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ACTION
RESEARCH

Using Information to Improve Your Drug Court

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ACTION RESEARCH:
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INTRODUCTION

Over the past 20 years, drug courts have rapidly joined the mainstream of American jurisprudence. As of this writing, over 2,100 drug courts have opened nationwide, more than five times the number from as little as 10 years ago.[1] Despite the sheer number of drug courts in existence, these projects still face pressure to demonstrate tangible results—more participants enrolled in treatment, less crime and drug use, and cost savings for states and localities. Some jurisdictions have established formal performance indicators, such as annual enrollment figures, numbers of new graduates and failures, and recidivism rates. Elsewhere, drug courts may be held to looser standards, but individual programs may still want some means of monitoring and improving their services. This will almost inevitably mean investing in research. Indeed, research and evaluation have always been among the 10 key drug court components; and funding agencies routinely require an independent evaluation as part of any start-up grant.

Nonetheless, many drug courts find it exceptionally challenging to implement an ongoing program of research. Staff often lack both the necessary time and expertise; and even in places where independent evaluations have been performed, there is often little thought about creating permanent systems for tracking performance. More often, the evaluator submits a final report and departs, without imparting practical data collection or monitoring tools that can be applied in future years. Further, the experience of staff in working with evaluators is sometimes a negative one, producing a sense of relief and finality once the formal evaluation is done. Thus at a roundtable composed of both court administrators and researchers, one administrator compared receiving evaluation results to a "trip to the doctor," lamenting that evaluations rarely provide constructive feedback, focusing mostly on "bad news." Others expressed the belief that few evaluations have influenced practice or raised public support; instead, powerful anecdotes or visits by local politicians to graduation ceremonies have been more important.[2]

Therefore, while research would seem to have an important role to play in justifying the drug court investment and ensuring continued quality programming at the local level, actual research capacity and interest

remains weak in far too many places. How do we change this state of affairs? A first step might be to change the perception that research is only about large-scale independent evaluations. Such evaluations are needed to answer the "bottom line": do drug courts reduce recidivism and drug use, and do they save money over the long haul? But to examine how drug courts work, for whom they work, for how many people they work, and what changes might lead drug courts to work better, we need a different research model, one that gives drug court teams an integral role in defining the questions to be answered. This model is called "action research." It places a premium on using data to inform operations and on creating a sense of vibrant partnership between researchers and administrators.

This paper, which is intended as a guide for local practitioners, argues that even with limited resources, drug court administrators and staff can use data productively to monitor their everyday operations, report essential performance information, identify areas of success, and bring to light problem areas or ways to improve. This paper will cover:

- What is action research?
- Steps in implementing action research
- Data collection 101: key categories of data that must be tracked
- Important drug court performance indicators
- Participant surveys: easy methods to generate additional feedback
- Conclusion: why action research is necessary.

WHAT IS ACTION RESEARCH?

Action research is designed to provide immediate and useful feedback about everyday program operations and performance. Action research does not just evaluate whether a drug court is working, but how, why, for whom it is working, and how it can improve. Since drug courts vary in their target populations and operational resources, questions of interest can also vary across different sites. That said, the most common questions include:

1. Is the drug court meeting its volume projections?

How many defendants are screened, assessed, and enrolled each year? How does this compare with target objectives? Are certain categories of defendants—for instance, defendants arrested on certain charges or with certain characteristics—routinely found ineligible?

2. What is the profile of drug court participants?

What is the distribution of participant characteristics (e.g., drug use and treatment history, primary drug of choice, demographics, employment status, criminal history, current charges, and mental health status)? Does the actual participant profile mirror the intended target population?

3. What is the course of treatment and recovery?

How common is relapse? How long does it generally take for participants to become drug-free? Are there key warning signs that a participant is about to fail? What is the average time to graduation?

4. What are the core outcomes?

How many participants are retained (graduated or still active in the program) one year after enrolling in the drug court? After two years? After three years? What is the graduation rate?

5. Which participants succeed?

Are certain categories of participants more likely to graduate than others (e.g., based on their drug use, treatment, or criminal histories, demographics, or other characteristics)?

And cutting across all of these questions is:

6. What are the policy implications?

Are there clear and tangible policy implications that can be drawn from the answers to the above? How can local practice be improved?

