMS from your CD-ROM drive to your hard drive, in the same way you may move word processing or spreadsheet files from one directory or drive to another.

The main menu. Upon opening the Drug Court CMS 2000, the main menu appears, displaying eight options. The first three options take you to the data entry forms (the Intake Form, Case Management Form, and Follow-up Form). The next four options take you to the Lists of Participants, Case Summary Reports, Snapshot Reports, and Drug Court Program Office (DCPO) Reporting. The last option closes the database. Note that the menu titles appear at the top left corner of the screen.

Personalizing your CMS. You will want to change the current name of the database, "JRC Drug Court, Pacific Grove, CA" (found on the upper left of the opening menu), to the name and location of your drug court. Instructions for personalizing your CMS are included in the section of this manual titled Customizing the CMS: For Administrator Use Only.

Entering and Viewing Data

Using the forms. The first three buttons on the main menu are linked to the three forms used to input and view information on all drug court participants. When you select Intake or Case Management from the main menu, a screen displays what appears to be a stack of manila file folders (referred to as pages of a form). The tabs of these pages are in full view. By selecting a tab, the information displayed on that page comes to the front of the screen. Within each form, there are embedded subforms that record multiple data for one participant, such as all treatment services (type, agency, address, etc.) received prior to drug court.

The tabs -- or pages -- on the Intake Form are labeled: General, Children, Health, Mental Health, Drug History, Treatment History, Criminal History, and Assessment Results. The Case Management Form tabs are Drug Court, Court Date, Treatment, Contacts and Notes, Outcome.

The Follow-up Form records multiple interviews, for one participant, at specified intervals after the participant leaves drug court. Embedded within the Follow-up Form is an Arrests subform; this subform can record multiple arrests reported to the interviewer on one interview date. The Intake and Case Management Forms also contain embedded subforms that can record multiple data, on one topic, for one participant.

Navigation. Moving among all three forms, without closing the forms and returning to the main menu, is simple. Located at the top right corner of each form are buttons bearing the names of the other two forms. For example, located at the top right corner of the Intake Form are two buttons with the names Case Management and Follow-up. If you are in the Intake Form of John Smith and click the Case Management button, you will be taken to the Case Management Form of John Smith. **Note:** Once you enter an individual intake, case management, or follow-up form, the CMS will "filter" the records, so you will only see that individual's information. To see other records, you must turn off the filter. For example, in order to stay in Case Management but view records other than those of Mr. Smith, you must de-select the Filter button on the toolbar. Close each form by clicking on the box labeled "close" in the upper right corner of the screen to view the main menu.

To move among all case records, you may click through the record numbers at the bottom left of each screen. This is not terribly efficient, as cases are in the order in which they were entered (unless you re-sort the database, putting cases in alphabetical order by participants' last name, for example, and saving the results). You may find any record by placing the cursor on the CaseID or Last Name field, clicking the binoculars on the toolbar, typing in the case number or last name you are looking for in the box titled Find What. In the same way, you may find specific contents of any field (say the city of Boise), by placing the cursor in that field (in this case, City), clicking the binoculars, and typing in Boise.

To sort CMS records quickly by last name (or first name), place the cursor in the field labeled Last Name on the Intake Form and press the button labeled A=>Z, or the button labeled Z=>A, on the toolbar.

Entering data. To enter data into the CMS simply place the cursor in a field and type in information. The Intake Form is designed so that the user may tab through from the first field on the form to the last field on the form, going through each page one at a time. To tab out of a subform to the next field or page, press Ctl + Tab. You will encounter a number of fields with built-in answers on drop-down menus. Use these built-in answers whenever possible to ensure accurate reporting. If the built-in answers are not adequate for your needs you can either (1) type a different answer into the field, or (2) change the built-in answers (see Customizing the CMS).

Follow these steps to enter a new record into the database:

1. Choose Intake Form from the main menu.
2. Click the New Record button on the toolbar if you need a blank data entry form.
3. Type in the participant's case number (assigned by your drug court) in the Case ID field on the Intake Form. *Important: this field must be filled in for the system to operate properly.*
4. Bypass the Name fields immediately following the Case ID field, and place the cursor in the field labeled First Name. The information typed into the First Name and Last Name fields is automatically copied to the Name fields on the top of the Intake form.
5. Continue to tab through the Intake form and enter information.

When you begin to record information on the Case Management Form, you will notice that three fields appear more than once: current phase, current status, and discharge date. When you enter data (or make changes to the data) in one of these fields, the same data appears in each copy of the field. Definitions of all fields, in the order they appear on each form of the CMS, begin on page 18.

You may specify a default value for any field. If your drug court is in California, for example, you may want "CA" to automatically appear in the State field of all addresses, unless you enter a different state. Setting a default value for a field has no impact on existing data. Instructions on setting a default value may be found in the section of this manual titled Customizing the CMS: For Administrator Use Only.

Creating and Printing Reports

Note: If you do not have a printer driver installed on your computer, you will be unable to view reports.

Lists of Participants

A list of participants, including full names, addresses, all five telephone numbers, and date of intake, may be printed either in alphabetical order or in chronological order by the admission date. The user may choose to produce the report on current participants (those admitted to drug court and currently active (i.e., participants who have not been discharged as of the time the report is run)), or for all participants ever admitted to drug court.

To produce a list of participants:

1. On the main menu, click the button labeled Lists of Participants.
2. On the Lists of Participants menu, select one of the four reporting options.
3. If you selected a report on current participants, the list of participants will appear on screen and can be printed. If you selected a report on all participants, a prompt will appear. The prompt is used to determine a beginning date for the report (the end date is the date you run the report). Therefore, if you type in 1/99 at the prompt, the report will include all participants who were admitted to drug court on or after January 1, 1999. After typing in a date, click OK.
4. With the report on screen, choose either Print Report or Return to Menu.

Case Summary Reports

As on the next page, these reports present an individual's current status in drug court, and an overview of their progress as measured by their involvement in 12-step programs, urinalysis results, points earned, and sanctions applied.

To produce a Case Summary Report for one participant:

1. On the main menu, click the button labeled Case Summary Reports.
2. On the Case Summary Reports Menu, click Case Summary for one participant.
3. A prompt will appear asking for a case number. Type in the case number of the person whose report you want to produce. Click OK.
4. You will see a print preview of the report. Click the Print button on the toolbar to print the report.

Individual reports may also be prepared for all participants who have been admitted to the drug court and not yet been discharged. To produce Case Summary Reports for all participants:

1. On the main menu, click the button labeled Case Summary Reports.

2. On the Case Summary Reports Menu, click the button labeled Case Summaries for all current participants.
3. You will see a print preview of the report. Click the Print button on the toolbar to print the report.

12-Step Progress, Urinalysis Results and Payment Summaries

Individual reports covering a participant's attendance at 12-step meetings, urinalysis results, and payments to date may be printed. They all have a format similar to the 12-Step summary progress report which is depicted on the following page.

Individual summary reports may be viewed and printed by:

1. On the main menu, click the button labeled Case Summary Reports.
2. Click the appropriate button on the Case Summary Reports Menu.
3. A prompt will appear asking for a case number. Type in the case number of the person whose report you want to produce. Click OK.
4. You will see a print preview of the report. Click the Print button on the toolbar to print the report.

Snapshot Reports

Snapshot Reports allow the user to determine, on any given day, the status of current cases (active, in custody, bench warrant status, etc.), the number of participants who left the program that month, the total current caseload (broken down by phases), the number of participants currently in treatment (broken down by treatment area), and the number of new referrals for that month.

The data on Status of Referrals (assessments completed, cases admitted, etc.) reflects all new referrals made from the first day to the last day of the month for which the report is run. Likewise, the data on Left Program (death, graduated, etc.) reflects all participants who left the program from the first day to the last day of the month for which the report is run. *All other data reflect the status of cases on the day the report is produced.*

To produce a Snapshot Report:

1. On the main menu, click the button labeled Snapshot Report for Current Month.
2. Click the appropriate button (corresponding to the current month) on the Snapshot Reports Menu.
3. At the prompt, type in the current month and year (ex: Jan 99 or 1/99).
4. You will see a print preview of the report. Click either Print Report and click OK or Return to the Menu (without printing).

