

# A Diagnostic Study of the **Barbados** Drug Treatment Courts

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## Findings and Recommendations



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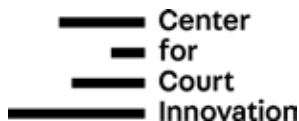
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# Introduction

In order to improve public security in the Hemisphere, the Secretariat for Multidimensional Security (SMS) of the Organization of American States (OAS) recognizes the need to promote policies and dialogue on drugs based on public health and human rights, and consider evidence-based approaches. These policies—to which all OAS member states agreed as part of the OAS' Hemispheric Drug Strategy and Plan of Action on Drugs 2016-2020—include alternatives to incarceration for individuals who have committed a minor criminal offense due to a substance use disorder. These measures help protect human rights, prevent violence, and improve the efficiency of the criminal justice and public health systems.

The Drug Treatment Court (DTC) model, in its various forms, is an excellent example of this type of policy. It represents an alternative to the traditional criminal justice system, and aims to prevent incarceration of certain offenders whose criminal activity is related to a substance use disorder. The DTC model allows these individuals to receive voluntary, comprehensive substance abuse treatment and social reintegration services.

When these programs follow evidence-based practices and quality control standards, they reduce criminal recidivism, optimize use of public funds, protect human rights, and help participants recover from their substance use disorder—which often has devastating effects for the person consuming drugs, their family, and their communities. More than two decades of academic research support this conclusion, giving the DTC model an extremely solid scientific foundation.

To date, fifteen countries from across the region are exploring or implementing the DTC model. Their success depends largely on rigorous monitoring and evaluation during development and implementation of DTCs. Due to this need, the Executive Secretariat of the Inter-American Drug Abuse Control Commission has consulted with subject-matter experts and created a framework for monitoring and evaluation that OAS member states may use. This framework aims to facilitate the review of current DTC processes and allows for future impact evaluations.

The first process evaluation based on this framework, which studied a DTC in Guadalupe, Nuevo León, Mexico, was successfully completed in 2013. Additionally, an independent study of six countries from the region (Barbados, Costa Rica, Jamaica, Panama, Dominican Republic, and Trinidad and Tobago) was carried out from the second half of 2017 to early 2018, in collaboration with the

Center for Court Innovation (CCI). This study examined the degree to which each of the programs was implementing evidence-based policies and practices, with the overall goal of improving their results. We appreciate the institutional openness and buy-in that each of the participating countries provided to facilitate this evaluation. We hope that it also allows decision-makers and DTC program managers to strengthen their programs, identify areas where improvements can be made, and provide useful evidence to the scientific community.

***Dr. Farah Urrutia***  
***Secretary for Multidimensional Security***



# Preface

The OAS' Hemispheric Drug Strategy 2010 recognizes that, “drug dependence is a chronic, relapsing disease that is caused by many factors, including biological, psychological or social, which must be addressed and treated as a public health matter.” This Strategy calls on member states to explore ways to offer treatment, rehabilitation, and social reintegration services to criminal offenders who suffer from a substance abuse disorder, as an alternative to their prosecution or incarceration.

Since 2008, the Executive Secretariat of CICAD (ES/CICAD) has worked to promote various alternatives to incarceration for individuals who have committed low-level offenses due to their consumption of drugs. In this context, a growing number of member states have requested our technical assistance to support the exploration and/or implementation of the Drug Treatment Court (DTC) model. In response, we have sought out and facilitated forums for political and technical dialogue, such as regarding the promotion of evidence-based practices. This has required a long-term vision, along with commitment and leadership from the executive branches, criminal justice systems, public health systems, educational institutions, social service providers, and civil society in OAS member states.

One can evaluate the impact of DTCs from different perspectives, including: reducing criminal recidivism, lowering relapse rates, and saving public funds by reducing the number of prisoners and pre-trial detainees. This requires clear baselines and protocols that permit tracking results over time, as well as standard means of information collection and analysis.

It was our hope—and, we trust, the hope of the six participating countries—that ES/CICAD's independent evaluation will permit the identification of strengths and successes, as well as lessons learned and opportunities for improvement. So too, we trust that the participating countries can use these recommendations as a mechanism to ensure the quality of service they desire for their programs, especially in light of the time and continuous effort necessary to create and maintain them. Consequently, I am confident this study will serve as a reference for the expansion of training on DTC program policies, procedures, and implementation in these nations.

I firmly believe that we make progress by designing programs that are tailored to the circumstances of each implementing member state, and supported by scientific evidence and evaluations. I would like to express my sincere gratitude to the leadership of each participating country, their national

drug commissions, their judicial authorities, and all of the other institutions that have made this study possible. I am also grateful for the efforts of the CCI evaluators and the Institutional Strengthening Unit of ES/CICAD—as well as to the Government of Canada for its financial support through the ACCBP program.

***Ambassador Adam E. Namm***  
***Executive Secretary***  
***Inter-American Drug Abuse Control Commission (CICAD)***

# Letter of The Barbados Drug Treatment Courts Steering Committee

## BARBADOS RESPONSE TO THE EVALUATION

Alternatives to incarceration have been a subject of discussion in Barbados for some time. Our Judges and magistrates within the discretion given to them by law on occasion have explored innovative ways to deal with offenders other than sending them to prison. The initiative of the Inter American Drug Abuse Control Commission (CICAD) to promote a hemispheric project on Drug Treatment Courts (DTCs) as an alternative to incarceration was seen, therefore, by the government as a positive development.

In June 2012, we took another major step towards the introduction of the DTC in Barbados when the country hosted a *“Sensitization Workshop”* in collaboration with CICAD and the Canadian Association of Drug Treatment Court Professionals (CADTCP). The Workshop presented the model to judicial, medical and other stakeholders and explored the steps necessary for the successful establishment of the pilot.

In March 2013, Barbados joined the fraternity of countries with the signing of a Memorandum of Understanding (MOU) with CICAD to implement the DTC model. The MOU formalized the participation of Barbados in the hemispheric project and detailed the technical assistance which would be provided by CICAD to support the initiative.

On February 11, 2014 Barbados formally inaugurated the country's first pilot Drug Treatment Court as an alternative to incarceration for drug dependent offenders, at the Supreme Court in the city of Bridgetown. I wish to note that the launch of this Court represented the culmination of a period of three years of preparatory work supported by the Organization of American States (OAS) through the Inter-American Drug Abuse Control Commission (CICAD), with funding from the Government of Canada and the United States of America.

The stakeholders of the Barbados Drug Treatment Court have been exposed to several targeted training opportunities both locally and abroad which have been aimed at building capacity and acquiring good and best practices from jurisdictions with longer experience. We have made significant progress since our 2014 start and now we have accepted our third cohort of clients.

We were fortunate to have an evaluation conducted at the end of the pilot phase by the Criminal Justice Research and Planning Unit of the Office of the

Attorney General. This diagnostic evaluation identified several adjustments that could advance the effectiveness of the Court. The DTC Steering Committee has moved to address most of the recommendations identified. It is the view of the stakeholders that it is an opportune time for the Drug Treatment Court to be exposed now to an external evaluation and therefore we have welcomed the project of the Inter-American Drug Abuse Control Commission (CICAD), in partnership with the Center for Court Innovation (CCI) to carry out this external diagnostic study of the Barbados Drug Treatment Court.

The CCI diagnostic study has yielded twenty-four (24) recommendations which will be studied closely by all stakeholders with a view to improve the process and impact of the Court. I wish to take the opportunity to offer my thanks and gratitude to the Inter-American Drug Abuse Control Commission (CICAD), the Centre for Court Innovation and the OAS Barbados Office for undertaking this research. Our stakeholders in Barbados will focus on the recommendations with a view to offer a higher quality product to the clients of the Court.



Justice Randall Worrell,

High Court Judge,

Chair, Barbados Drug Treatment Court Steering Committee

# Acknowledgements from CCI

This research has been carried out in collaboration with the Executive Secretariat of the Inter-American Drug Abuse Control Commission (ES/CICAD), Secretariat for Multidimensional Security, Organization of American States (OAS), with institutional and financial support from the Government of Canada through the Anti-Crime Capacity Building Program (ACCBP).

Thanks to Antonio Lomba, Francis McBarnette, and Luisa Neira, who worked tirelessly to coordinate the site visit and stakeholder meetings and provided invaluable feedback about the history of drug treatment courts in Barbados and throughout the Caribbean. Special thanks to Luis Suarez, who not only played a role in coordinating the site visit, but also accompanied the research team on the visit and took invaluable notes during interviews. Thanks to Antonio Lomba and Jeffrey Zinsmeister for their feedback on drafts of this report.

Our gratitude to the stakeholders and agency representatives who generously took the time to speak with us and to provide feedback on the policies and procedures of the Barbados Drug Treatment Court. Thanks to Justice Randall Worrell for his thoughtful comments on an earlier version of this report.

At the Center for Court Innovation, thank you to Mike Rempel for his feedback on the evaluation methodology, instruments, and on a draft of this report. Thanks also to Aaron Arnold, Rachel Swaner, Julian Adler, and Greg Berman for providing feedback on an earlier version of the report.

The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author and do not necessarily represent the positions or policies of OAS or the Canadian Government. For correspondence, please contact Amanda Cissner, Center for Court Innovation, 520 8th Avenue, 18th Floor, New York, New York 10018 ([cissnera@courtinnovation.org](mailto:cissnera@courtinnovation.org)).