STEPS IN ACTION RESEARCH

There is no easy formula for implementing a program of action research, but a general outline follows. In addition, the appendix offers a worksheet to help drug court teams establish a concrete plan of action.

1. Identify program goals

Before becoming mired in the details of specific data and findings, it makes sense to step back and examine what the drug court set out to do in the first place. Why was it established? How did the planners define "success"? Goals define the drug court's general mission. Common drug court goals include: reduce recidivism, rehabilitate addicted offenders, process cases more efficiently, or make courts more "problem-solving" or "therapeutic" in focus.

2. Identify program objectives

Objectives are more specific than goals. They define exactly how the goals will be achieved and can be evaluated against quantifiable targets. Objectives are "SMART":

- *Specific*: pertain to a specific task or program
- *Measurable*: quantifiable—can be tested with numbers
- *Achievable*: doable within existing resources and constraints

- *Results-oriented*: focus on short-term activities necessary to achieve longer-term goals
- *Time-bound*: include a date by which they should be achieved.

Sample drug court objectives could include: enroll 100 new participants per year; move cases from arrest to formal drug court enrollment within one week; move cases from formal drug court entry to placement in community-based treatment within one additional week; achieve a 60 percent one-year retention rate; achieve a 50 percent graduation rate; or reduce recidivism by 20 percent compared with conventional case processing. It is helpful for objectives to be realistic, so programs avoid setting themselves up for disappointment. For example, based on national findings, it is unrealistic to retain 80 percent of a program's participants after one year. More realistic are one-year retention rates ranging from 55 to 70 percent. The next section cites national findings on this and several other key performance indicators to help staff in determining what objectives may be appropriate for them.

3. Develop plans to measure the objectives
Having identified the objectives, what information is needed to measure them? Is this information collected in the drug court's own management information system, a system designed for the entire courthouse, or must a new database be created? Can drug court staff collect the required data, or is outside help necessary (e.g., is help needed from courthouse computer staff, or does it make sense to consult with a local researcher to set up a database for future use)? Who is responsible for which data reporting tasks, and when are they due? Should results be updated regularly (e.g., each month, quarter, or year)? In general, if no one is directly responsible, and if deadlines are not set, these tasks will tend to slip through the cracks in the crush of competing demands.

4. Identify and develop plans to answer other questions of interest
What other information is helpful to know about the drug court or its participants that may not fall neatly under the above objectives? As examples, do staff suspect that certain categories of participants (e.g., defined by their charges, demographics, drug use, mental health history, or other characteristics) have particular problems or needs? Would staff like information about how long participants take to reach key milestones, such as completing each phase of treatment or graduating? Would staff like to know which sanctions and rewards have been administered and how often? Having identified the issues of interest, the next steps are once again to identify the required information, where it is housed, who can generate it, and what the timeline is for obtaining results.

5. Review the findings
One way to pinpoint issues worthy of action research is to ask, "What results, if I had them, might lead to real policy change?" So, having produced the findings, the next step is to determine the implications. Findings can be shared through memoranda or simple spreadsheets (e.g., in Excel or Quattro-Pro). Team meetings can be used to brainstorm implications, propose new initiatives to address problems that become evident in the data, or rec-

ommend further action research inquiries to clarify lingering questions. Using a team model to discuss implications is helpful to resolve legitimate differences over what is implied by a finding. Different staff may present alternative ideas, for example, of how to bolster court volume, or indeed, alternative explanations for why volume is low. Group discussion might also uncover differing perspectives on such issues as what kinds of supplemental services participants need or whether graduation requirements should be adjusted if participants are taking too long to complete.

6. Take action
Where results fall short of objectives or suggest new directions, the next step is to initiate corrective action. (Concrete examples of how action research stimulated programmatic changes are offered below to make this step more tangible.)

7. Feedback loops
The final step is to return again to step 3—to initiate new inquiries, test new policies that were implemented, and, in turn, discuss them as above. On some occasions, seeing hard data may even stimulate rethinking goals and objectives (steps 1 and 2) or formulating new ones.

DATA COLLECTION 101
Funding agencies often require applicants to specify a "minimum data set." While there are many possibilities, the first step should always be to track the basics: (1) distinguishing drug court participants from those screened but not ultimately participating; (2) clearly tracking each participant's current status in the program (e.g., open, graduated, failed, etc.); and (3) recording key dates of participation.