DCPO Reporting

This form is designed to produce information requested on DCPO surveys. Clicking on the field of a case statistic needed takes you to screens requesting the time period (1/99 to 6/99, for example), followed by the CMS producing the correct figure.

To produce the form:

1. On the main menu, click on the button labeled Drug Court Program Office (DCPO) Reporting.
2. Press any button on the DCPO reporting form, and you will be prompted for a beginning date and an ending date. Type in the beginning date and click OK. Type in the ending date and click OK.
3. The database produces a statistic according to the dates you have supplied.
4. Click on the lower "x" in the upper right corner to return to the DCPO reporting form.

Customizing the CMS: For Administrator Use Only

Note: In this section, instructions are given for overriding the built-in security in order to make changes to the database. For this reason, you may want to make this section of the manual unavailable to users.

To make changes, you must first override the built in security. To do this, open the database while holding down the Shift key. The CMS will open in Design View, displaying the database window. Compact the database after making changes by clicking on Tools => Database Utilities => Compact Database.

Below, five types of changes for customizing your CMS are described step-by-step. They provide the user with relatively simple ways to tailor the information system to meet local needs. The five types of customization are:

1. Personalizing the CMS. Place the name and location of your drug court on the main menu.
2. Defining a default value for a field. Use default values to ensure accurate reporting and speed up the data entry process. An example of using a default value would be to automatically assign the value "CA" (for California) to the state field on the Intake Form for every new record.
3. Creating a new or modifying an existing "combo box," or drop-down menu. Examples of combo boxes or drop-down menus are the choices under Ethnicity on the Intake form and those in the Arrest fields, which may be modified to fit your local community.
4. Adding new fields or pages to a form. Fields are discrete pieces of information, such as the participant's First Name, Middle Initial, and Last name. Pages refer to a whole screen, such as the Drug History and Criminal History portions of the intake form.
5. Creating a new or modifying an existing subform. Subforms refer to forms within forms that enable you to enter multiple pieces of like information -- such as information on each child of the participant or all physicians the participant has seen in recent years.

Before reading the customization instructions, please review the key definitions and instructions below and the caution not to alter fields that feed into the built-in report and DCPO queries.

Key Definitions and Instructions

Forms vs. subforms. A form is used for entering information into a database, and to view data already entered. A subform is a form within a form. A user can work with a form or subform in both Form View and Design View.

Form View vs. Design View. Users "view" forms, subforms, and reports in either Form View or Design View. Form View is used to enter data or to view previously entered data. Design View is used only to make changes to tables, forms, queries and reports. To open a form in Design View: click the Forms tab on the database window, highlight the name of the form, and click the button labeled Design on the right side of the database window. To change between Form View and Design View while a form is open on the screen: select Form View or Design View from the drop-down menu on the View button on the toolbar.

Text boxes and fields. A text box is a box that holds a label for a field on a form. A field is a box into which the user types information. On the Intake Form, for example, a text box holds the label First Name. Following the First Name text box is a field that holds the participant's first name.

To size and position a text box or field:

1. Go to Design View of the form containing the boxes.
2. Select (highlight) the box by clicking on it once.
3. To move the entire box, place the cursor on the largest black box appearing in the upper right corner of the text/field box. When the cursor turns into a hand, click and drag the box.
4. To size the box, place the cursor over one of the small, black boxes appearing in the middle of each side of the text/field box, and drag the edges out or in.

Data types. Every field in a table must be assigned a data type. The following definitions of data types are taken from the Access Help Menu:

Data types	Definition
Text	Text or combinations of text and numbers, such as addresses. Also numbers that do not require calculations, such as phone numbers, part numbers, or postal codes. Holds up to 255 characters.
Memo	Lengthy text and numbers, such as notes or descriptions. Hold up to 64,000 characters.
Number	Numeric data to be used for mathematical calculations, except calculations involving money (use Currency type). Set the FieldSize property to define the specific Number type. 1,2,4, or 8 bytes.
Date/Time	Dates and times. 8 bytes.
Currency	Currency values. Use the Currency data type to prevent rounding off during calculations. Accurate to 15 digits to the left of the decimal point and 4 digits to the right. 8 bytes.
AutoNumber	Unique sequential (incrementing by 1) or random numbers automatically inserted when a record is added. 4 bytes.
Yes/No	Fields that will contain only one of two values, such as Yes/No, True/False, On/Off.

More information on these and other, more advanced, data types may be found by clicking on the Office Assistant button on the toolbar and typing in "data type."

Database window. The Database Window automatically appears on screen when you open the CMS while holding down the Shift key. If you “lose” this window while working in the non-secure mode, press F11 to bring it to the front of the screen. The Database window provides the user with options for viewing and manipulating database objects, the underlying structures and design of the CMS. Database objects include tables, queries, forms, reports, macros and modules. Do not close the database window unless you are finished with the CMS. Closing the database window closes the entire program.

CAUTION: If you plan to use the built-in reports and queries, the following fields must be kept up-to-date, and not altered or deleted during customization of the database without appropriately altering the reports as well. If the data are not complete and current, report results will not be accurate. In addition, changing the drop-down menu responses of some fields will disable the DCPO reporting queries (the buttons on the DCPO reporting page) associated with that field. Do not alter these drop-down menu responses if you plan to use the DCPO reporting queries. These fields are marked below under Special Considerations as DCPO compliant.

Form	Field	Special Considerations
Intake	Ethnicity	Built-in responses are DCPO compliant.
	Age	Built-in responses are DCPO compliant.
	Gender	Built-in responses are DCPO compliant.
	Referral date	Tied to reports.
	Date of assessment	Tied to reports.
	Admitted to drug court (Y/N)	Tied to reports.
	If rejected, why?	Tied to reports.
Case Management	Current Phase	Tied to reports.
	Current Status	Built-in responses are DCPO compliant.
	Discharge Date (from DC)	Tied to reports.
	Information on Court Date page	Tied to reports.
	Arrest charges since last court date	Built-in responses are DCPO compliant.
	Current 12-step requirement	Tied to reports.
	Type of treatment	Tied to reports.
	Treatment admission date	Tied to reports.
	Treatment discharge date	Tied to reports.
Follow-up	Employed at graduation (Y/N)	Tied to reports.
	Outcomes during drug court	Tied to reports.
	Interview date	Tied to reports.
	Months after discharge	Built-in responses are DCPO compliant
	Self-reported abstinence	Tied to reports.
	Arrest date	Tied to reports.
	Charges	Built-in responses are DCPO compliant

Personalize your CMS

To change the current name of the database to the name of your drug court:

1. Click on the Forms tab of the Database Window. Highlight the word Switchboard on the Forms tab and click the Design button.
2. In Design View of the Switchboard, place cursor inside the box that says JRC Drug Court and backspace over these words.
3. Type in the name of your drug court.
4. Place cursor inside box that says Pacific Grove, CA and backspace over these words.
5. Type in your own city and state.
6. Click Save button on toolbar.
7. Close the Switchboard by clicking on the lower "x" in the upper-right corner of the screen.

Any changes you make to the main menu usually appear after you close and re-open the database.

Define a Default Value for a Field

To set a default value for a field:

1. Using the section of this manual titled Field Definitions, determine which table holds the field for which you want to define a default value.
2. On the Database Window, click on the tab labeled Tables.
3. Highlight (click once) on the table, and click the button labeled Design on the right side of the screen.
4. In the upper portion of the Design View of the table, click on the name of the field.
5. In the lower portion of the Design View of the table, click the Default Value property box and type in the default value (such as California or CA).
6. Click Save on the toolbar.
7. Close the form by clicking on the lower "x" in the upper-right corner of the screen.