# Executive Summary

## Overview

In 2017, the Center for Court Innovation (CCI) conducted a diagnostic study of Barbados's drug treatment court, including a detailed survey and site visit. Broadly speaking, the Barbados drug treatment court system demonstrated a number of strengths, including but not limited to:

- An innovative approach to drug testing, given the primarily marijuana-using target population;
- A diversity of available treatment approaches, including those that build on pro-social family supports;
- Community support and in-kind donations enabling the court to do more with limited resources; and
- National data collection capacity.

The research team also identified areas of opportunity for improvement. Recommendations include, but are not limited to the following recommendations:

- Create a drug treatment court coordinator role;
- Consider expanding legal eligibility criteria;
- Create manualized treatment curricula drawing on approaches that are evidence-based; and
- Promote consistent defense representation.

These findings and others, detailed below, hopefully provide a framework for building upon the courts' existing strengths, and making improvements where possible.

## Background

By 2019, at least fifteen nations and two territories in the Americas had explored, developed, or implemented some type of DTC model: Argentina, Barbados, Belize, Bermuda, Canada, Cayman Islands, Chile, Colombia, Costa Rica, Dominican Republic, Guyana, Jamaica, Mexico, Panama, Peru, United States, and Trinidad and Tobago. The DTC model has also spread across the ocean to nations in other continents followed the United States after 2000. In 2010, the Organization of American States (OAS) through the Inter-American Drug Abuse Control Commission (ES/CICAD) launched the OAS Drug Treatment Court Program for the Americas to support, when requested by member states, the expansion of the model.

With the expansion of drug treatment courts through the region, ES/CICAD sought to establish a framework for effective monitoring and evaluation in diverse contexts across the Caribbean and Central America. Accordingly, with funding through the Canadian Anti-Crime Capacity Building Program, ES/CICAD contracted the Center for Court Innovation to conduct an independent evaluation of the implementation of drug treatment courts in six countries (Barbados, Costa Rica, Dominican Republic, Jamaica, Panama, Trinidad and Tobago). Specifically, the Center for Court Innovation was engaged to conduct a *diagnostic evaluation* in each of the six sites, exploring the extent to which the courts are implementing those policies and practices found to improve outcomes in the previous drug treatment court literature.

The current report includes findings and recommendations based on the diagnostic evaluation of the Barbados Drug Treatment Court (DTC). Research methods included a policy and practices survey completed by members of the drug treatment court team; interviews with team members and state-level stakeholders involved in court planning and operations and structured courtroom and pre-court staffing meeting observations.

The drug treatment court is located in Bridgetown, Barbados and began hearing cases on a pilot basis in 2014. The court operates within the Magistrates' Courts (lower court); court is held once a month. The court accepts only adult participants. During the first 20 months of operations, the court had enrolled 41 participants in two distinct cohorts. Participants are required to complete four program phases, lasting a total of 12 months.

## Program Strengths

The Barbados drug treatment court has implemented several innovative approaches to addressing the needs of the program’s target population. Moreover, the program draws on some specific strengths, including:

- A collaborative approach to the operation of the nation’s drug treatment courts;
- An innovative approach to drug testing, given the primarily marijuana-using target population;
- Probation outreach that incorporates family and community feedback;
- A diversity of available treatment approaches, including those that build on pro-social family supports;
- A reliance on peer support to encourage participants;
- Community support and in-kind donations enabling the court to do more with limited resources;
- National data collection capacity; and
- Varied efforts to inform participants that their participation in the program is voluntary.

## Collaboration

Drug treatment courts were founded on the idea that addicted offenders are best served when justice system and community-based treatment stakeholders work together to promote each participant’s recovery (OJP/NADCP 1997). The Barbados court brings together a collaborative team, comprised of a dedicated magistrate and representatives from:

- The National Council on Substance Abuse (NCSA);
- The forensics team responsible for drug testing;
- Probation, which helps determine initial program eligibility; and
- Liaisons from both the dedicated outpatient treatment provider and the sole available residential facility.

The position of the dedicated police prosecutor is currently vacant; there is no dedicated defense attorney assigned to the court.<sup>1</sup>

1. Any legal or constitutional implications arising from the lack of dedicated defense attorney fall outside the scope of this evaluation.



## **Collaboration Recommendations**

Recommendations for improving collaboration include creating a coordinator role; implementing regular *clinical* team meetings (including treatment, forensics, probation, and NCSA); consistent attendance by a single, dedicated agency representative at all team meetings; the addition of a dedicated representative of the defense bar to the drug treatment court team; creating additional training opportunities for all members of the team; and training a backup magistrate in the drug treatment court model.

## **Screening & Assessment**

A drug treatment court's legal and clinical eligibility criteria, combined with its protocols for referring cases, determine who can participate. Evidence indicates that more systematic protocols can result in successfully identifying—as well as enrolling—more drug treatment court candidates (Fritsche 2010). Evidence further suggests that eligibility and treatment criteria should be informed by Risk-Needs-Responsivity principles—(1) treatment interventions are most effective with *high-risk* offenders, i.e., those who are especially predisposed to re-offend; (2) treatment is most effective when it targets an offender's criminogenic needs; and (3) treatment should be tailored to different offender attributes and learning styles (Andrews and Bonta 2010).

### **Legal Eligibility**

The court has some discretion regarding legal eligibility. Drug possession and other non-trafficking drug-related offenses are eligible for the drug treatment court. Violent charges are not eligible for the drug treatment court, but convictions for violent offences on one's criminal record do not necessarily rule out participation. Other charges may be considered on a case-by-case basis. All cases are admitted to the program on a post-plea/pre-sentence basis. Since the creation of the court, the vast majority of participants have been admitted on a possession of cannabis charge.

### **Clinical Eligibility**

The most common drug of choice for drug treatment court participants is marijuana, with some crack cocaine users and one primary alcohol user. The court does not utilize a validated clinical instrument to determine level of addiction, but draws on a series of screening questions asked by the magistrate along with an in-depth probation inquiry. Further clinical assessment—based on professional judgment rather than a validated instrument—is conducted by the treatment provider once participants have been deemed program eligible and informs the treatment plan. Defendants with serious mental health issues are not eligible for the drug treatment court.

### **Program Referral**

If the defendant appears to have a drug problem and the case is legally eligible for the drug treatment court, the magistrate in the court of first appearance (or the defense attorney, if one

is present) can refer the case to drug treatment court. In practice, it was estimated that only about 20-25% of cases were referred by anyone other than the dedicated drug treatment court magistrate.

### **Program Admission**

The drug treatment court team determines program eligibility for each applicant. In a special committee meeting for this purpose, the team makes eligibility decisions by reviewing results from probation's pre-sentence report or drug treatment court report, psychiatric report (where available), criminal history, urine screen results, and a clinical screening conducted by the treatment provider.

**The Cohort System** Participants are admitted and progress through the program in cohorts. That is, participants are admitted into the court as a group (cohort) on an annual basis and then advance through the program together. The cohorts run from January to December each year; graduation is held once a year. At the time of the evaluation, the court had admitted two cohorts. Team members reported that the cohort system creates a valuable support network for the participants; some team members also felt the cohort system enabled the program to maximize available resources.

### **Screening & Assessment Recommendations**

Recommendations include formalizing and clarifying both legal and clinical eligibility criteria and using validated assessment tools to inform eligibility decisions, supervision levels, and treatment planning. We further recommend that the court weigh the potential benefits of targeting higher-risk (i.e., more likely to commit future crimes) and higher-need (i.e., higher need for treatment) participants. Once eligibility criteria are more clearly established, the court should engage in an awareness campaign to increase referrals from other magistrates, defense attorneys, and other sources. Finally, notwithstanding the benefits of peer support, the cohort system is clinically limiting and contraindicated by the research literature, which suggests that treatment for court-ordered participants should be initiated as soon after the precipitating arrest as possible to maximize outcomes.

## **Treatment**

According to research, cognitive-behavioral approaches that lead participants to recognize their triggers to anti-social behavior and develop decision-making strategies that will yield more pro-social responses are particularly effective in reducing recidivism (Lipsey et al. 2007). Treatment should be adapted to the individual needs of participants. Finally, research shows that beginning treatment within 30 days of arrest can engage participants at a juncture where they are often more receptive to entering such programs.

All treatment for participants is administered through Counselling Addiction Support Alternatives (CASA), a government-funded, outpatient treatment facility. Once a participant is accepted into the program, treatment staff create an individualized treatment plan. Treatment plans are designed to be measurable, and incorporate timelines for reaching at least three participant goals.

The treatment team uses a variety of modalities based on their own training and preference. There is no set manual for treatment, but treatment staff report that most of it is adapted from various cognitive-behavioral curricula. Counseling sessions are conducted on an individual basis with periodic family sessions until Phase Three of the program, at which point group sessions are introduced. Participants who require higher-intensity residential treatment—for instance, those who are continuously using—are referred to the sole available residential provider.

CASA holds regular clinical team meetings to review each participant’s progress in treatment and reports to the team during pre-court staffing meetings.

### **Treatment Recommendations**

It is recommended that the program incorporate a quality clinical mental health screening prior to program admission. It is further recommended that the treatment provider create manualized curricula based on approaches that are evidence based in order to promote use of such practices, while still allowing providers to be responsive to individual participant needs.

## **Deterrence**

Drug treatment courts employ three basic deterrence strategies: (1) monitoring, (2) threat of consequences for program failure, and (3) interim sanctions.