1. Distinguishing the participants
At least two well-regarded management information systems do not clearly record the most basic fact about a defendant screened at drug court: did the defendant become a formal program participant or not? As a result, participants and other defendants screened but not ultimately enrolled in the drug court may be intermingled in the data, distinguishable only through time-consuming case-by-case inspection. This is a disastrous situation for any analysis, whether following a traditional evaluation research model or an action research model. To begin with, the situation leaves the drug court staff unable to reliably answer the first question on the mind of any senior administrator or policymaker: how many people has the program served? Also, since virtually all other important data analyses will tend to focus on only participants, not on ineligible cases, the research capacity of a drug court is irreparably damaged if formal participants cannot be clearly identified. In the statewide system used by New York's adult drug courts, a simple checkbox for when a defendant signs a contract or otherwise becomes a participant—with another box recording the date of this event—is sufficient.

2. Tracking the current program status of all participants

Once enrolled, participants can graduate, fail due to a new arrest, fail due to repeated noncompliance, voluntarily opt-out, disappear from program contact (and have a warrant issued), leave the program due to medical or mental health reasons, move and have the case transferred to another jurisdiction. A multitude of different outcomes are possible. While drug court staff may be interested in many of these outcomes, for most research purposes, only five categories matter:

- Open (still active in the program);
- Warranted (absconded/out on a warrant/temporarily disappeared from program contact);
- Graduated (successfully completed all program requirements);
- Failed (dropped-out or participation was terminated by the court); and
- Incomplete.

The final "incomplete" category can encompass multiple situations such as having to leave the drug court due to a severe medical or mental health condition or moving to another jurisdiction. But unless the data makes clear who falls into the first four—most importantly, who graduated and who failed—credible reporting will be difficult. For example, drug court retention and graduation rates are key performance measures that cannot be calculated unless nearly all final/case-ending statuses can be clearly grouped under the "graduate" and "failure" categories. It is fine to track more than five categories, but if this is done, it is imperative to make clear how each one maps to the above five; i.e., which are sub-categories of graduation, failure, incomplete, and so forth. Also, keeping the number of participants falling into the "incomplete" category to an absolute minimum is highly desirable.

3. Recording key dates of participation

Action research often seeks to explore how a drug court changes over time. For example, is the court screening and enrolling more participants this year than last? Have outcomes improved over time? Are participants' drugs of choice changing, perhaps due to changes in the local drug market? By tracking key dates, it is also possible to measure the time between key stages in the drug court participation process (e.g., arrest to intake; intake to formal enrollment; enrollment to placement in a community-based treatment program; and enrollment to graduation or failure). All drug courts should at least record the following:

- Arrest date/probation violation date (i.e., date of the precipitating event)
- Intake date (when the case first reached the drug court for screening and assessment)
- Participation date (when the defendant formally agreed to participate and enrolled; this can be replaced by the ineligibility date for defendants who are screened but do not ultimately enroll)
- Exit date (date of graduation, failure, or any other final participation status)

- Warrant dates (dates for all bench warrants and returns on warrant, which enable distinguishing length of active participation from length of absconder status).

The data described above might be termed the absolute minimum data set—the bare essentials for research to proceed. To the extent possible, collect additional information as well (e.g., participant demographics and other assessment information, participant attendance at required court appearances, drug test results, sanctions and rewards, and treatment modalities for all community-based program placements).

KEY DRUG COURT PERFORMANCE INDICATORS

While drug courts will vary in their specific objectives and action research plans, the following five types of performance indicators are nearly always important: (1) volume; (2) case processing time; (3) retention and graduation rates; (4) time to graduate; and (5) the participant profile.

1. Volume

The best-run drug court is of little value if few benefit. For this reason, basic volume questions often dominate action research inquiries: is the drug court screening, assessing, and enrolling enough participants? A 2004 national survey found that average adult drug court enrollment is a mere 40 new participants annually.[3] Even allowing that many drug courts are in small, rural areas, the inescapable reality is that many programs do not reach anywhere near the number of clinically addicted defendants that exist in their jurisdictions. This underscores the need to continually track volume and, as needed, rethink what steps can be taken to serve more cases.