Create or Modify a Combo Box (drop-down menu)

To create a combo box (or drop-down menu list of responses), first:

1. Go to Design View of the form. On the Forms tab of the database window, highlight the name of the form and click the button labeled Design.
2. Click once on the field, right click the mouse, and select Change To => Combo Box.

To create or modify the drop-down list of selections:

3. Double-click on the field to open its Properties box.
4. Under the Data tab, select Value List from the drop-down menu under Row Source Type.
5. Under Row Source on the Data tab type in the drop-down options in the following format: "option A"; "option B"; "option C". For example: "married"; "separated"; "divorced"; "widowed", etc.
6. Close the Properties box.

7. Click Save on the toolbar.
8. Go back to Form View to test the new combo box.

Adding New Fields or Pages to a Form

Add a new field to a form. First, create the new field in the main table:

1. In the database window, click the tab labeled Tables.
2. Highlight the table named Main to add a field to the Intake or Case Management Forms; highlight the table name Followup to add a field to the Follow Up Form.
3. Click the button labeled Design.
4. Scroll down to the end of the list of field names.
5. Type in a name, without spaces, for your new field (you may later alter the name on the form).
6. Enter data type (See chart on page 12 to determine data type).
7. Click Save on the toolbar.
8. Close table.

Then, place the new field on the form:

9. Click on Forms tab of database window.
10. Highlight the name of the form on which you will place the new field: Intake, Case Management, or Follow-up Inserted Form.
11. Click the button labeled Design.
12. Click Field List button on toolbar.
13. Scroll down to the bottom of field list.
14. Click on the new field, drag it onto the form, and release the button to place it on the form.
15. Close the Field List box.
16. Label the field by clicking inside the text box.
17. Position and size the new field.
18. Click save button on toolbar.
19. Go to form view to review the changes.

Create a new page.

1. Go to Design View of the form: In the Database Window, highlight the name of the form and click the button labeled Design.
2. Right click the mouse and choose Insert Page.

Name the page:

3. Double-click on the tab to see the Properties box for that page.
4. Under the All tab in the Properties box, type in a name under Name. Type it again under Caption.
5. Close Properties box.

Change the order of pages as they appear on the form:

6. Right click on page and select Page Order from the drop-down menu that appears.
7. Follow the instructions to change the page order for that form.
8. Click OK, click Save on the toolbar, and go back to Form View.

Creating or Altering Subforms

The following directions guide the user through the process of creating a subform that is used for inputting and viewing multiple entries on one topic for one participant. For example, a subform is used to record and view information on all children of each participant.

Create a subform. First, create a new table for the subform:

1. Determine the names of your new fields for the subform.
2. In database window, click on Tables tab.
3. Click New button.
4. In New Table box, select Design View and click OK.
5. Type "ClientID" in Field name, and choose "Number" from drop-down list in Data Type.
6. Type "(TableName)ID" in Field name on the next line. For example, if your table pertains to the participant's spouse you would type in "SpouseID." Choose "Auto Number" from drop-down list in Data Type.
7. With the cursor still in the box containing the words Auto Number, click the Primary Key button on the toolbar. A picture of a key should appear to the left of the field name.
8. Type in new field names and data types.
9. Click the Save button on the toolbar.
10. In Save As box, type in a Table Name and Click OK.
11. Close table.

To connect the new table to the main table:

12. With the database window on screen, click the Relationships button on the toolbar.
13. Click Show Table button on toolbar.
14. Find and highlight name of your new table in Show Table box.
15. Click Add button.
16. Close Show Table box.
17. Click on ClientID in box labeled main, drag to the box with the label of your new table, and drop on ClientID. A Relationships dialogue box should appear.
18. In Relationships box, click on join type.
19. Click option 3 and click OK.
20. In Relationships box, check Enforce Referential Integrity.
21. In the Relationships box at the bottom, relationship type should be One-To-Many.
22. Click Create button.
23. Click Save button on toolbar.

24. Close Relationships window.

Create the new subform:

26. In the Database Window, highlight the form on which you want to place the new subform.
27. Click the button labeled Design.
28. Click the Toolbox button on the toolbar.
29. Select (click on) Control Wizards button in the Toolbox.
30. Click on Subform/Subreport button on toolbox bar.
31. Click on form to place the subform.
32. On the first screen of the Subform/Subreport Wizard, choose Table/Query and click Next.
33. On the second screen of the Subform/Subreport Wizard, select the name of your new table from the drop-down list of tables. Move all fields listed under Available Fields to Selected Fields and click Next.
34. On the third screen of the Subform/Subreport Wizard, choose Define my own. Choose ClientID for Form/report fields, choose ClientID for Subform/subreport fields, and click Next.
35. On the fourth screen of the Subform/Subreport Wizard, type in a name for the new subform. (Hint: use the word "subform" in the name for easier identification later).
36. Click Finish.

Modify the new subform:

37. Double click on subform (appears as a white box) to open it in Design View.
38. Choose Datasheet View from drop-down menu of View button on toolbar.
39. Click on ClientID to highlight column.
40. Choose Format => Hide column.
41. Repeat steps 39 and 40 for other "ID" field.
42. Click on a field name (any) to highlight column.
43. Choose Format => Font. Set Font at Arial, Font Style at Regular, and Size at 8.
44. Choose Design View from drop-down menu of view button on toolbar.
45. To change the name of a column heading, highlight (click on) the field under the Detail section, right click the mouse, and choose Properties.
46. In the Properties box under All, type in the column heading as you would like it to appear under the row titled Name.
47. Repeat steps 45 and 46 to change other column headings in the subform.
48. Save and close subform.
49. Go to Form View of form that contains your new subform.
50. Change column size by placing cursor on line between column titles, clicking and dragging.

Alter an existing subform. To remove an existing field, make changes to test, or alter a drop-down menu on a subform:

1. Go to Design View of the form that contains the subform.
2. Double-click on the subform placeholder (the blank box on the form) to open the subform.

To remove a field: Select (click on) a field, and choose Edit => Delete.

To change text: Select (click on) a text box, click inside the box, and alter the text.

To alter a drop-down menu: Follow instructions on page 14.

3. Click Save and close. Go back to Form View of the form on which the subform is located.

Permanently delete the full record of a participant. As a precaution, general users cannot permanently delete participants from the CMS without taking the time and effort to prepare the system to accept deletions:

1. Open the database while holding down the Shift key to override the built-in security.
2. Choose Tools, then Relationships.
3. In the Relationships window, double click on the black line connecting Main and Children. Select the box titled Cascade Delete Related Records. Click OK. Repeat this process for every other relationship (boxes connected by black lines).
4. Click Save.

To delete the full record of a participant:

1. Place the cursor in the Case ID field (on the Intake Form) of the participant whose record you want to delete.
2. Click on the Delete Record button on the toolbar, or choose Edit => Delete Record from the drop-down menu.
3. Microsoft Access will ask if you are sure you want to delete the record of this participant. Click Yes to permanently delete the record; click No to restore and save the record.
4. Compact the database. Tools => Database Utilities => Compact Database.

After the deletions have been made, you will need to return to the Relationships window to uncheck all the boxes labeled Cascade Delete Related Records. This step is necessary only if you decide to maintain this extra level of security.

Appendix A

Field Definitions for the Drug Court CMS 2000

Appendix A

FIELD DEFINITIONS

Under the column titled "On Screen Name", all field names are listed in the order they appear on each form and each page of the CMS. Under the column titled "Field Name", the names of the fields appear as they are written in the tables underlying the forms (not how they appear on the forms that you see). The column labeled "Description" explains what type of information should be typed into each field; an asterisk after the description indicates a built-in drop-down menu of answers in that field in the CMS. The name of the table that holds each field is listed under the column titled "Table".