### **Monitoring**

All participants return to court for judicial status hearings once a month throughout the year-long program. Participants are drug tested twice a month by the Forensic Science Centre; positive tests result in additional testing to assess the concentration of drug(s) present in the participant’s system. This is particularly relevant, given that most participants are primary marijuana users; metabolites of marijuana’s psychoactive ingredient can remain in the system for up to about 30 days, though at progressively diminishing levels. In addition, periodic testing is conducted by the treatment provider; while it is not truly random, participants are not given advanced notice of when they will be tested. Participants are required to have six consecutive negative drug screens in order to graduate.

The Probation Department is responsible for community supervision of participants, although no regular probation appointments are required. Probation officers may perform home visits, depending on participant need. An extra level of support and supervision is provided by “patrons”—typically family members—in the community.

### **Monitoring Recommendations**

We recommend that probation more closely supervise participants in the community. Probation should engage in ongoing monitoring of participants and have more frequent direct contact with participants for the purposes of providing additional supervision and additional support for participants between court appearances. It is further recommended that the court clarify the consequences of both program failure/withdrawal and nonattendance at pre-court sessions with National Council on Substance Abuse (and develop reporting to support mandatory attendance).

### **Legal Consequences**

Drug possession—the most common charge seen in the drug treatment court—typically leads to a criminal record and a non-custodial sentence of a \$1,500-\$3,000 fine and/or community service. However, drug treatment court graduation leads to expungement of charges. Interviewees report that for first time offenders, graduating without a criminal record is an important incentive.

If a participant leaves the program prior to graduation, they may still be eligible for a reduced “alternative sanction,” which takes into account their progress in the program.

### **Interim Sanctions & Incentives**

The court uses applause, vouchers, and permission to leave court early as incentives for positive behavior. The court gives out vouchers to a local bar/restaurant. Sanctions for negative behavior and drug use include a verbal reprimand, or the withholding of incentives.

### **Deterrence Recommendations**

It is recommended that the court reevaluate the use of sanctions that reflect the principles of certainty, appropriate severity, and celerity. Specifically, the court might develop a sanctions guide and disseminate it to all participants; create clear protocols for probation, treatment, and NCDA to report compliance to the court; and implement graduated court appearances to reward program compliance (and sanction noncompliance). The court should also reconsider the current practice of incentivizing compliance with vouchers for a local bar/restaurant, in favor of a locale that does not serve alcohol.

## **Procedural Justice**

Procedural justice involves the fairness of court procedures and interpersonal treatment during the pendency of a case. Some research has indicated that when defendants have more favorable perceptions of procedural justice, they are more likely to comply with court orders and to follow the law in the future (Paternoster et al. 1997; Tyler and Huo 2002).

## **Understanding**

Potential drug treatment court participants receive a flyer outlining frequently asked questions and a copy of the requirements for progressing through the four phases of drug treatment court.

A dedicated law chamber sends attorneys to attend treatment court sessions; however, participants may have a different legal representative at each court appearance. Inconsistent legal representation could undermine participants' sense that the process is fair.

## **Judicial Status Hearings**

Observations of the drug treatment court calendar suggest that the magistrate engages in many recommend practices, including making eye contact with and speaking directly to participants during appearances, asking questions requiring responses beyond "yes" or "no," indicating knowledge of participants' personal situations and progress, and praise/applause for positive reviews. The physical layout of the courtroom placed participants quite far from the magistrate and the acoustics in the room prevented members of the evaluation team (and, presumably, other participants) from understanding everything that was said.

## **Procedural Justice Recommendations**

Longer, more conversational check-ins can promote participants' sense that the magistrate receives updated information and knows what is happening in their lives and cares about their progress; the magistrate should strive for the three-minute appearance length suggested by research (Carey et al. 2012). The court should determine ways to reconfigure appearances so that distance from the participant to the magistrate is minimized and the audience is brought nearer the front of the courtroom. A dedicated defense presence would enhance consistency and participant understanding.

## **Monitoring & Evaluation**

Successful monitoring and evaluation follows specific principles, starting with clearly defining outcomes and performance measures. Regular and timely data entry into an accessible data management system enhances the ability of the program to respond to issues as they arise and can facilitate long-term evaluation.

While the Barbados program has identified broadly anticipated benefits of the drug treatment court model, a logic model would provide a useful tool for refining specific goals and objectives.

The Barbados drug treatment court benefits from criminal justice and drug use data collection on a national scale. The program would benefit from documenting data collection protocols and formalizing data collection responsibility to enable continued assessment of data quality and program performance.



# Chapter 1

## Introduction & Methodology

### Project Background

With the expansion of drug treatment courts (DTCs) through the Western Hemisphere, and in line with the current Hemispheric Plan of Action on Drugs 2016-2020, the Executive Secretariat of the Inter- American Drug Abuse Control Commission (hereafter ES/CICAD), Secretariat for Multidimensional Security of the Organization of American States (OAS), has sought explore models and methodologies to facilitate monitoring and evaluation.

While only five countries in the hemisphere had drug treatment courts in 2011, as of 2019, fifteen are exploring or implementing the model.<sup>2</sup> To achieve ongoing success, it is essential to measure progress, identify good practices, and point out areas of improvement. In that way, the model can serve its intended purposes, *e.g.*, reducing crime/recidivism, reducing prison populations, saving public funds, and giving drug-dependent offenders a chance for rehabilitation and social reintegration and an alternative to prison. Such diversion of certain drug-dependent offenders from prison into treatment, following evidence-based practices, also bolsters human rights protections.

As part of this effort ES/CICAD partnered with the Center for Court Innovation to conduct an independent evaluation of the implementation of drug treatment courts in six countries (Barbados, Costa Rica, Dominican Republic, Jamaica, Panama, Trinidad and Tobago), with funding from the Canadian Anti-Crime Capacity Building Program (ACCBP). For the particular case of Barbados, ES/CICAD has also received the support of the Caricom Secretariat through the 10<sup>th</sup> EDF program funded by the European Commission.

CCI conducted a *diagnostic evaluation* in each of the six sites, exploring the extent to which the courts are implementing policies and practices recognized in drug treatment court literature to improve outcomes.

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2. This expansion is due in significant part to the training and technical assistance ES/CICAD has provided at the request of several OAS member states, with the financial support of the governments of the United States, Canada, and Trinidad and Tobago. Part of that assistance includes supporting the generation of evidence-based practices, and the capacity to monitor progress to facilitate change and to achieve best results.

Chapter 1 of this report starts with a brief overview of the drug treatment court model and then describes the diagnostic evaluation framework generally, before outlining the specific methods used for the evaluation of the Barbados drug treatment court model. Chapters 2 through 7 detail the specific findings from Barbados, organized by the six key components of the diagnostic evaluation framework: collaboration, screening and assessment, deterrence, treatment, procedural justice, and monitoring and evaluation. Chapter 8 summarizes program strengths and provides recommendations.

## The Barbados Drug Treatment Court

Barbados's Drug Treatment Court is located in Bridgetown, the country's capital and largest city (population 110,000). The court began hearing cases on a pilot basis in early 2014. Implementation followed an institutional decision from the Government of Barbados through the Office of the Attorney General in cooperation with the Office of the Chief Justice.

To make this initiative a reality, the Government of Barbados formally requested technical assistance from ES/CICAD. In the past years, that technical assistance materialized thanks to the leadership of the government of Barbados and its judiciary, and to the financial support of the governments of Canada and the United States. Facilitated by ES/CICAD, as well as partner organizations such as the Canadian Association of Drug Treatment Court Professionals (CADTCP) and the National Association of Drug Court Professionals (NADCP), judges, magistrates, prosecutors, defense, treatment providers, and probation officers in Barbados benefited from a combination of formal training and multiple observation visits to other courts internationally.

The Barbados Drug Treatment Court operates within the Magistrates' Courts (lower court), which have summary jurisdiction over criminal matters. The Drug Treatment Court hearings take place in a courtroom at the Supreme Court Complex on the second Wednesday of each month. During the first 20 months of operations (as of September 2017) the court had enrolled 41 participants in two distinct cohorts, a topic discussed in greater detail below.

It was reported during interviews that the original steering committee for the Barbados Drug Treatment Court felt that establishing the court under a memorandum of understanding (MOU) rather than via legislative action would provide the court and its partners more flexibility. Thus, in March 2013, the court was established through an MOU between the National Council on Substance Abuse/Office of the Attorney General and the Organization of American States (OAS), with ES/CICAD coordinating much of the planning and training activities.



**Figure 1. Map of Drug Treatment Court Location in Barbados**



## The Drug Treatment Court Model

Although policies and practices vary from site to site, certain core elements of the drug treatment court model are close to universal. In the late 1990s, ten of these elements were memorialized in *Defining Drug Treatment Courts: The Key Components* (OJP/NADCP 1997). Around the same time, an international working group established an overlapping set of 13 drug treatment court principles (United Nations 1999). Much more recently, two parallel efforts have drawn attention to those particular drug treatment court policies that are supported by evidence—the *Seven Program Design Features* (BJA/NIJ 2013) and *Adult Drug Treatment Court Best Practice Standards I & II* (NADCP 2013, 2015). Nearly all the research informing these documents is drawn from the drug treatment court landscape in the United States and Canada. The first drug court in the United States was founded in 1989; there are currently over 3,500 in the country.

By contrast, the expansion of drug courts to countries in the hemisphere beyond the United States and Canada began considerably later, with the first Caribbean drug treatment court established in Jamaica in 2001 and the first Latin American court established in Chile three years later.