A drug court's volume may be viewed as a simple function of two core factors: the number of referrals—cases referred to the drug court for screening and assessment—and the percentage of referrals that ultimately participate. Either or both factors may contribute to lower-than-expected volume. Referrals may be low, because underlying arrest volume may be declining; clerks, judges, or attorneys may be neglecting to refer cases to the drug court when they should; or there may exist no formal drug court referral process in the first place, leading the flow of referrals to hinge on individual decisions made by specific judges or attorneys. Factors affecting the yield of referrals into full-fledged participants include the reality that a significant percentage of defendants may have disqualifying medical or mental health issues; refuse to participate; have their eligibility rejected by prosecutors; or be found ineligible for various other legal reasons. The bottom line is that in order to establish what is in fact taking place, it is important to track all referrals, not just participants, and for those who do not ultimately participate, it is important to track the reason for non-participation (e.g., legal ineligibility, not addicted to drugs, severe mental health problems, lack of interest, lack of motivation, etc.).

Having pinpointed why volume is low, corrective action often follows logically. For instance, if referrals are low, perhaps the situation could be improved by implementing a more formal screening mechanism, whereby cases meeting certain criteria are automatically routed to the drug court before any other case processing activity

Two Cases of Volume, High and Low

This example offers a classic illustration of how careful tracking of drug court volume can precipitate meaningful policy responses. After opening in June of 1996, the Brooklyn Treatment Court quickly emerged as one of the higher volume drug courts in the country. In its first full year of operations, 1997, the court screened 1,280 referrals, of which 480 were enrolled as new participants. Most referrals (except for those immediately found ineligible on legal grounds) received a 45-minute assessment by the drug court's case management team. While feasible at first, as the flow of new referrals continued unabated, case managers were overextended in having to complete all of the required new assessments while still monitoring those participants who had already enrolled.

In thinking about this problem, drug court staff had the impression that they were spending an inordinate amount of their time assessing one particular sub-population—young males—who comprised a large percentage of their referrals but a small percentage of actual participants; this was because the assessment process typically revealed that young male referrals were not addicted to drugs. An onsite researcher was asked to verify this impression. The resulting data showed that while men were not a great deal less likely than women to be found addicted to drugs, young defendants of both sexes were indeed rarely found addicted. Of those assessed in 1997, the addiction rate was only 18 percent for those younger than age 22, 54 percent for those ages 23-30, and 86 percent for those older than 30.[4]

In July 1998, this led the court to streamline its intake procedures with defendants younger than age 22. Instead of administering the full 45-minute assessment, case managers began administering an extremely brief five-question screen. Staff would proceed to the full assessment only if the screen suggested the possibility of an addiction. Additional streamlining occurred in September 2000, when the court ceased altogether to screen the very youngest defendants, ages 16-18, except on the request of the defendant or defense attorney. These actions led case management resources to be used more efficiently at a time when volume was high and resources were stretched thin.

Later, the volume situation at the Brooklyn Treatment Court radically changed. Compared with the 480 participants enrolling in 1997, in 2002, less than half that number of participants (196) enrolled in the program. Further investigation revealed that a declining volume of drug arrests in Brooklyn was leading to vastly fewer referrals. Furthermore, data showed that approximately only 40 percent of defendants who should have been referred to the drug court, based on their charges and criminal history, were not due to bureaucratic oversight. All of this meant that unlike in the early years of the program, case management resources were becoming greatly under-utilized. Case managers now had extra time on their hands and could afford to do more. Project staff responded in two ways. First, the project director met with judges and court staff at arraignment to ensure that they were aware of which defendants to refer to the drug court, based strictly on their arrest charges and criminal history. Second, the court developed a new treatment track for young defendants who use only marijuana—essentially the same sub-population that was largely found ineligible in the program's early years.

The court's careful tracking of volume proved to be valuable not only for its own sake but also in generating a major programmatic expansion years after the drug court's initial opening.

can proceed. Or perhaps formal eligibility can be widened, as one New York State drug court did by expanding from handling exclusively nonviolent felonies to including certain misdemeanors as well.