INTAKE FORM, General

On Screen Name	Field Name	Description	Table
CaseID	CaseNumber	The court case number.	Main
First Name	FirstName	First name of the participant.	Main
MI	MiddleInitial	Middle initial of the participant.	Main
Last Name	LastName	Last name of the participant.	Main
Residence	Residence	At whose home (if any) does the participant reside? *	Main
Street Address	Address1	Street address of the participant (1 st line).	Main
Street Address	Address2	Street address of the participant (2 nd line).	Main
City	City	City where participant resides.	Main
State	State	State where participant resides.	Main
Zip	Zip	Zip code of participant.	Main
Phone	Phone	Phone number of participant.	Main
Work Phone	WorkPhone	Participant's work phone number.	Main
Cell Phone	CellPhone	Participant's cell phone number.	Main
Pager	Pager	Participant's pager number.	Main
Message	Message	Phone number where message may be left for participant.	Main
Marital Status	MaritalStatus	Participant's marital status.	Main
SSN	SSN	Participant's social security number.	Main
Ethnicity	Ethnicity	Participant's ethnicity.*	Main
Date of Birth	DOB	Participant's date of birth.	Main
Age	Age	Participant's age.	Main
Gender	Sex	Participant's gender.	Main
Primary Language	PrimaryLanguage	Participant's primary language.*	Main
Emergency Contact	EmrgcyName	Emergency contact fore participant.	Main
Relationship	EmrgcyRelation	Relationship of emergency contact to participant.	Main
Emergency Phone	EmrgcyPhone	Phone number of emergency contact.	Main
Current School	CurrentSchool	Is participant currently in school?*	Main
Years of Education	Education	Years education completed by participant.	Main
High School Graduate	HighSchoolGrad	Is participant a high school graduate? Check Box for "yes".	Main
Income	Source of Income	Participant's primary source of income.*	Main
Income Per Week	IncomePerWeek	Participant's income per week.	Main
Employer	Employer	Participant's employer.	Main
Occupation	Occupation	Participant's occupation.	Main
Military Service	MilitaryService	Has participant served in military? Check Box for "yes".	Main
VA Eligible	VAEligible	Is participant eligible for VA benefits? Check Box for "yes".	Main

INTAKE FORM, Children

On Screen Name	Field Name	Description	Table
Notes	ChildNarrative	Notes regarding participant's children.	Main
<u>Children subform</u>			
Age	Age	Age of participant's child.	Children
Name	Name	Name of participant's child.	Children
Sex	ChildGender	Gender of participant's child.	Children
DOB	ChildDOB	Child's date of birth.	Children
Contact	Contact	Frequency of participant's contact with his/her children.*	Children
Custody	Custody	Who has custody of participant's children?*	Children
CPS Case	CPSCase	Is child a CPS case?	Children
Home	Home	Living situation of participant's children.*	Children
Alt Home	OtherHome	Who would care for each of the participant's children if the participant was incarcerated?*	Children

INTAKE FORM, Health

On Screen Name	Field Name	Description	Table
Insurance	Insurance	What type of insurance does participant have?*	Main
Pregnant?	Pregnant	Is participant currently pregnant?	Main
TB Status	TBStatus	Participant's TB status.	Main
Prenatal Care	Prenatal	Describe participant's prenatal care, if pregnant.	Main
Medications	GhMedications	Describe general health medications of participant.	Main
<u>Chronic Physical Conditions subform</u>			
Condition	Condition	Name of chronic condition.	ChronicConditions
Physicians	Physicians	Physicians who treat participant for condition.	ChronicConditions
Diagnosis	Diagnosis	Diagnosis of participant's condition.	ChronicConditions
<u>Physicians subform</u>			
Physician	PhysicianName	Name of participant's physician.	Physicians
PH	PhysicianPhone	Phone number of physician.	Physicians
Last Contact	PhysicianDates	Participant's last contact with physician.	Physicians
Street	PhysicianAddress	Street address of physician.	Physicians
City	PhysicianCity	City of physician.	Physicians
State	PhysicianState	State of physician.	Physicians
Zip	PhysicianZip	Zip code of physician.	Physicians

INTAKE FORM, Mental Health

On Screen Name	Field Name	Description	Table
Mental health evaluation	Evaluation	Has a mental health evaluation been completed?*	Main
Evaluation Date	EvaluationDate	Date of mental health evaluation.	Main
Evaluation Diagnosis	Diagnosis	Diagnosis from mental health evaluation.	Main
Medications	MhMedications	Describe all medications participant takes for mental health reasons.	Main

Exhibits suicidal tendencies	Suicide	Does participant currently have suicidal thoughts or exhibit suicidal behavior? Check box for "yes."	Main
Is violent toward others	Violence	Does participant currently have violent tendencies or exhibit excessive anger? Check box for "yes."	Main
Physically abused as child	PhysicalAbuse	Was the participant physically abused as a child? Check box for "yes."	Main
Sexually abused as child	SexualAbuse	Was the participant sexually abused as a child? Check box for "yes."	Main

Mental Health Care subform

Name	MHPPhysician	Name of mental health care physician.	MHPPhysicians
PH	MHPPhone	Phone number of physician.	MHPPhysicians
Last Contact	MHPHyDates	Date of participant's last contact with physician.	MHPPhysicians
Street	MHAddress	Street address of physician.	MHPPhysicians
City	MHPPhysicianCity	City of physician.	MHPPhysicians
State	MHPPhysicianState	State of physician.	MHPPhysicians
Zip	MHPPhysicianZip	Zip code of physician.	MHPPhysicians

INTAKE FORM, Drug History

On Screen Name	Field Name	Description	Table
<u>Substance Use subform</u>			
AOD	AOD	Name of the substance being abused by the participant.*	Substance Use
Route	Route	How the participant uses the substance.*	Substance Use
Frequency	Frequency	How often the participant uses the substance.*	Substance Use
Age Began	AgeBegan	Age the participant began using the substance.	Substance Use
Last Use	LastUse	The last time participant used this substance.*	Substance Use
Comments	Comments	Notes on use of substance.	Substance Use
Drugs of Choice: 1 st	PrimaryDrug	Participant's primary drug of choice.*	Main
Drugs of Choice: 2 nd	SecondaryDrug	Participant's secondary drug of choice.*	Main
Drugs of Choice: 3 rd	ThirdDrug	Participant's third drug of choice.*	Main
Drugs of Choice: 4 th	FourthDrug	Participant's fourth drug of choice.*	Main
Needle use in past year	NeedleUse	Did participant use needles in last year? Check the box for "yes."	Main
Test type	TestType	Type of drug test taken by participant.*	Main
Test results	TestResults	Results of the drug test taken by participant.	Main
Use by partner or Housemate	SpouseUseYN	Does the spouse, partner, or housemate of participant use alcohol and/or drugs? Check box for "yes."	Main
(none)	SpouseUse	Describe the drug and alcohol use by the participant's spouse, partner or housemate.	Main
Use by family of origin	FamilyofOriginYN	Does the participant's family of origin have a history of substance abuse? Check box for "yes."	Main
(none)	FamilyofOriginUse	Describe the history of substance abuse in the participant's family of origin.	Main

INTAKE FORM, Treatment History

On Screen Name	Field Name	Description	Table
<u>Prior Treatment Attempts subform</u>			
Type	Type	Type of treatment.	Prior Treatment
Provider	Provider	Name of treatment provider.	Prior Treatment
Phone	ProviderPhone	Provider's phone number.	Prior Treatment
Street	ProviderAddress	Provider's street address.	Prior Treatment
City	ProviderCity	Provider's city.	Prior Treatment
State	ProviderState	Provider's state.	Prior Treatment
Zip	ProviderZip	Provider's zip code.	Prior Treatment
Length of stay	Length	Length of treatment.	Prior Treatment
End Date	EndDate	Month and year participant's treatment ended.	Prior Treatment
Outcome	Outcome	Outcome of treatment.*	Prior Treatment
Length of sobriety	Sobriety	Most recent length of sobriety.	Main

INTAKE FORM, Criminal History

On Screen Name	Field Name	Description	Table
Referring Court	Referral	The court that referred the participant to drug Court.	Main
Referring Judge	Judge	The judge who referred the participant to drug Court.	Main
Referral Date	ReferralDate	Date the participant was referred to drug court.	Main
Cases Pending	Pending1	The number of a pending case.	Main
Cases Pending	Penindg2	The number of a pending case.	Main
Cases Pending	Pending3	The number of a pending case.	Main
<u>Current Charges subform</u>			
Charges	CurrentCharges	Participant's current charges.*	Criminal History
Mis/Fel	Mis/Fel	Is each charge a misdemeanor or felony?	Criminal History
Penal Code	Penal Code	Penal code of each charge.	Criminal History
Status	Status	Status of each current charge.*	Criminal History

The following fields hold information on arrests and convictions that occurred prior to the participant's involvement in drug court. The data are stored in table form, with labels appearing as column and row headings.