It is worth reiterating that the research and established drug court standards cited throughout this report are based principally on studies conducted in the United States and Canada. While the specific cultural contexts of the courts included in the current study may suggest modifications or adaptations to the model, the starting point for the diagnostic evaluation is the identification of adherence to these established evidence-based standards.

In general, drug treatment courts combine the idea that criminal behavior and drug use can be reduced through community-based treatment with the idea that only through intensive judicial oversight are participants likely to remain engaged in treatment for long enough to benefit (see overview of the model in Rempel 2014). The main beneficiaries of the drug treatment court model are those drug dependent offenders who would otherwise be subject to the traditional criminal justice system and face potential imprisonment for crimes (crimes against property, for example), but whose drug dependence is the underlying reason they committed the offense in the first place.

Indeed, a longstanding body of research confirms that treatment can reduce crime and drug use when participants are engaged in treatment for at least 90 days and preferably up to one year (Anglin, Brecht and Maddahian 1989; DeLeon 1988; Taxman 1998; Taxman, Kubu, and Destefano 1999). However, treatment retention rates are generally poor, with more than three-quarters of those who begin treatment dropping out prior to 90 days (Condelli and DeLeon 1993; Lewis and Ross 1994). The drug treatment court model asserts that judicial oversight can incentivize participants to remain engaged in treatment for longer periods. Prior research confirms that legal leverage, whether through judges or other parts of the criminal justice system, can increase treatment retention rates for those accused of criminal activity (Anglin et al. 1989; DeLeon 1988; Hiller, Knight, and Simpson 1998; Rempel and DeStefano 2001; Young and Belenko 2002). Numerous studies of U.S. drug treatment courts show similar results, with one-year retention rates averaging at least 60 percent—representing a vast improvement over “treatment as usual” programs (Belenko 1998; Cissner et al. 2013; Rempel et al. 2003; Rossman et al. 2011).

Drug treatment courts in the United States employ judicial oversight through several mechanisms. Once participants are accepted (meet the legal and clinical eligibility criteria), they must attend regular judicial status hearings, often weekly or biweekly at the outset of participation, before a specially assigned judge. At these hearings, the judge engages in a motivating, conversational interaction with each participant; administers interim sanctions in response to noncompliance; and provides praise, vouchers, or other tangible incentives in response to progress. Participants are also regularly drug-tested and, in most programs, must meet with case managers or probation officers, who monitor compliance, provide service referrals, and assist participants with problems that arise. Further incentivizing compliance, program graduates can expect to receive a dismissal or reduction of the criminal charges against them, whereas those who fail can expect to receive a conviction along with a sentence of incarceration.

Another important feature of the drug treatment court model is the high level of cross-system collaboration fostered amongst justice and treatment professionals. In this model, various agencies and institutions work together for the sole purpose of helping participants. Many drug treatment courts hold weekly staffing meetings, in which the team—typically the judge, prosecutor, defense attorney, case managers, probation officers, and treatment providers— discuss how each participant is progressing and arrive at recommendations regarding treatment needs and judicial responses. The judge is the one who ultimately makes the final decision in court. The use of these staffing meetings to facilitate treatment planning decisions and, at times, to air opposing points of view allows for a more collaborative approach during the actual court session that follows. By minimizing the adversarial process during the court session, the judge can engage in a more unmediated, constructive, and motivating interaction with the participant, and the participant experiences the team’s dedication to their recovery while still protecting due process.

### **The Impact of Adult Criminal Drug Treatment Courts**

The research on the impact of drug treatment courts for adult criminal offenders, the majority of which derives from studies of U.S. courts, indicates that most of these programs reduce recidivism.<sup>3</sup> Across more than 90 evaluations, average differences in drug treatment court and comparison group re-arrest or re-conviction rates have ranged from eight to 12 percentage points (Gutierrez and Bourgon 2009; Mitchell et al. 2012; Shaffer 2011). Most evaluations have tracked defendants for one or two years, but several extended the follow-up period to three years or longer and still reported positive results (e.g., Carey, Crumpton, Finigan, and Waller 2005; Finigan, Carey, and Cox 2007; Gottfredson, Najaka, Kearley, and Rocha 2006; Rempel et al. 2003).

Few studies have directly examined whether drug treatment courts reduce drug use, but among those that do, results are also mostly positive (Deschenes, Turner, and Greenwood 1995; Gottfredson, Kearley, Najaka, and Rocha 2005; Harrell, Roman, and Sack 2001; Rossman et al. 2011; Turner, Greenwood, Fain, and Deschenes 1999). In particular, the National Institute of Justice’s *Multi-Site Adult Drug Treatment Court Evaluation*, a five-year study of 23 drug treatment courts and six comparison jurisdictions across the United States, found that drug treatment court participants were significantly less likely than comparison offenders to report using any drug (56% v. 76%) or to report using serious drugs (41% v. 58%) in the year prior to an 18-month follow-up interview (Rossman et al. 2011).<sup>4</sup>

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3. Research literatures on juvenile, family, reentry, and tribal drug treatment courts are less extensive than the research literature on the original adult criminal model. Since the current project is limited to adult criminal drug treatment courts, this report will not address research concerning other closely-related models.

4. Serious drug use omitted both marijuana and “light” alcohol use, with the latter defined as less than four drinks per day for women and less than five drinks per day for men. Besides demonstrating positive results on self-report measures, the same study also detected positive effects on drug use when examining the results of oral swab drug tests that were conducted at the time of the 18-month follow-up interview.

Finally, an array of cost-benefit studies in the United States (e.g., Barnoski and Aos 2003; Carey et al. 2005; Waller, Carey, Farley, and Rempel 2013; Rossman et al. 2011) and one in Australia (Shanahan et al. 2004) indicate that drug treatment courts consistently produce resource savings. These savings largely stem from reducing recidivism, which avoids costs to taxpayers and crime victims that would otherwise have resulted had drug treatment courts not prevented new crimes. The greatest source of these savings lies in treating “high-risk” individuals (those most likely to re-offend) who, had they not enrolled in drug treatment court, would likely have committed serious property or violent crimes (Roman 2013).

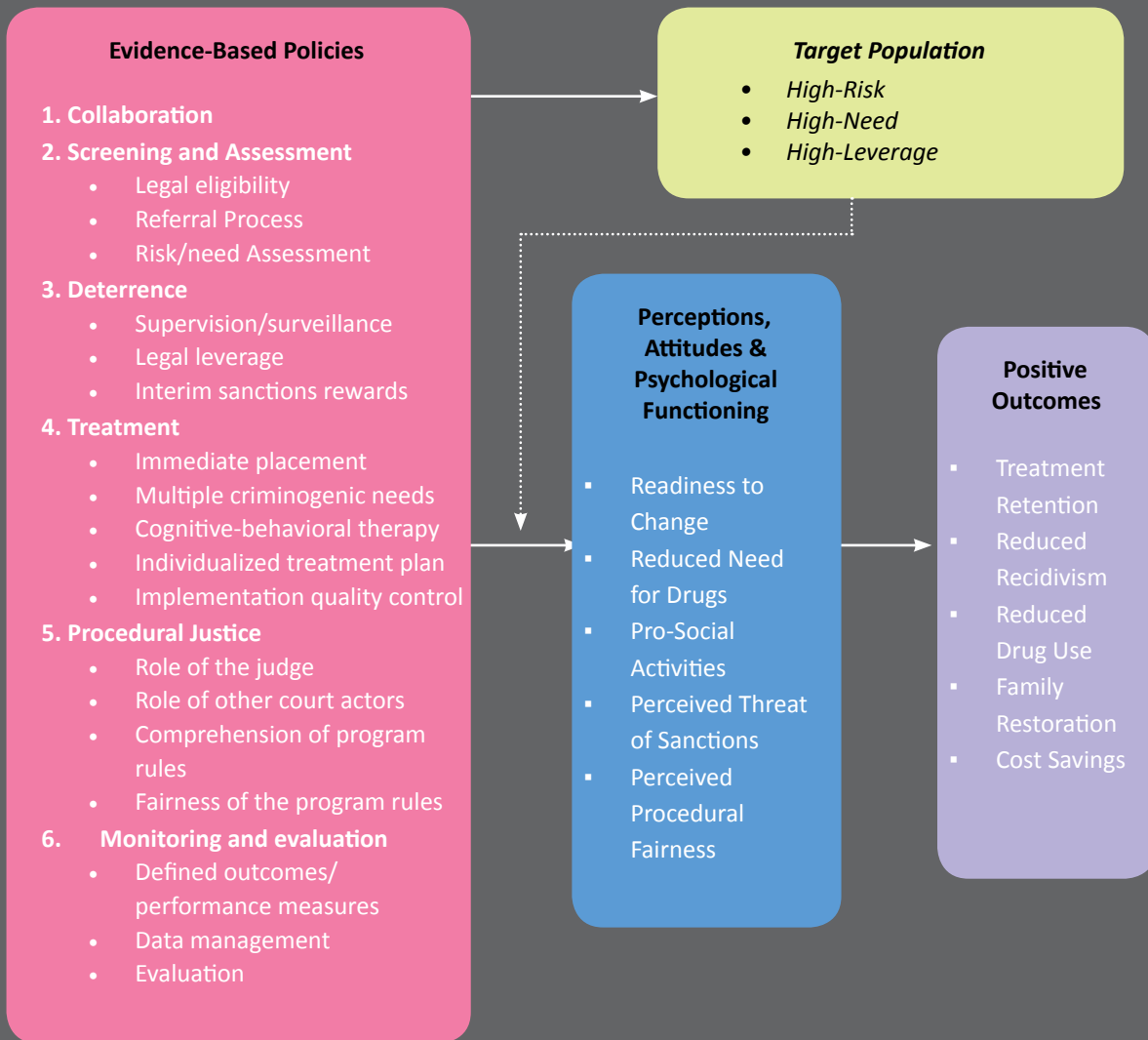
Despite the positive average effects of drug treatment courts, research also makes clear that they are not all equally effective. The impact ranges from cutting the re-arrest rate in half to reducing re-arrests by modest levels to—in a small number of drug treatment courts—*increasing* re-arrests (see especially Mitchell et al. 2012). Moreover, research has drawn a clear link between the rigorous application of evidence-based principles and practices and more positive drug treatment court impacts (see especially Carey, Macklin, and Finigan 2012; Cissner et al. 2013; Gutierrez and Bourgon 2009; Rossman et al. 2011). The realization that evidence-based practices truly matter has led the National Association of Drug Treatment Court Professionals and major funding agencies in the United States to define and promote such practices (described below) to a dramatically greater extent than during the first 20 years of the drug treatment court experiment (NADCP 2013; BJA/NIJ 2013).