On the other hand, if the flow of referrals is acceptable but a large percentage of those referrals ultimately do not participate, the drug court team could explore the possible reasons for this. If the prosecutor is rejecting a large percentage of defendants, the team might meet with the prosecutor in an effort to address any concerns the prosecutor may express. If a large percentage of defendants are refusing to participate, the team might meet with the defense bar to discuss which requirements are leading the program to be perceived as undesirable. For example, action research led one New York State drug court to shorten the jail sentences imposed on its drug court failures; this action was taken in response to evidence of a high defendant refusal rate coupled with evidence that the jail alternatives for failing drug court involved significantly more jail time than the typical sentences imposed on defendants who opted not to enroll. Shortening the jail alternative thus made this program more appealing to defendants, and the yield went up accordingly.

2. Initial case processing time

Research shows that immediacy—engaging participants as soon as possible after the precipitating arrest (or probation violation)—is critical to drug court success. For instance, across five New York State drug courts, participants who avoided disappearing from program contact and having a warrant issued within the first 30 days after entry were far more likely to graduate than those warranting within that initial 30-day period.[5]

In interpreting this finding, early warranting reflects both the quality of participant compliance (noncompliant participants are more likely to warrant) and the drug court's speed of early case processing (participants able to begin treatment right away due to rapid case processing are much less likely than others to warrant). This means that it is partly within the drug court's own control to initiate policies that can minimize early warranting. For example, in one New York State drug court, evidence that initial treatment placement delays had increased the program failure rate led to the establishment of daily "pre-placement groups," which are run by case managers at the courthouse and designed to keep participants more engaged while waiting for their first community-based placement.

3. Retention and graduation rates

Retention is a key measure of success. A one-year retention rate, for example, indicates the percentage of drug court participants who, exactly one year after enrolling, had either graduated or remained active in the drug court program. Research finds that higher retention rates not only indicate success in treatment but also predict continued future success in the form of lower post-treatment drug use and criminal re-offending.[6] In this case, even without conducting a large-scale and costly evaluation that directly measures long-term impacts on drug use and recidivism, retention and graduation rates can serve as extremely useful indicators of success.

How is a one-year retention rate calculated? First, it is necessary to consider only participants who entered the program at least one year prior to the analysis. To illustrate why, if the analysis is conducted on July 1, 2010,

it is impossible to know the "one-year" status of participants who enrolled in a drug court merely one month earlier. Such participants must obviously be excluded. Of those who have been enrolled for at least a year, it is then necessary to obtain their program status as of their one-year anniversary date. Having done this, the retention rate simply adds the percentages of participants that are still open as of the one-year mark or that have graduated by that point; those on warrant or who have failed by the one-year mark are, conversely, considered to be not retained. If there is a final category of participants whose status is "incomplete" for reasons such as having to leave the program due to illness, or transfer to another jurisdiction, they are similarly grouped in the not retained category. Even if all of the required data is unavailable, it is still possible to construct a reasonable estimate. For example, if available data does not isolate when participants were on warrant status, one could count everyone as retained except those reaching a final status of failure as of the one-year mark. This method is not ideal because it may overestimate the retention rate but is preferable to no calculation at all.

Two- and three-year retention rates are calculated in an equivalent fashion; for example, the two-year retention rate considers only participants who have been enrolled for at least two years and determines their retention status as of their two-year anniversary date. Importantly, since most participants have reached their final graduation or failure status by the three-year mark, it is nearly always legitimate to report the three-year retention rate as the drug court's graduation rate. As the preceding explanations of how to construct a retention rate hopefully clarifies, careful tracking of key dates—date participation began, date of program graduation or failure, and dates of all warrants and returns on warrants—is essential.

For a one-year retention rate, the national drug court average has been estimated at 60 percent. In a New York State study, eight of 11 drug courts exceeded 60 percent;[7] and the median retention rate (the one achieved by the middle or sixth best drug court of the eleven) was 66 percent.[8] In general, any drug court with a one-year retention rate of higher than 60 percent is likely to be performing effectively to very effectively, while any falling below 50 percent is likely to benefit from initiating a reflection process on how to improve.