#ANVDRC	# arrests for non-violent drug crimes in the last year.	Main
ANVDRC1M	# misdemeanor arrests for non-violent drug crimes in the last year.	Main
ANVDRC1F	# felony arrests for non-violent drug crimes in the last year.	Main
ArrestsNVDRCtotal	# arrests for non-violent drug crimes in adult life.	Main
ANVDCRMtotal	# misdemeanor arrests for non-violent drug crimes in adult life.	Main
ANVDRCFtotal	# felony arrests for non-violent drug crimes in adult life.	Main
ArrestsVDC1	# arrests for violent drug crimes in last year.	Main
AVDC1M	# misdemeanor arrests for violent drug crimes in last year.	Main
AVDC1F	# felony arrests for violent drug crimes in last year.	Main

AVDCTotal	# arrests for violent drug crimes in adult life.	Main
AVDCMtotal	# misdemeanor arrests for violent drug crimes in adult life.	Main
AVDCFtotal	# felony arrests for violent drug crimes in adult life.	Main
ArrestsNVNDVC1	# arrests for non-violent non-drug crimes in last year.	Main
ANVNDCM1	# misdemeanor arrests for non-violent non-drug crimes in last year.	Main
ANVNDCF1	# felony arrests for non-violent non-drug crimes in last year.	Main
ArrestsNVNDCTotal	# arrests for non-violent non-drug crimes in adult life.	Main
ANVNDCMtotal	# misdemeanor arrests for non-violent non-drug crimes in adult life.	Main
ANVNDCFtotal	# felony arrests for non-violent crimes in adult life.	Main
ArrestsVNDVC1	# arrests for violent non-drug crimes in last Year.	Main
AVNDCM1	# misdemeanor arrests for violent non-drug crimes in last year.	Main
AVNDCF1	# felony arrests for violent non-drug crimes in last year.	Main
ArrestsVNDCTotal	# arrests for violent non-drug crimes in adult life.	Main
AVNDCMtotal	# misdemeanor arrests for violent non-drug crimes in adult life.	Main
AVNDCFtotal	# felony arrests for violent crimes in adult life.	Main
ConvictionsNVDR1	# convictions for non-violent drug crimes in last year.	Main
CNVDRCM1	# misdemeanor convictions for non-violent drug crimes in last year.	Main
CDNVRCF1	# felony convictions for non-violent drug crimes in last year.	Main
ConvictionsNVDRCTotal	# convictions for non-violent drug crimes in adult life.	Main
CNVDRCMtotal	# misdemeanor convictions for non-violent drug crimes in adult life.	Main
CNVDRCFtotal	# felony convictions for non-violent drug crimes in adult life.	Main
ConvictionsVDC1	# convictions for violent drug crimes in last year.	Main
CVDC1M	# misdemeanor convictions for violent drug crimes in last year.	Main
CVDC1F	# felony convictions for violent drug crimes in last year.	Main
ConvictionsVDCTotal	# convictions for violent drug crimes in adult life.	Main
CVDCMtotal	# misdemeanor convictions for violent drug crimes in adult life.	Main
CVDCFtotal	# felony convictions for violent drug crimes in adult life.	Main
ConvictionsNVNDC1	# convictions for non-violent non-drug crimes in last year.	Main
CNVNDC1M	# misdemeanor convictions for non-violent non-drug crimes in last year.	Main
CNVNDC1F	# felony convictions for non-violent Non-drug crimes in last year.	Main
ConvictionsNVNDCTotal	# convictions for non-violent non-drug crimes in adult life.	Main

CNVNDCMtotal	# misdemeanor convictions for non-violent non-drug crimes in adult life.	Main
CNVNDCFtotal	# felony convictions for non-violent non-drug crimes in adult life.	Main
ConvictionsVNDC1	# convictions for violent non-drug crimes in last year.	Main
CVNDC1M	# misdemeanor convictions for violent non-drug crimes in last year.	Main
CVNDC1F	# felony convictions for violent non-drug crimes in last year.	Main
ConvictionsVNDCTotal	# convictions for violent non-drug crimes in adult life.	Main
CVNDCMtotal	# misdemeanor convictions for violent non-drug crimes in adult life.	Main
CVNDCFtotal	# felony convictions for violent non-drug crimes in adult life.	Main

INTAKE FORM, Assessment Results

On Screen Name	Field Name	Description	Table
Completed by	CompletedBy	Name of person who interviewed/screened participant.	Main
Date	Date1	Date of interview/screening.	Main
Admitted to drug court	Admitted	Was individual admitted to drug court? Check box for "yes".	Main
If rejected, why?	Rejected	If individual was not admitted, why?*	Main
Comments	Comments	Comments on Intake assessment.	Main
<u>Referrals subform</u>			
Date	Referral Date	Date of referral to services upon entry to drug court.	AssessmentReferrals
Program	Referral	Name of program/service the participant is referred to.	AssessmentReferrals
Admitted	Admitted	Was the participant admitted to the service?*	AssessmentReferrals
Phone	arPhone	Phone number of program.	AssessmentReferrals
Address	arAddress	Street address of program.	AssessmentReferrals
City	arCity	City of program.	AssessmentReferrals
Zip	arZip	Zip code of program.	AssessmentReferrals

CASE MANAGEMENT FORM, Drug Court

On Screen Name	Field Name	Description	Table
Date entered Phase 1	Phase1	Date participant entered Phase 1 of drug court.	Main
Date entered Phase 2	Phase2	Date participant entered Phase 2 of drug court.	Main
Date entered Phase 3	Phase3	Date participant entered Phase 3 of drug court.	Main
Current phase	CurrentPhase	Phase participant is currently in.*	Main
Current status	Status	Participant's current status in drug court.*	Main
Discharge date	Discharge	Date participant is discharged from drug court.	Main
12-step requirement	12StepRequirement	Participant's current program requirement.	Main
12-step sponsor	12StepSponsor	Participant's 12-Step sponsor.	Main
Currently testing for the following drugs:	DrugTest1	Currently testing for what drug?*	Main
	DrugTest2	Currently testing for what drug?*	Main
	DrugTest3	Currently testing for what drug?*	Main
	DrugTest4	Currently testing for what drug?*	Main
	DrugTest5	Currently testing for what drug?*	Main