## Diagnostic Evaluation Framework

To inform efforts to expand the drug treatment court model throughout the hemisphere, generally, and in Barbados, specifically, the present diagnostic evaluation focuses on the original pilot program in Bridgetown, Barbados.

Specifically, the policies and practices of the Barbados Drug Treatment Court (DTC) were assessed according to an evaluation framework (see Figure 2) based on past research concerning “what works”

**Figure 2. Diagnostic Evaluation Framework**



in adult drug treatment courts. The framework used here captures the evidence-based practices that inform the best practice standards (NADCP 2013, 2015) and the ten key components (OJP/NADCP 1997), and condenses these documents into six broader areas, organized to reflect the linear progression of cases through the program. Moreover, this framework was previously used in two evaluations conducted for the Organization of American States (Rempel et al. 2014; Raine, Hynynen Lambson, Rempel 2017). Figure 2 displays the evaluation framework, dividing drug treatment court

policies into six core areas (left column). In theory, by implementing effective policies in these areas, a drug treatment court can reach an appropriate target population and produce positive changes in participant perceptions, attitudes, and cognitions (middle column). In turn, these changes can precipitate reductions in recidivism and drug use as well as cost savings for taxpayers and for crime victims (right column). The research that informs this framework is summarized in the following chapters.

## Evaluation Methods

The policies and practices of the Barbados Drug Treatment Court were assessed within each category and sub-category of the evaluation framework. Information for this assessment was gathered through a policy survey completed by court administrators and a two-day site visit to the court, including in-person interviews and structured observations.

### Policy survey

All courts included in the six-site study were asked to complete an exhaustive survey documenting the policies and practices of the drug treatment court. Court personnel were asked to complete the survey in collaboration with the full array of stakeholders collaborating on the drug court in their jurisdiction. The survey was available online or via email. The full survey included over 100 questions across key domains including: caseload and data tracking; drug treatment court eligibility and screening; program length and progress through the program; case management and drug testing practices; legal implications of drug court graduation and failure; judicial monitoring and interaction; common sanctions or responses to participant noncompliance; common incentives or responses to participant achievements; available treatment options; ancillary services; and court staffing (see Appendix A).

### Site visit

In October 2017, a three-person evaluation team conducted a two-day site visit to Bridgetown, Barbados. The evaluation team was comprised of one member of the Center for Court Innovation's research team, one member of the Center for Court Innovation's drug court training and technical assistance team, and a one representative from ES/CICAD. The site visit agenda was developed collaboratively by the Center for Court Innovation and OAS, with the dual goals of (1) interviewing the range of team members and stakeholders involved in planning and implementing the court and (2) observing the court in session, including the pre-court staffing meeting. In Barbados, the local OAS representative accompanied the evaluation team.

**Team Member Interview** A total of 19 drug treatment court team members and stakeholders were interviewed during the two-day site visit.

Team members who participated in interviews included the presiding magistrate of the Barbados Drug Treatment Court, a drug education officer from the National Council on Substance Abuse, the director of the Forensic Science Centre, two probation officers, and treatment staff, including the dedicated drug treatment court addictions counselor. Treatment staff was interviewed in a group format, with seven providers participating in a single focus group.

In addition, Center for Court Innovation staff interviewed other relevant stakeholders. Unlike team members, stakeholders are individuals in a policymaking position who were involved in the drug treatment court planning process or who oversee drug treatment court staff and/or operations, but who are not involved in everyday court operations. Stakeholders who participated in interviews included the Chief Justice of Barbados, the Attorney General and Minister of Home Affairs for Barbados, the manager of the National Council on Substance Abuse, representatives of the Criminal Justice Research and Planning Unit,<sup>5</sup> and the chairman of the board of trustees for the CASA treatment facility.

The interview protocol included questions about court planning and policies which were designed to further flesh out the key areas included in the policy survey. Additional role-specific protocols were written for the interviews with team members and stakeholders to ensure that each individual's expertise would be probed sufficiently. In addition, all interview subjects were asked to describe their particular roles and responsibilities.

**Structured Observations** Separate structured observation protocols were utilized to document practice in one session of the Barbados Drug Treatment Court (held on October 25, 2017). These protocols were adapted from ones previously developed by the Center for Court Innovation staff for the National Institute of Justice's *Multi-Site Adult Drug Treatment Court Evaluation* (Rossman et al. 2011); the observation forms are included as Appendix B and Appendix C. Due to a scheduling conflict, the site visit was not scheduled to coincide with the regularly-scheduled drug treatment court calendar. However, the drug treatment court was able to schedule all participants to return to court for a special appearance for the purpose of the evaluation observations; team members indicated that the session reflected typical practices. Due to timing of the visit, the evaluation team *was not* able to observe a standard pre-court staffing meeting.

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5. The Criminal Justice Research and Planning Unit oversee monitoring and evaluation for the justice system generally and for the drug treatment court more specifically.

# Chapter 2

## Collaboration

Drug treatment courts were founded on the idea that addicted offenders are best served when justice system and community-based treatment stakeholders work together to promote each participant’s recovery (OJP/NADCP 1997). By bringing together a team of experts from diverse fields to share their knowledge and skills with the drug treatment court judge, the judge is able to make better-informed decisions (Hora and Stalcup 2008). Two recent studies confirm that drug treatment courts produce more positive outcomes when team members in a variety of roles—including prosecution, defense, and treatment—communicate regularly and collaborate (Carey et al. 2012; Cissner et al. 2013).

### The Barbados Drug Treatment Court Team

The Barbados Drug Treatment Court team is responsible for selecting cases for the program, monitoring participant progress in the program, and administering incentives and sanctions. The team meets on the second Wednesday of each month for a pre-court staffing meeting, followed by court hearings. The team consists of the following members:

- The **assigned magistrate** presides over the court and has ultimate decision-making authority over admission into the program, sanctions, incentives, and graduation.
- The **National Council on Substance Abuse (NCSA) manager**, who serves as the primary court administrator, is responsible for corresponding and liaising with stakeholders and coordinating meetings. The mandate of the National Council on Substance Abuse is primarily prevention and education, but this agency is included in the court as they are seen as the national authority for drug abuse reduction.
- An **NCSA drug education officer** serves as the link between participants, treatment agencies, and service providers. The drug education officer meets with participants for monthly life skills education sessions. These group sessions are held immediately before the monthly drug court calendar (while the pre-court staffing meeting is occurring) in a room in the court building. Outside service providers speak with participants about issues like skills building and other gaps that treatment does not address. These sessions



are mandatory for participants; while no one had yet asked for attendance reports for these sessions, the officer reported willingness to share attendance information if it was requested.

- The **Forensics Science Centre Director** oversees all drug testing for participants.
- The **Chief Probation Officer** (or a designee) participates on the team. Probation oversees supervision for participants and prepares the pre-sentence report or drug treatment court report to assist the team in making initial eligibility decisions.
- The **Centre for Counselling Addiction Support Alternatives (CASA) counselor** serves as the liaison between the treatment provider and the court.
- A **Verdun House counselor** serves as the liaison between the residential facility and the court.
- The position of the dedicated **police prosecutor** is currently vacant. The Department of Public Prosecutions provides the criminal record for potential new participants to the team, but there is not currently a representative who appears as a matter of course for drug treatment court sessions.

Notably, there is not a dedicated defense attorney on the drug treatment court team. In general, defense is represented by attorneys from a single law chambers, though the same defense attorney does not appear for every monthly drug treatment court session. The defense attorney typically appears on a pro bono basis. Defense is generally charged with reviewing the drug treatment court contract with incoming participants and explaining the ramifications of failing to follow program rules. If no defense attorney is present in court, the drug treatment court magistrate will fill this role. Rather than the traditional adversarial role played by defense counsel, the role of defense in the drug treatment court context was reportedly more of a liaison between the court and the participant. However, during the observed session, there was no defense counsel present. Overall, the role of defense was understated by interviewees. It is unclear whether this is a hallmark of the Barbados model or whether it is a reflection of the lack of a dedicated defense representative.