Drug courts falling in between these markers (e.g., 50-60 percent) may also want to reflect on possible program refinements. A critical caveat, however, is that some drug courts have lower retention rates than others because they work with more difficult-to-change populations (e.g., higher addiction severity, longer history of criminality, deeper level of involvement with deviant peers, etc.). Therefore, it is incorrect to compare the retention rates of several drug courts and automatically assume that the one with the lowest rate is having the least impact on its participants relative to conventional case processing. For example, a 50 percent one-year retention-rate with a population that is highly addicted, possesses a low socioeconomic status, and has a lengthy prior criminal record very likely signifies a tremendous positive impact relative to the status quo. The point is not to use retention rates to pass judgment on a program but as a tip for whether further thought and investigation of existing policies may be worthwhile.

4. Time to graduation

Average time to graduation is an important performance measure. Drug courts typically establish minimum participation requirements (e.g., one year clean and sober); but in fact, graduates often take much longer to complete the program due to interim relapses and setbacks. Without looking squarely at the numbers, it is difficult to know exactly how much time and commitment the drug court truly requires of its participants. For example, if a drug court's minimum time to graduation is one year, but successful graduates in fact average two years before completing, perhaps the court's requirements are too onerous to be finished in the originally anticipated amount of time. If the drug court retention rate also turns out to be low, that might indicate that downgrading the graduation requirements could actually produce better outcomes. John Roman, one of the nation's foremost drug court researchers, recently cautioned in a series of presentations that overloading graduation requirements may be detrimental to drug court efficacy.[9] As a benchmark against which individual drug courts can compare their own results, both a study of 11 New York State drug courts and a national survey across all 50 states found that, on average, graduates spend 15 months in the program.[10]

5. Participant profile

One of the easiest and most rewarding types of action research inquiries involves generating a profile of the demographic, drug use, criminal history, and other background characteristics of participants. While such a profile is not truly a "performance indicator" per se—one would not judge the performance of a drug court based upon enrolling participants in certain demographic categories—a profile still has a large number of practical uses. First, it yields an overall social portrait of the actual participants coming through the program. This can help staff to understand the nature and severity of the problems participants face (with substance abuse, mental health, housing, or employment issues) and how their drug court's profile compares with others. If two drug courts in the same region discover that their participants have similar needs, they might initiate further discussions. For example, an interim evaluation of a new drug court in one borough of New York City showed that its participants had an extremely distinctive profile (a largely young and marijuana-addicted clientele) that was similar to the profile of a drug court in a nearby borough; this led staff from the newer drug court to seek information from the one that had a demonstrated record of success serving a comparable population.

Second, a profile indicates to what extent a drug court's anticipated target population matches the real one. For example, if the target population is predominantly black or Hispanic, but the drug court ends up mainly enrolling Caucasians, that information could lead the drug court to explore why such a disparity arose and possibly to initiate outreach to the defense bar or others in a position to bring a wider pool of arrestees into the program. Or if a jurisdiction established a drug court to address a perceived crack epidemic, but most participants are addicted to marijuana, that might trigger a reexamination of what are truly the most pressing drug use problems in the community or perhaps a reexamination of why those addicted to crack are not making it to the drug court (e.g., perhaps because they tend to be arrested on ineligible charges or have ineligible criminal histories).

**Using a Profile Analysis
to Add New Programming**

During the program's early years, management staff at the Brooklyn Treatment Court would often request data on the participant profile. The data would then be used to make key decisions about supplemental services. For example, evidence of a high prevalence of co-occurring mental health disorders led the court to partner with a local school of social work to provide an onsite psychiatric nurse practitioner, who could conduct detailed psychiatric assessments and to partner with a local treatment provider to provide these participants with additional supports. In addition, profile data showing a high prevalence of unemployment and poor work histories among the participant population was used to demonstrate a need for supplemental employment counseling and job placement services; a vocational specialist was consequently added to the drug court team.

Third, a profile can suggest a need for supplemental services. For example, if more participants than anticipated speak Spanish, that might suggest a need to establish more linkages with treatment programs serving a Spanish-speaking population (or a need for more Spanish-speaking programs in the community). If a large percentage of participants are unemployed and have a poor work history, that might suggest seeking extra funds to establish onsite vocational or employment services; or for establishing more links with community-based treatment programs that offer such services. If many participants suffer from co-occurring mental health disorders, the drug court could seek to add programming for the dually diagnosed. Often, drug court staff will understand the special needs of their participants from everyday experience; but objective data can still be used to verify these experiential impressions as well as to justify funding requests for concrete supplemental services.