CASE MANAGEMENT FORM, Court Date

On Screen Name	Field Name	Description	Table
<u>Court Subform</u>			
Date	CourtDate	Date of participant's hearing.	Court
Appeared	Appeared	Did participant show up for the hearing? Check box for "yes."	Court
Bench warrant	Sanction1	Currently on bench warrant status.	Court
Arrest/conviction since	Sanction2	Arrested/convicted since last court date.	Court
last appearance	Reason2	Charges on arrest/conviction.	Court
(none)	JailDays	Number of days participant sent to jail.	Court
Days sentenced to jail			Court
<u>Sanction Subform (within the Court Subform)</u>			
Sanctions	Sanction	List all sanctions given on that court date.*	tblSanctions
Payment made	Payment	Check box if payment made.	Court
Pts	PaymentPoints	Points lost or gained.	Court
Amount	PaymentAmount	Dollar amount of payment.	Court
Attended 12-step	AttendedRequired#	Attended required number of meetings? Check box for "yes."	Court
Pts	12StepPoints	Points lost or gained.	Court
Comments	12StepComments	Comments on participant's involvement in the 12-step program.	Court
Urinalysis	Submitted	Did participant submit to urinalysis? Check box for "yes."	Court
Pts	UrinalysisPoints	Points lost or gained.	Court
(none)	Tox	Urinalysis results.*	Court
Drugs Present	DrugsPresent	List any drugs found in urinalysis.	Court
Other (1)		Other (1) source of points. This label can be customized by the user.	Court
Pts	OtherPoints1	Points lost or gained from Other (1) source.	Court
Comments	OtherComments1	Comments on Other (1) source of points.	Court
Other (2)		Other (2) source of points. This label can be customized by the user.	Court
Pts	OtherPoints2	Points lost or gained from Other (2) source of points.	Court
Comments	OtherComments2	Comments on Other (2) source of points.	Court
Other (3)		Other (3) source of points. This label can be customized by the user.	Court
Pts	OtherPoints3	Other (3) source of points.	Court
Comments	OtherComments3	Comments on Other (3) source of points.	Court

CASE MANAGEMENT, Treatment

On Screen Name	Field Name	Description	Table
Current Phase	CurrentPhase	This is a copy of the same field on the Drug Court page. When a phase is entered into one Current Phase field, it is copied automatically into all Current Phase fields.	Main
<u>Treatment Subform</u>			
Type	CurrentType	Treatment begun while participating in dc.*	Treatment table
Provider	CurrentProvider	Name of the treatment provider.	Treatment table
Status	CurrentStatus	Status of treatment.*	Treatment table
Contact	CurrentContact	Name of contact at treatment program.	Treatment table
Street	CurrentStreet	Street address of treatment program.	Treatment table
City	CurrentCity	City of treatment program.	Treatment table

State	CurrentState	State of treatment program.	Treatment table
Zip	CurrentZip	Zip code of treatment program.	Treatment table
Phone	CurrentPhone	Phone number of treatment program.	Treatment table
Admission	AdmissionDate	Date participant is admitted to treatment (month/year).	Treatment table
Discharge	DischargeDate	Date treatment ends (month/year).	Treatment table

CASE MANAGEMENT, Contacts and Notes

On Screen Name	Field Name	Description	Table
Current Phase	CurrentPhase	This is a copy of the same field on the Drug Court page. When a phase is entered into one Current Phase field, it is copied automatically into all Current Phase fields.	Main
<u>Contacts subform</u>			
Date	Date	Date of contact with, or notes on, participant.	Contacts
Type	Type	Type of contact with participant.*	Contacts
(none)	Comments	Comments on drug court contact with participant.	Contacts

CASE MANAGEMENT, Outcome

On Screen Name	Field Name	Description	Table
Current Phase	CurrentPhase	This is a copy of the same field on the Drug Court page. When a phase is entered into one Current Phase field, it is copied automatically into all Current Phase fields.	Main
Discharge date	Discharge	Date the participant is discharged from drug court. (This is a copy of the same field on the Drug Court tab. When a discharge date is entered into one Discharge field, the date is copied automatically into the other.)	Main
Status/reason for discharge	Status	Reason for participant's discharge. (This is a copy of the same field on the Drug Court tab. When data is entered into one status field, it is copied automatically to the other.)	Main
Employed at graduation	EmployedAtGraduation	Is participant employed at time of graduation? Check box for "yes."	Main
<u>Post-drug court referrals subform</u>			
Referral	Referrals	Referrals upon discharge.*	Referrals
<u>Outcomes during drug court subform</u>			
Outcome	Outcome	Outcomes that occurred during drug court.	OutcomesDuring Program
Comments	OutcomeComments	Comments regarding participant's discharge from drug court.	Main
Discharge completed by	CompletedBy	Name of person who completed discharge for participant.	Main

FOLLOW-UP FORM

On Screen Name	Field Name	Description	Table
Interview date	InterviewDate	Date of follow-up contact with participant	Main
Months after discharge	TimeFrame	Interview takes place how many months after discharge?*	Main

All following questions refer to either the span of time between discharge from drug court and the first follow-up interview, or the span of time between one follow-up interview and another.

Participated in treatment/aftercare	Treatment	Check box for "yes."	Main
Out-patient treatment	Outpatient	Has participant been involved in out-patient treatment? Check box for "yes."	Main
In-patient treatment	In-patient	Has participant been involved in in-patient treatment? Check box for "yes."	Main
12-step program	12-Step	Has participant been involved in the 12-Step program? Check box for "yes."	Main
Counseling	Counseling	Has participant been involved in counseling (separate from drug treatment)? Check box for "yes."	Main
Other treatment	Other	Has participant been involved in other treatment? Check box for "yes."	Main
Notes	Comments	Comments/Notes on follow-up interview.	Main
Birth of drug-free baby	Baby	Drug-free baby born? Check box for "yes."	Main
Earned GED or other	Education	GED or other earned? Check box for "yes."	Main
Employed	Employed	Gained employment? Check box for "yes."	Main
Regained custody of	Custody	Regained custody of child(ren)? Check box for "yes".	Main
# of days in hospital	Hospital	# days in hospital.	Main
# of visits to the ER	ER	# visits to the ER.	Main
If employed, weekly income	Income	Current weekly income of participant.	Main
Self-reported abstinence	Abstinence	Did participant mention that s/he is abstaining from drugs and alcohol? Check box for "yes".	Main

Arrests subform

Arrest date	ArrestDate	Date of arrest.	FollowUpCharges
Charges	Charges	Arrest charges.*	FollowUpCharges
Convicted	Convicted	Was participant convicted? *	FollowUpCharges
Days in jail/prison	Jail/Prison	# days in jail/prison.	FollowUpCharges
Months probation	Probation	# months sentenced to probation.	FollowUpCharges
Fine	Fine	\$ amount fine sentenced to pay.	FollowUpCharges
Other	Other	Other sentence terms.	FollowUpCharges

Appendix B

Intake, Case Management, and Follow-up Forms for the Drug Court CMS 2000

Intake Form

General Information

First Name _____ MI _____ Last Name _____

Residence ☐ own/rent Address: 1st line _____
☐ relative's home
☐ friend's home Address: 2nd line _____
☐ homeless
☐ unknown City _____ State _____ Zip _____
☐ other

Marital Status ☐ married H # _____ W # _____ Ethnicity ☐ White
☐ living as married ☐ African-American
☐ divorced Cell # _____ ☐ Hispanic
☐ separated ☐ American Indian Eskimo or Aleut
☐ single Pager _____ ☐ Asian or Pacific Islander
☐ widowed ☐ other
☐ other Message _____ Location¹ _____

SSN _____ Date of Birth _____ Age _____ Gender _____

Primary Language _____ Emergency Contact _____

Contact Phone _____ Relationship of Contact to Participant _____

Current School ☐ none Years Education Completed _____ Source of Income ☐ none
☐ GED ☐ job
☐ vocational training High School Graduate ☐ yes ☐ no ☐ family
☐ jr. college ☐ SSI
☐ college Income per Month _____ ☐ retirement
☐ graduate school ☐ unemployment
☐ post-grad school Current Employer _____ ☐ disability
☐ other Occupation _____ ☐ welfare
☐ other

Military service ☐ yes ☐ no
 VA eligible ☐ yes ☐ no

Children

Age	Name	Sex	DOB	Contact ²	Who has custody of this child? ³	CPS case?	With whom does this child reside? ⁴	Who would care for child if participant were incarcerated? ⁵

¹ Choose one: family, friend, work, other.

² Choose one: daily, 2-5x a week, once a week, every other week, once a month, < once a month.

³ Choose one: participant, other parent, grandparent, aunt/uncle, other relative, foster care, permanently removed, adult child living on own, other.