## Information Sharing

In between the monthly team meetings, team members communicate with each other through written reports, phone calls, and email. Based on counselor interactions with participants during treatment, CASA generates a monthly written report for the court for each participant outlining goals,

treatment progress and attendance, and recommendations. In addition, CASA counselors contact the court immediately if a participant is not reporting to treatment. NCSA also creates reports about any additional services (e.g., housing, vocational education, mentoring) participants are receiving. This information is shared with the defense attorney and CASA counselors prior to the monthly court sessions. Drug testing results are provided to the magistrate by the Forensics Science Centre in the form of a results table and a certificate of analysis for each screen. Through these mechanisms, team members bring their insights back to the group, informing the decisions made in each case. All team members attend a monthly pre-court staffing meeting immediately before the drug treatment court calendar. At this meeting, individual cases are discussed, and members of the team make recommendations and provide feedback based on their areas of expertise. Final decisions for how to move forward with each participant—for instance, to issue a sanction for noncompliance or to give one more chance to a participant felt to be working especially hard—falls to the drug treatment court magistrate. During courtroom observations, the magistrate was the only member of the team to speak directly to participants; no other team member made on-the-record comments during the ten cases calendared.

### **Team Training**

Training is an important component of a collaborative model. The Barbados Attorney General, along with members of the drug court steering committee, conducted a site visit to the Toronto Drug Treatment Court during the initial planning period (March 2012) to learn about the drug treatment court model. In addition, members of the drug court team attended several trainings offered by ES/CICAD in the region (e.g., a training in Trinidad and Tobago in 2011 and Barbados in 2013). The current drug treatment court magistrate previously worked in the Bermuda Drug Treatment Court, thus bringing that experience and training to the Barbados team.

### **The Steering Committee**

In addition to the drug treatment court team, there is an active steering committee that meets regularly to discuss issues relating to the policies and procedures of the court such as expanding eligibility criteria and expanding the role of the NCSA representative. The steering committee consists of the sitting drug treatment court magistrate, the senior consultant psychiatrist from the psychiatric hospital, a CASA addiction counselor, the Director of the Forensics Science Centre, the chief probation officer (or a designee), and the Barbados OAS Representative. The Attorney-General of Barbados attended initial steering committee meetings, but stepped back once the court was fully operational.

# Chapter 3

## Screening & Assessment

A drug treatment court's legal and clinical eligibility criteria, combined with its protocols for referring cases, determine who can participate. Even in the United States, many drug treatment courts rely on informal, case-by-case referral procedures that cause many eligible defendants to “slip through the cracks” without receiving an assessment for participation (Rempel et al. 2003; Rossman et al. 2011). Evidence indicates that more systematic protocols, such as having drug treatment court staff automatically screen all defendants meeting certain legal criteria, can identify more drug treatment court candidates, increasing enrollment (Fritsche 2010).

### The Risk-Needs-Responsivity Model

In countries with more established drug treatment court systems, the standard best practice is to conduct a *risk-needs assessment* once a case is referred to the court. More than 25 years of research suggests that the content of such an assessment should be guided by the Risk-Needs-Responsivity (RNR) principles of offender intervention (Andrews and Bonta 2010).

- **The Risk Principle** holds that treatment interventions are most effective with *high-risk* offenders—those who are especially predisposed to re-offend. The Risk Principle also implies that interventions may have unintended deleterious effects with low-risk offenders. Examples of such effects include interfering with their ability to attend school or work or placing them in group sessions alongside high-risk offenders, who may then exert a negative influence (Lowenkamp and Latessa 2004; Lowenkamp, Latessa, and Holsinger 2006).
- **The Need Principle** holds that treatment is most effective when it targets an offender's criminogenic needs. Criminogenic needs are simply those problems that, if untreated, will contribute to ongoing recidivism. Such needs are not limited to drug involvement but can include a range of other problems, such as criminal thinking, anti-social peers,

family dysfunction, and employment deficits (Andrews et al. 1990; Gendreau, Little, and Goggin 1996).<sup>6</sup>

- **The Responsivity Principle** holds that the treatment should employ cognitive-behavioral approaches but should *not* apply those approaches in the same fashion with everyone. Instead, treatment should be tailored to different offender attributes and learning styles. For instance, some research indicates that specialized approaches should be used with key sub-populations, such as women, young adults, or those with a trauma history (Lipsey, Landenberger, and Wilson 2007; Wilson, Bouffard, and MacKenzie 2005).

In totality, the Risk-Needs-Responsivity principles imply that an effective assessment should: (1) classify defendants by risk level; (2) assess for multiple criminogenic needs (not merely drug involvement); and (3) assess for other clinical impairments, such as trauma or other mental disorders, which may interfere with responsivity if not also addressed in treatment.

The probation department in Barbados uses a validated risk assessment tool—the Level of Service Inventory-Revised (LSI-R)—during initial defendant interviews. Probation also assesses defendants for risk of violence using a non-validated instrument. The drug treatment court assessment (see Appendix D) form does include a space for the cumulative risk score indicated by the LSI-R. However, according to interviewees, neither the results from the LSI-R nor the violence screening are considered by the court team in determining eligibility or in treatment planning. Probation staff indicate that most of the people who come into the drug treatment court program score low risk on the LSI-R.

## Target Population

A given program’s target population results from the general characteristics of the offender population in the community, as well as the drug treatment court’s specific legal eligibility criteria, referral protocols, and assessment process. As noted, the Risk Principle indicates that intensive interventions, such as drug treatment courts, should focus on high-risk offenders.

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6. The “Central Eight” risk/need factors that meta-analytic research has linked to re-offending are as follows: (1) prior criminal history, (2) antisocial personality, (3) criminal thinking (antisocial beliefs and attitudes), (4) antisocial peers, (5) family or marital problems, (6) school or work problems, (7) lack of pro-social leisure/recreational activities, and (8) substance abuse. Of these factors, criminal history is static, meaning that it cannot be changed or undone. Antisocial personality is largely static, since it is a personality disorder for which a proven effective treatment has not been established. The six remaining risk/need factors are all dynamic—i.e., changeable—and are therefore appropriate needs for treatment interventions to target (Andrews and Bonta, 2010; Gendreau et al. 1996).

When treating those who are addicted to drugs, some propose that intensive programs should focus on those who are both “high-risk” and possess a “high-need” for drug treatment (Marlowe 2012a, 2012b). Little research has explicitly tested the importance of a “high-need” focus; however, the National Institute of Justice’s *Multi-Site Adult Drug Treatment Court Evaluation* provides some implicit support for it, finding that drug treatment courts were more effective in reducing drug use among those who, at baseline, used drugs more often or had a serious primary drug, such as cocaine, heroin, or methamphetamine (Rossman et al. 2011; and see similar findings in Deschenes et al. 1995).

Beyond characteristics of the offender, some research suggests that the characteristics of the criminal case matter as well. Research, both in and outside of drug treatment courts, indicates that interventions work better when the severity of the criminal charges provide the court with more legal leverage to penalize noncompliance (DeLeon 1998; Hiller et al. 1998; Rossman et al. 2011; Young and Belenko 2002). For instance, in the United States, drug treatment court participants charged with felony offenses tend to face more severe legal consequences for failing than those charged with misdemeanors; as a result, felony defendants have a greater legal incentive to comply and, indeed, average better drug treatment court outcomes (Cissner et al. 2013; Rempel and DeStefano 2001).

### **The Barbados Target Population**

**Legal Eligibility** The court reports some flexibility regarding legal eligibility. Drug possession and other non-trafficking drug-related offenses are eligible for the drug treatment court. Besides trafficking, violent offenses are categorically ineligible. Property offenses are potentially eligible if the pre-sentence report prepared by probation staff reveals drug use. In such cases, probation staff may bring the drug use to the attention of the magistrate and the drug treatment court team will consider the facts of each case as a whole to determine if the case is eligible. Although violent instant charges are not eligible for the drug treatment court, a violent criminal history does not preclude admission into the program. Serious violent convictions such as assault causing bodily harm will be heavily scrutinized by the court team to determine eligibility. The most commonly admitted charge is possession of cannabis. Eligible cases are admitted on a post-plea/pre-sentence basis.

**Clinical Eligibility** Similar to the issue of legal eligibility, the court does not employ strict clinical eligibility criteria. Stakeholders reported that the goal of the drug treatment court is to work with offenders with “problematic drug use” who *want* to engage in the program.

- **Primary Drug** The most common drug of choice for drug treatment court participants is marijuana, with some crack cocaine users and one primary alcohol user.
- **Clinical Screening** The court does not rely on a validated clinical instrument either to determine level of addiction prior to admission into the program or to inform treatment

planning. The volume and intensity of drug use is assessed via a few key screening questions by the magistrate (sometimes in the court of first appearance following arrest) and an in-depth inquiry by the probation department into the personal circumstances of each potential participant. Although the LSI-R includes a sub-score indicating alcohol and drug use, probation representatives report that this information is not included in the report to the drug treatment court. The probation officer assigned to drug treatment court is responsible for producing a pre-sentence report or drug treatment court report. Through interviews with the potential participants, the probation officer assesses history of substance abuse, peer groups, areas the defendant is known to frequent, income, support systems, willingness to participate in the program, history of treatment, current treatment, criminal history, and whether the defendant's criminal history is related to their drug use. The probation officer also visits the potential participant's community to meet with their parents, church, friends and family, schools, and employers to create a holistic picture of each applicant's personal circumstances. All of this information is included in a drug treatment court report, which is considered by the team in determining clinical eligibility, or—more accurately—*suitability* for the court, based on professional estimation of the nature and severity of the potential defendant's drug use, willingness to change, and likelihood of success.