OTHER QUESTIONS

While the aforementioned performance indicators are likely to prove important to a large number of drug courts, action research is not only about tracking standard indicators but also about brainstorming to identify new questions with real policy ramifications at the local level. The specific questions to be addressed should flow from the interests and concerns of the team; but in general, some of the most valuable types of inquiries that have yet to be illustrated concern the treatment and recovery *process*.

Sample questions can include:

- How common are relapses and other types of noncompliance during drug court participation?
- How frequently are participants sanctioned and which sanctions are most often imposed?
- How long does it tend to take to reach key milestones (e.g., 90 days clean, promotion to Phase Two, promotion to Phase Three, etc.)?

- Are certain categories of participants, defined by their demographic, criminal history, substance abuse history, or other characteristics, more likely than others to require residential as opposed to outpatient treatment?
- What are critical warning signs of failure?
- How far into the drug court participation process does drug court failure tend to occur (near the outset or at important later stages)?

ACTION RESEARCH AND THE USE OF SURVEYS

Action research need not involve only the analysis of "hard" data. Drug court staff can also gain valuable information through the use of simple survey instruments designed to elicit participant feedback and recommendations. One easy suggestion is to build into graduation activities an opportunity for all participants to fill out a survey with questions designed to probe how they perceived various aspects of their drug court experience: the quality and accuracy of the information they received about the drug court program before agreeing to participate; the role of their attorney and of the prosecutor; the experience of appearing regularly before the judge; receiving positive rewards; receiving sanctions; speaking with their case manager; and attending treatment at a community-based program. If possible, it would be ideal to make such surveys available to participants who fail the drug court as well to elicit their views concerning why they did *not* succeed and what improvements might have helped them.

A Simple Query to Match Participants to Treatment Needs

The Brooklyn Treatment Court uses a mix of residential and outpatient treatment modalities, typically considering factors such as duration and frequency of drug use, employment status, and living situation when recommending an appropriate modality. The first modality is long-term residential treatment for approximately half of all new participants and outpatient treatment for the other half (sometimes following an initial referral to a 30-day rehabilitation program). However, due to early relapses or other compliance problems, participants who are first assigned to an outpatient modality often need to be upgraded later to residential. Investigation conducted in 2001 led to the finding that participants with a primary drug of heroin were particularly likely to be upgraded. Whereas 52 percent of those with a primary drug of heroin were initially placed in a residential program, 86 percent were eventually placed into such a program (of those eventually completing their mandate). In other words, the data identified a population that appeared to be consistently in need of residential treatment, although preexisting practice did not involve routinely referring the population to it initially. The findings led the drug court to refer more heroin-addicted participants to residential treatment at the outset of participation; from 2002 through 2004, 65 percent of participants were initially referred to residential, 13 percent more than previously.

Besides a "catch-all" exit survey, drug courts can also implement special topic surveys whenever specific concerns arise. A few common examples are:

Treatment program feedback
If staff would like more information about the participant experience at their treatment programs, and what if any unmet service needs still exist (e.g., in employment, education, counseling, health care, or other areas), they can design a special survey that might ask participants to rate various aspects of their treatment program (on a 1-5 scale) and might add a series of open-ended questions to probe in greater detail what is most and least helpful about treatment.

Consequences of graduation and failure
If staff is unsure whether participants understand what will be the legal effects of graduating and failing (e.g., how much jail would result), they could design a brief survey to check whether participants in fact have accurate knowledge; who conveyed that knowledge; how often participants were reminded; and how concerned they were to obtain the legal benefits of graduating and avoid the legal consequences of failing.

Civil legal needs
If staff believes many participants have additional legal needs due to simultaneously occurring family or other civil cases, and that these other issues might pose a barrier or source of stress that could interfere with recovery, a survey on the prevalence of various civil legal needs might prove useful.

Case manager survey
Besides the participants themselves, case managers or probation officers working for the drug court can be a valuable resource, particularly when it comes to questions concerning the quality and availability of local treatment programs, both in general and for special needs populations (e.g., participants with co-occurring disorders, Spanish-speaking participants, women with children, etc.); drug court teams might consider designing a survey for their own staff to obtain their feedback in a more systematic way than through informal conversations.