⁴ Choose one: participant, other parent, grandparent, aunt/uncle, other relative, other, N/A.

⁵ Choose one: other parent, grandparent, aunt/uncle, other relative, other, N/A.

Notes on participant and children:

Health

Participant's insurance

- ☐ private
☐ state
☐ federal
☐ VA
☐ none

Currently pregnant?

- ☐ yes
☐ no
☐ maybe
☐ N/A

TB Status

- ☐ positive
☐ negative
☐ unknown

Prenatal Care: _____

Medications: _____

Chronic Physical Conditions

Chronic Condition	Physician(s) Seen for Condition	Diagnosis

General Health Physicians

Physician	Address	Phone	Last Contact with Participant

Mental Health

Has participant undergone a mental health evaluation? ☐ yes ☐ no ☐ unknown Date of Evaluation _____

If yes, comment on diagnosis:

Check all that apply:

- ☐ Currently exhibits suicidal tendencies
- ☐ Currently exhibits excessive anger/violent behavior toward others
- ☐ Physically abused as a child
- ☐ Sexually abused as a child

List current medications:

Mental Health Care Physicians

Physician	Address	Phone	Last Contact with Participant

Drug History

AOD ¹	Route ²	Frequency ³	Age Began	Last Use ⁴	Comments

¹ Choose one: alcohol, barbiturates, cocaine, crack, hallucinogen, heroin, inhalant, marijuana, methadone, methamphetamine, other amphetamines, PCP, RX drugs.

² Choose one: IV, oral, smoke, snort.

³ Choose one: daily, 5-6 days a week, 3-4 days a week, 2 times a week, once a week, once every 2 weeks, monthly, 3-5 times a year, less than 3 times a year, no current use.

⁴ Choose one: same day, 1 day ago, 2 days ago, 3-4 days ago, 5-6 days ago, 1 week ago, 2 weeks ago, within a month, within 2-3 months, within a year, more than a year, no current use.

1st drug of choice _____ 3rd drug of choice _____ Drug test type _____

2nd drug of choice _____ 4th drug of choice _____ Test results _____

☐ Used needles in last year. _____

☐ Substance use by participant's spouse, partner, or housemate. If yes, describe: _____

☐ Substance use in participant's family of origin. If yes, describe: _____

Treatment History

Treatments attempts prior to drug court

Type of Treatment ¹	Treatment Provider	Address	Phone	Length	End Date	Outcome

Most recent length of sobriety _____

Criminal History

Referring Court _____ Referring Judge _____ Referral Date _____

Current charges

Current Charges ²	Mis or Fel	Penal Code Number	Status of Charge ³

¹ Choose one: 12-step, 1st offender-alcohol, 1st offender-drug related, detox, methadone maintenance, out-patient, psychotherapy, residential, other.

² Choose one: possession of drugs, possession of paraphernalia, under the influence, prostitution, other.

³ Choose one: acquitted, dropped, pending, pled guilty, other.

Pending case # _____ Pending case # _____ Pending case # _____

Arrests and Convictions Prior to Entering Drug Court

	Non-Violent Drug Crimes	Mis	Fel	Violent Drug Crimes	Mis	Fel	Non-Violent Non- Drug Crimes	Mis	Fel	Violent Non- Drug Crimes	Mis	Fel
# Arrests Last Year												
# Arrests Adult Life												
# Convictions Last Year												
# Convictions Adult Life												

Assessment Results

Intake completed by _____

Admitted to
drug court

☐ yes
☐ no

If no, why?

☐ ineligible
☐ no-show
☐ not suitable

Date of Intake _____

Comments on intake assessment:

Referrals given at end of intake

Date of Referral	Program or Service	Address	Phone	Admitted ¹

¹ Choose one: yes, no, waiting.

Case Management Form

Drug Court

Date entered phase 1 _____

12-step sponsor _____

Date entered phase 2 _____

12-step requirement _____

Date entered phase 3 _____

Testing for the following drugs: _____

Discharge date _____

Reason for discharge _____

Court Dates

Date of Drug Court Hearing _____

List all sanctions given to participant on this court date:

Participant appeared ☐

1. _____

Participant is on bench warrant status ☐

2. _____

Arrest/conviction since last court date ☐

3. _____

If yes, what type of charges? Check one:

4. _____

- ☐ nonviolent drug crime
- ☐ violent drug crime
- ☐ nonviolent non-drug crime
- ☐ violent non-drug crime

Days sentenced to jail as drug court sanction or other _____

☐ Payment made Payment pts. _____ Amount \$ _____

☐ Attended required 12-step meetings 12-step pts. _____ Comments _____

☐ Submitted to urinalysis Urinalysis pts. _____ Tox _____ Drugs Present _____

☐ Other _____ Points _____ Comments _____

☐ Other _____ Points _____ Comments _____

☐ Other _____ Points _____ Comments _____

Date of Drug Court Hearing _____

List all sanctions given to participant on this court date:

Participant appeared ☐

1. _____

Participant is on bench warrant status ☐

2. _____

Arrest/conviction since last court date ☐

3. _____

If yes, what type of charges? Check one:

4. _____

- ☐ nonviolent drug crime
☐ violent drug crime
☐ nonviolent non-drug crime
☐ violent non-drug crime

Days sentenced to jail as drug court sanction or other _____

☐ Payment made Payment pts. _____ Amount \$ _____

☐ Attended required 12-step meetings 12-step pts. _____ Comments _____

☐ Submitted to urinalysis Urinalysis pts. _____ Tox _____ Drugs Present _____

☐ Other _____ Points _____ Comments _____

☐ Other _____ Points _____ Comments _____

☐ Other _____ Points _____ Comments _____

Date of Drug Court Hearing _____

List all sanctions given to participant on this court date:

Participant appeared ☐

1. _____

Participant is on bench warrant status ☐

2. _____

Arrest/conviction since last court date ☐

3. _____

If yes, what type of charges? Check one:

4. _____

- ☐ nonviolent drug crime
☐ violent drug crime
☐ nonviolent non-drug crime
☐ violent non-drug crime

Days sentenced to jail as drug court sanction or other _____

☐ Payment made Payment pts. _____ Amount \$ _____

☐ Attended required 12-step meetings 12-step pts. _____ Comments _____

☐ Submitted to urinalysis Urinalysis pts. _____ Tox _____ Drugs Present _____

☐ Other _____ Points _____ Comments _____

☐ Other _____ Points _____ Comments _____

☐ Other _____ Points _____ Comments _____

Treatment During Drug Court

Type of treatment ¹ _____	Address _____
Treatment provider _____	_____
Current status ² _____	_____
_____	Phone _____
Contact _____	Admission date _____ Discharge date _____

Type of treatment _____	Address _____
Treatment provider _____	_____
Current status _____	_____
_____	Phone _____
Contact _____	Admission date _____ Discharge date _____

Type of treatment _____	Address _____
Treatment provider _____	_____
Current status _____	_____
_____	Phone _____
Contact _____	Admission date _____ Discharge date _____

Type of treatment _____	Address _____
Treatment provider _____	_____
Current status _____	_____
_____	Phone _____
Contact _____	Admission date _____ Discharge date _____

Type of treatment _____	Address _____
Treatment provider _____	_____
Current status _____	_____
_____	Phone _____
Contact _____	Admission date _____ Discharge date _____

¹ Choose one: aftercare, detox, mental health treatment, methadone maintenance, out-patient, residential.

² Choose one: referred to another agency, in compliance, not in compliance, successfully completed, dismissed, on waiting list.