- In addition to the screening interviews with the drug treatment court magistrate and probation, the treatment provider (CASA) conducts a clinical assessment with defendants who become drug treatment court participants. Results from this additional screening are used to inform the structure and content of treatment, but generally are not used to determine suitability for the drug treatment court. It is possible that the CASA screening could find someone already enrolled in the program to be ineligible for some previously-unidentified cause, though interviewees reported that this had never happened to date.
- **Mental Health** Defendants with serious mental health issues are not eligible for the drug treatment court. Some participants are referred to a psychiatrist for an assessment before they are admitted to the program. This assessment might be ordered by the magistrate based on behavior observed in the courtroom, or recommended by probation after their initial defendant interview. If the psychiatric report reveals serious mental health issues beyond the scope of CASA, the case will not be eligible for the drug treatment court. The steering committee is considering instituting a psychiatric medical assessment for each initial assessment (over and above the psychological

assessment that CASA does after admission). Interviewees noted that one potential challenge to implementing this policy is that the defense bar might object, because of the stigma of mental illness in Barbados.

## Case Identification & Referral

### Drug Treatment Court Referral

All summary level drug possession cases in Barbados are arrestable offenses and are processed at the police station. Some such arrestees are released by police on certain conditions (“police bail”), while others are brought to court within the week for processing. Many cases are disposed of within the first week by a guilty plea.

Cases are identified as suitable for the Barbados Drug Treatment Court by the magistrate in the court of first appearance, which is either the magistrate’s criminal court or the traffic court (for DUIs). For all cases that come before these courts, the magistrate may directly question defendants about their drug use or observe their behavior for indicators of problematic drug use. The magistrate may ask the defendant why he or she committed the offense, whether the alleged behavior is unusual for them, and what circumstances led to their arrest. The magistrate may also request to see any existing probation report. The current drug treatment court magistrate is also responsible for traditional caseload, including criminal and traffic dockets. Based on his extensive familiarity with the drug treatment court, the magistrate felt that this interview-based screening was an effective way of identifying appropriate drug court candidates. While any magistrate in the court of first appearance can refer cases to the drug treatment court, interviewees were not confident that this was actually happening in practice; interviewees estimated that only 20-25 percent of referred cases were referred by a magistrate other than the dedicated drug treatment magistrate.

If the defendant appears to have a drug problem and the case is legally eligible for the drug treatment court, the magistrate in the court of first appearance (or the defense attorney, if one is present) describes the drug treatment court program, explains the participant contract, and assesses defendant interest.

Across agencies, stakeholders expressed a strong sentiment that participation in the drug treatment court should be voluntary and not coerced. If the defendant is interested in being further assessed for participation in the program, the case is transferred to the drug treatment court team for review. If the defendant is in custody, they will receive bail at this point. This process typically occurs the day after arrest for detained defendants, or three to four days after arrest for defendants released on police bail. The defendant may have an attorney present in court. Attorneys and all other criminal court magistrates from across the country may recommend suitable cases to the drug treatment court team; in practice, there was no data available to assess referral sources.

After referral to the drug treatment court, the defendant is interviewed by probation as soon as possible so that probation can write a pre-sentence report or a drug treatment court report.<sup>7</sup> The report takes approximately eight weeks to produce, but an oral report can be prepared sooner and presented at the next meeting of the drug treatment court team. To prepare the report, a probation officer interviews the defendant, asking them questions about their background and their history of drug use. They also interview the defendant's family and other members of the defendant's community to obtain more information.

As noted previously, defendants identified by the magistrate or probation department as in need of psychiatric assessment are referred for such. In some cases, the person will be remanded at the psychiatric hospital for assessment.

### **Drug Treatment Court Admission**

Admissions decisions are made by the drug treatment court team in a special committee meeting, attended by the magistrate, probation representative, police prosecutor, NCSA, forensics, treatment (both CASA and Verdun House), and defense attorneys. In determining appropriateness for the court, the team will consider the probation/drug treatment court report, psychiatric report (where available), criminal history, urine screen results, and a clinical assessment from CASA. Using all of the available information, the team considers whether the person should have the opportunity to come into the court (e.g., based on what kind of addiction they have, whether they are a supplier or a user, any history of violence). In addition, the Barbados Drug Treatment Court team considers whether the applicant appears to be taking advantage of the system to get a lenient sentence. All efforts are made to accept participants who earnestly wish to be a part of the program.

**Barbados's Cohort System** One unique component of the Barbados model—particularly relevant at the point of court admission—is the reliance on a cohort system for advancement through the drug court phases.

This cohort system sees participants admitted into the court as a group on an annual basis; members of the same cohort then progress through the program on roughly the same schedule. There is some flexibility in terms of advancing through the phases; if a participant lags behind the rest of the cohort, this signals to the program that a participant may need additional support. Interviewees reported that court and treatment personnel would, in such an instance, work with the participant to get them where they needed to be to progress with the rest of their cohort.

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7. The probation department authors a pre-sentence report for any defendant in the system who is being sentenced for an indictable offence. Drug treatment court reports are similar in form, and are produced in cases where a person is being considered for drug treatment court and a pre-sentence report is not required. Drug treatment court reports are more involved than pre-sentence reports and describe a person's willingness and suitability for the program. Pre-sentence reports are relatively new to Barbados. They are mandated by the Penal Reform Act, and greatly increase the workload of probation officers.



Team members note that the cohort system creates a valuable support network for the participants, since they are all moving through the program at the same time and can hold each other accountable and support each other through the process.

The cohorts run roughly from January to December each year. Applications to participate in the next cohort must be submitted by November of the preceding year. The special committee makes final admission decisions in November; though potential participants may be approved before this, they must wait to start the program with the rest of their cohort. In the interim waiting period, defendants do not have access to treatment or other services through the drug treatment court. This means that potential participants wait up to nearly a year to be engaged in the drug treatment court. They do continue to appear in the regular magistrate's court so that the court can maintain supervision over the case and are entitled to access treatment services at CASA of their own volition.

The court aims to enroll an annual cohort of no less than 15 but no more than 25 participants per year.<sup>8,9</sup> At the time of the site visit, the second cohort of participants was enrolled in the court. Stakeholders reported that it took an entire year to accumulate a full cohort of cases by the November deadline. That is, only after a year of screening and referrals was the court able to identify a full cohort of appropriate cases. Interviewees attributed this in part to the relatively small size of the national population; however, other contributing factors might include, for instance, drug treatment court appropriate cases where the defendant was unwilling to suspend case processing until the start of the next cohort; potentially eligible defendants not captured by the court's informal screening and referral processes.

Drug treatment court graduation is held once a year, in December or January. There is no mechanism for participants to graduate either early or late. Participants who are not recommended for graduation with the rest of their cohort—for instance, for failing to achieve sobriety—may have the opportunity to repeat the program the following year, but they must start at the first phase and complete another full year of programming before they are given another opportunity to graduate. They may also elect to return to the traditional justice system and be sentenced instead of participating in the next cohort.

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8. Stakeholders reported that enrolling fewer than 15 participants is seen as a “waste of resources,” while enrolling more than 20 participants places a strain on forensics and probation resources. Treatment staff indicate that the maximum number they can serve with current resources is 18-20 participants. Stakeholders reported weighing resource strain against pressures from the bench to enroll as many participants as possible.

9. The first cohort, in 2016, had 16 participants. According to survey data, 11 graduated, one re-offended and was sentenced, and one was sent back to the magistrate's court because he did not have a drug problem. The second cohort, in process at the time of interview, started with 25 participants. As of October, there were 18 participants. Some defendants re-offended and were expelled from the program, while others quit because of the demands and length of the program.

The CASA treatment team suggested that there would be a benefit to restructuring the system so that participants would be eligible for graduation when it was clinically appropriate for them to complete the program, noting that some participants are clinically ready for graduation before the 12-month mark. Interviewees reported feeling that their “hands are tied” by the 12-month cohort system. Treatment representatives believe that a rolling system of admissions with a more flexible program length is something their program could accommodate.

**The Four Phases of Drug Treatment Court** Participants progress through four phases over the year-long program. The steering committee drew on models implemented in Miami-Dade, Virginia, and Vancouver as guidelines, but adapted them to be less onerous. All participants receive a copy of the phase chart at the beginning of the program (see Figure 3). If a participant lags behind fellow participants during phase advancement, the court will try to accommodate them with assignments (such as essays on the topic of motivation to remain in drug treatment court) or extra drug tests so that they can meet requirements for negative screens. There is some flexibility with the timing of phase advancement, but there is no mechanism to adjust the graduation date for individual participants who are progressing on a different schedule than the rest of the cohort.