If drug court teams are having difficulties wording questions or figuring out what information to obtain with a closed-ended format (e.g., with yes/no or 1-5 scaled options) and what information to obtain with more probing, open-ended questions, it may take only a short consultation with a local academic to improve the quality of an instrument.

When implementing surveys, it is important to bear in mind that the results are likely to be of greater value, and the process to be better at protecting the rights of the respondents, if they can be submitted anonymously and without drug court staff having the ability to view the surveys exactly when they are dropped-off.

CONCLUSION

Having become empowered to ask real questions about drug court data and performance, drug court practitioners themselves can become action researchers, using data to monitor performance and solve practical problems. While certain inquiries may require access to staff with at least a rudimentary knowledge of research methods, much can be done without specialized expertise simply by tabulating aggregate numbers from official court records or information systems.

Action research may well play a critical role in the future of drug courts. Innovations often lose some of their potency after they are institutionalized and run by new staff who may not be as familiar with the founding ideas and practices. However, simple performance monitoring protocols can help to ensure that program volume remains high and performance is maintained at original levels; and further inquiries can contribute to challenging old routines and initiating new innovations in program areas that were perhaps taken for granted in the past. In this way, the drug court intervention can continue to flourish.

ENDNOTES

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4. These are not with exact precision the numbers examined at the time, but are comparable.

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6. M. D. Anglin, M.-L. Brecht, and E. Maddahian, "Pre-treatment Characteristics and Treatment Performance of Legally Coerced Versus Voluntary Methadone Maintenance Admissions," 27 *Criminology*, 537, 556 (1989); G. DeLeon, "Legal Pressure in Therapeutic Communities", 18 *Journal of Drug Issues*, 625, 640 (1988); R. Peters and M. Murrin. Evaluation of Treatment-Based Drug Courts in Florida's First Judicial Circuit. Tampa, FL: Department of Mental Health Law and Policy, Louis de la Parte Florida Mental Health Institute, University of South Florida (1998); F. Taxman, *Reducing Recidivism Through A Seamless System of Care: Components of Effective Treatment, Supervision, and Transitional Services in the Community,* Greenbelt, MD: Washington/Baltimore HIDTA Project (1998); F. Taxman, B. Kubu, and C. DeStefano, *Treatment as Crime Control: Impact of Substance Abuse Treatment on the Individual Offending Rates of Hard-Core Substance Abusing Offenders,* Greenbelt, MD: Washington/Baltimore HIDTA Project (1999).

7. S. Belenko, "Research on Drug Courts: A Critical Review", 1 National Drug Court Institute Review 1 (1998).

8. M. Rempel, et al., *supra* note 6.

9. See J. Roman, "Lessons Learned From Fifteen Years of Drug Court Research," Presentation at the 2005 Conference of Chief Justices Midyear Meeting, New York, N.Y. (2005).

10. C. Schafer and J. Zweig, *supra* note 4; and M. Rempel, et al., *supra* note 6.

APPENDIX

Action Research Worksheet

1. What are the major goals of your drug court? (Goals identify the overall mission and purpose of the program, not specific methods or numeric targets.)

2. What are the major objectives of your drug court? (Objectives explain how the goals will be achieved. They are specific, realistic, and lend themselves to quantitative performance measures.) For each objective, try to develop quantifiable targets.

3. Were you able to develop realistic quantifiable targets for each objective? If not, what information do you need to develop these targets? How do you propose to obtain it?

4. Develop an action research plan: What data or results do you need to see if you are meeting each of your objectives? How can you obtain that data? Can your staff do it, or do you need outside help (e.g., courthouse clerical staff, administrative staff able to obtain aggregate data from the UTA, or others)? What should be the deadline for reporting the results? Should results be updated regularly (e.g., each month, quarter, or year)?

Action Research Worksheet
[Cont.]

5. What is missing? What other information would it be interesting or helpful for you to know about your program and its participants that may not have fallen clearly under the above objectives? Develop a plan for obtaining and reporting that information.

6. Can practice change? Think about your research plans. Brainstorm examples of drug court practices or policies that you might rethink depending on what results you obtain. Who else would need to be at the table in discussing possible policy changes?

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