[illegible]

Drug Court CMS Data Entry Forms

Outcome

Discharge Date _____

Completed by _____

☐ Employed at graduation

Reason for Discharge
☐ graduated
☐ withdrew
☐ terminated
☐ death

Other outcomes that occurred during drug court

☐ drug free baby born to female participant
☐ earned GED or other certificate or degree
☐ gained employment
☐ regained custody of child(ren)

Referrals upon discharge

☐ aftercare
☐ anger management
☐ behavioral therapy
☐ education/vocational training
☐ housing
☐ legal
☐ money management
☐ social/athletic activities
☐ other social service needs

Comments regarding participant's discharge from drug court:

Follow-up Form

Follow-up Interview

All questions regarding the behavior of the participant refer to either the span of time between discharge from drug court and the first follow-up interview, or the span of time between one follow-up interview and another.

Date of follow-up interview _____

Months after discharge

☐ 0-6 months

☐ 7-12 months

☐ 13-18 months

☐ 19 + months

Other post-drug court outcomes:

☐ drug-free baby born to female participant

☐ earned GED or other certificate or degree

☐ gained employment

☐ regained custody of child(ren)

☐ other outcome

Did participant continue treatment after leaving drug court?
Yes/No (circle one) If yes, check all that apply:

☐ out-patient treatment

☐ in-patient treatment

☐ 12-Step program

☐ counseling (separate from drug treatment)

☐ other

of days in the hospital _____

of visits to the ER _____

If employed, weekly income _____

☐ Participant reported that s/he is abstaining from drugs and alcohol

Post-drug court arrests

Arrest Date	Charges ¹	Convicted	# Days Jail or Prison	# Months Probation	Fine (In \$)	Other Sentence Terms
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				
		<input type="checkbox"/>				

Comments/Notes on follow-up interview:

¹ Choose one: nonviolent drug crime, violent drug crime, nonviolent non-drug crime, violent non-drug crime.

Appendix C
Evaluation Instruments

**Suggested Interview Guide for Stakeholder Interviews
Covering Program Development and Operations**

Introduction:

1. When did you first become involved in Drug Court? _____
2. What are your agency's roles and responsibilities in regard to Drug Court?
3. Many decisions were made during the development of the Drug Court. For each area mentioned, describe how decisions were initially reached and whether changes have been made in each area since Drug Court first began:
 - a. Drug Court's goals and objectives:
 - b. Eligibility for Drug Court:
 - c. Rules for participating in Drug Court and moving from phase to phase:
 - d. Sanctions applied for backsliding or failures to adhere to Drug Court rules:
4. Are you or your agency involved in screening offenders for participation on Drug Court? Circle: Yes or No. [If not, go to question 5.] If yes:
 - a. What information do you use in screening (e.g., criminal records, attorney recommendations)?
 - b. In your view, what is the key consideration for participation in Drug Court?
 - c. What types of offenders do you automatically disqualify, and why?
5. Do you feel the eligibility criteria should be expanded, or narrowed? In what ways?

6. Do you feel the requirements -- the program rules -- for participating in Drug Court are appropriate? Would you recommend any changes? If so, what?
7. Do you feel the Drug Court applies appropriate sanctions to participants who fail to adhere to the program's rules? Would you recommend any changes? If so, what?
8. What local conditions (such as court caseloads, city or county politics, community attitudes, or budget constraints) have had impact on the way Drug Court has been developed and operated? In what ways?
9. Are you aware of any significant changes in Drug Court's rules and procedures over the past two years? If so, what are they and why were they made?
10.
 - a. What are the key benefits of Drug Court to participants?
 - b. What are the key benefits of Drug Court to the local criminal justice system?
 - c. And to the community?
11.
 - a. What are the key disadvantages of Drug Court to participants?
 - b. What are the key disadvantages of Drug Court to the local criminal justice system?
 - c. And to the community?
12. What has the impact of Drug Court been on your agency?
13. What do you feel the Drug Court's primary strengths are?

14. What do you feel the Drug Court's primary weaknesses are?
15. What suggestions do you have for changing or improving Drug Court?

Additional questions for treatment and other service providers:

16. Check all services your agency offers for Drug Court participants:

Treatment:

- ☐ Residential
- ☐ Outpatient
- ☐ Detox
- ☐ Methadone maintenance
- ☐ 12-step meetings
- ☐ Aftercare treatment

Other services:

- ☐ Vocational testing
- ☐ Vocational placement
- ☐ GED
- ☐ Mental health counseling or other services
- ☐ Sober living

17. Are the participants referred to you by the Drug Court appropriate clients for your agency? If not, why not?

Thank you very much.

Introduction: Present purpose of the evaluation and interview, stress confidentiality (acknowledge very sensitive areas questions cover), obtain consent to proceed.

1. When did you graduate from Drug Court?
2. Why did you chose to participate in Drug Court rather than going through the normal criminal justice system process (i.e., pleading guilty or proceeding to trial?)?
3. Why did you chose to remain in Drug Court?
4. On a scale of 1 to 3, please rate the following elements of Drug Court in relation to helping you stay drug/alcohol free: [1=very important, 2=somewhat important, 3=not very important]

Close monitoring by the judge	1	2	3
Support from the staff	1	2	3
Random urine testing	1	2	3
Treatment sessions	1	2	3
12-step meetings	1	2	3
Threat of sanctions	1	2	3
Application of sanctions (e.g., jail time)	1	2	3
Threat of reinstating charges	1	2	3
Assistance in getting employment	1	2	3
Having charges dismissed	1	2	3
Any others? (explain)	1	2	3

5. In your own words, describe the impact of the Drug Court experience on you.
6. Since your graduation from Drug Court, have you been receiving any treatment for substance abuse problems? yes/no If yes, describe type, length.
7. Since your graduation from Drug Court, have you attended any 12-step meetings? yes/no

If yes, approximately how many meetings did you attend per week immediately following graduation or sentencing?

How many meetings per week do you attend now?

8. Since your graduation from Drug Court, do you drink any alcohol? yes/no
If yes, how many, how often?
9. Since your graduation from Drug Court, have you used any illegal substances (stress confidentiality again)? yes/no
If yes, what, and how often?
10. [If no to 8 & 9] Do you count the number of days you have been sober/drug free?
yes/no. If yes, how many? _____
11. Since your graduation from Drug Court, have you committed any crimes (e.g., burglary)
in order to buy drugs? yes/no

If yes, what crimes (nature only, not details)?
12. Since your graduation from Drug Court, have you sold drugs or helped someone to sell
drugs? yes/no
13. What is your current living situation (own home, rent, with relatives, etc.)?
14. What is your current marital status?
15. If you have children under the age of 18, are they living with you, or elsewhere
(describe)?
16. Have you been working since you graduated from Drug Court? yes/no

If yes, provide dates, type of employment, and hours per week:

From _____ to _____
Type of job: _____
Hours per week: _____

From _____ to _____
Type of job: _____
Hours per week: _____
17. What is your current weekly income (approximately): _____

Source: _____ Employment
 _____ Public assistance
 _____ Disability
 _____ Retirement/pension
 _____ Illicit source
 _____ Other

18. Are you enrolled in school or a training course of any kind? yes/no

If yes, explain.

19. Since your graduation from Drug Court or sentencing, have you been arrested for any crime? yes/no

If yes, please provide the charge and date:

Charge: _____	Date: _____
Charge: _____	Date: _____
Charge: _____	Date: _____
Charge: _____	Date: _____

20. Related to arrest(s) you just mentioned, have you pled guilty or been convicted of any crime? yes/no

If yes, what crimes?

21. Since your graduation from Drug Court, have you served any time in jail? yes/no If yes, number of days: _____.

22. In general, how is your health, both physical and mental?

23. Since your graduation from Drug Court, have you seen a doctor or mental health therapist? yes/no.

If yes, how many times? Physician _____
Mental health therapist _____

24. Since your graduation from Drug Court, have you had to go to an Emergency Room? yes/no.

If yes, what was the problem (overdose)?

25. Since your graduation from Drug Court, have you been hospitalized? yes/no.

If yes, why, and how many days were you in the hospital?

26. Would you recommend Drug Court to others in situations similar to yours? [Please explain your answer]

THANK YOU VERY MUCH FOR YOUR PARTICIPATION.