**Figure 2. Diagnostic Evaluation Framework**

PHASE	Phase 1 (4 Months)	Phase 2 (3 Months)	Phase 3 (3 Months)	Phase 4 (2 Months)
Client must:	<ul style="list-style-type: none"> <li>Attend all scheduled court sessions</li> <li>Attend all scheduled counseling sessions</li> <li>Be available for all random urine drug tests</li> <li>Have six consecutive negative urine drug tests</li> <li>Write a short essay on why they want to be in the DTC program</li> </ul>	<ul style="list-style-type: none"> <li>Attend all scheduled court sessions</li> <li>Attend all scheduled counseling sessions</li> <li>Have four consecutive negative urine drug tests</li> <li>Identify some activity in their community in which they will participate</li> <li>Demonstrate willingness to change behavior</li> </ul>	<ul style="list-style-type: none"> <li>Attend all scheduled court sessions</li> <li>Attend all scheduled counseling sessions</li> <li>Have four consecutive negative urine drug tests</li> <li>Decide on a project or activity involving the community (in collaboration with a counselor)</li> </ul>	<ul style="list-style-type: none"> <li>Have completed all earlier assignments</li> <li>On the advice of treatment provider may have reduced sessions</li> <li>Have all urine drug tests in this phase be negative</li> </ul> <p>On the advice of Forensic Science Centre, client may have reduced random urine tests</p>

# Chapter 4

## Treatment & Other Services

The Responsivity Principle indicates that, in general, cognitive-behavioral approaches are particularly effective in reducing recidivism (Lipsey et al. 2007). Typically, cognitive-behavioral approaches are present-focused (as contrasted with approaches that examine the influence of clients' pasts on present behavior). The specific treatment strategies employed are adapted to client needs, but cognitive-behavioral approaches generally seek to restructure the conscious and unconscious thoughts and feelings that trigger uncontrollable anger, hopelessness, impulsivity, and anti-social behavior. In treatment, participants are led to recognize their triggers to anti-social behavior and to develop decision-making strategies that will yield less impulsive and more pro-social responses. As noted previously, cognitive-behavioral approaches are not intended to be "one size fits all," but work best when they are tailored to the attributes, needs, and learning style of individuals or key subgroups.

Even when treatment programs seek to follow the Responsivity Principle in theory, research also underlines the importance of high-quality *implementation* in practice. Key elements of effective implementation include:

- Having an explicit, coherent treatment philosophy that is disseminated to all treatment staff;
- Using manualized (written) curricula with specific lesson plans;
- Maintaining low staff turnover;
- Holding regular staff training and retraining activities; and
- Closely supervising treatment staff, monitoring their fidelity to the official curriculum (Lipsey et al. 2007; Taxman and Bouffard 2003).

Research also suggests that beginning treatment for court-ordered participants soon after the precipitating arrest—preferably within 30 days—can help to engage participants at a receptive moment in time (Leigh, Ogborne, and Cleland 1984; Maddux 1983; Mundell 1994; Rempel and DeStefano 2001; Rempel et al. 2003).

## The Barbados Substance Use Treatment Model

All treatment for Barbados Drug Treatment Court participants is administered through CASA, a community-based outpatient treatment facility providing crisis intervention, community-based prevention, treatment, and rehabilitation services. The CASA treatment team consists of counselors, volunteers, psychology student interns, a doctor who serves as the chairman of the board of trustees, and an addiction counselor assigned to the drug treatment court team. Once a participant is accepted into the drug treatment court, treatment staff perform an intake assessment and create an individualized treatment plan for each participant. This assessment is conducted independently of the probation assessment and rather than being used to determine program eligibility, the results are used to inform individual treatment plans. Treatment plans are designed to be measurable, and incorporate timelines for reaching goals. Each plan includes at least three participant goals, developed collaboratively by the participant and the treatment team. Treatment staff also use the AUDIT screening tool to determine level of alcohol use/dependency.

The treatment team uses a variety of modalities and approaches in working with each participant, including cognitive-behavioral therapy, psychoeducation, motivational interviewing, Rogerian counseling, and family-centered counseling. There is no set manual for treatment, but treatment staff report that most of it is adapted from various cognitive-behavioral curricula. Some counselors report using manualized workbooks for addressing issues such as triggers and peer pressure, but report flexibility to use curricula with which they are familiar. Counselors report focusing on the stages of change, emphasizing “meeting the client where they are.” Counseling sessions are conducted on an individual basis with periodic family sessions until Phase Three of the program, at which point group sessions are introduced. CASA counselors describe their approach as “eclectic,” as they use a mixture of approaches to suit each client’s needs (and based on counselors’ own training). CASA staff will recommend Narcotics Anonymous, Alcoholics Anonymous, or Families Anonymous groups to participants who they feel would benefit.

For the first three months of the drug treatment court program, most drug treatment court participants attend weekly individual counseling sessions at CASA. Depending on need, some participants attend individual sessions twice weekly. In Phase Three of the program (i.e., after seven months of individual treatment sessions), individual meetings are replaced with weekly group sessions. Interviewees indicated that treatment capacity is the primary factor determining treatment modality; the treatment provider—one of the few providers in the country—is unable to provide more frequent programming.

CASA holds regular clinical team meetings to review each participant’s progress in treatment. If an individual has mental health issues that cannot be dealt with sufficiently at CASA, they will be referred to the psychiatric hospital for further assessment. If CASA counselors feel that a participant

requires further psychiatric support or residential treatment, this information is shared with the drug treatment court team for a decision.

Drug treatment court participants who do require higher-intensity residential treatment—for instance, those who are continuously using—are referred to Verdun House. Although private, Verdun House does provide free services for clients who have been assessed at the psychiatric hospital and referred by a psychiatrist. Clients referred directly from the court pay out-of-pocket. Interviewees suggested that few participants have been referred for residential treatment.

## Social Reintegration

CASA staff indicate that employment is the biggest need for their clients, followed by housing, food, and clothing. CASA has relationships with outside agencies for skills training, employment, and housing for participants. The National Council on Substance Abuse (NCSA) plays a key role in connecting participants with non-treatment related services, such as welfare, housing, and education. Requests for assistance with additional services may come to NCSA from CASA staff, or from the participant themselves at a monthly group session facilitated by NCSA's drug education officer. Each month before the drug treatment court session, participants are required to gather in a spare courtroom for a life skills education group. A variety of service providers (such as representatives from welfare, educational agencies, and the Barbados Vocational Training Board) are invited to speak to the group, and the drug education officer helps to establish connections between the participants and the service providers.

In 2018, NCSA plans to establish a mentoring program to offer further support to drug treatment court graduates. Mentors will be selected from organizations that provide services to drug treatment court participants. They will be vetted and trained before serving the function of mentor. NCSA also plans to establish an alumni support group in the future.

# Chapter 5

## Deterrence

In lieu of producing internalized changes in the offender’s cognitive and attitudinal states, deterrence strategies seek to manipulate the rational costs and benefits of continued anti-social behavior. Drug treatment courts employ three basic deterrence strategies: (1) monitoring, (2) threat of consequences for program failure, and (3) interim sanctions.

- **Monitoring** involves regular supervision through frequent judicial status hearings, random drug testing, and mandatory case manager/probation officer meetings. The research literature suggests that monitoring alone is ineffective but can be a helpful tool when employed in tandem with sound treatment strategies and consistent sanctions for noncompliance (Petersilia 1999; Taxman 2002).
- **The Consequence of Program Failure** consists of the promised legal consequence, generally a jail or prison sentence in U.S. drug courts—or simply the possibility of trial and conviction—that participants will receive if they fail the drug treatment court program entirely. Research indicates that establishing a certain and undesirable outcome for failing the program can, in turn, make program failure significantly less likely (Cissner et al. 2013; Rempel and DeStefano 2001; Rossman et al. 2011; Young and Belenko 2002).
- **Interim Sanctions** involve corrective measures for noncompliance that fall short of program failure—participants are still allowed to continue in a program. The general offender supervision literature indicates that interim sanctions can be effective when they involve *certainty* (each infraction elicits a sanction), *celerity* (imposed soon after the infraction), and *severity* (sufficiently severe to deter misbehavior but not so severe as to preclude more serious sanctions in the future) (Marlowe and Kirby 1999; Paternoster and Piquero 1995). Some studies indicate that sanction certainty is more important than severity (Nagin and Pogarsky 2001; Wright, 2010); this conclusion was also confirmed in a multi-site study of 86 drug treatment courts in New York State (Cissner et al. 2013).

Moreover, research indicates repeated oral and written reminders play a critical role in making participants consciously aware of the consequences that noncompliance will trigger (Young and Belenko 2002). For instance, a recent study found that distributing a written schedule linking specific noncompliant behaviors to a specific range of corrective measures can be an important tool for creating clear expectations among participants and, in turn, increasing compliance and reducing recidivism (Cissner et al. 2013). Another study found that the more criminal justice agents who reminded participants of their responsibilities, and the more times that participants verbalized a commitment to comply, the higher were their retention rates (Young and Belenko 2002).

## Monitoring

### Judicial Status Hearings

All participants come to court once a month for the duration of their drug treatment court participation (i.e., 12 months). The court team meets immediately prior to court to discuss each case. During court sessions, participants sit in the back of the courtroom until their case is called, when they proceed to the front of the courtroom to be interviewed by the magistrate. (A rough sketch of the courtroom is included as Appendix F.) There is no option for participants who are not in compliance to be brought back to court immediately; all participants return to court on a monthly schedule, regardless of compliance.

### Drug testing

Drug testing is primarily overseen by the Forensic Science Centre. Participants are typically tested twice a month using six-panel urine tests.<sup>10</sup> All tests are observed. Participants are given a two-hour window in which to appear for their screen. While site representatives reported that tests were random, it was unclear to the evaluation team whether these tests were truly random (i.e., participants have the same probability of being selected for a test at each testing date). Positive screens are tested further to confirm the results and to determine the level of use. As noted previously, most of the participants in the drug treatment court are primarily marijuana users. Marijuana remains in the body for a relatively long period of time as compared to other substances (up to about 30 days), however, the quantity of marijuana in the body decreases over time after use. Therefore, a participant who uses marijuana may continue to show positive toxicology screens for several weeks after use. A basic positive/negative test would, therefore, be relatively uninformative for at least the first few weeks after use. For this reason, the program emphasizes testing levels of substance in the urine less frequently rather than requiring more frequent testing. Over time, the expectation is that the level of (for instance) marijuana in the urine should diminish, so long as the participant does not continue to use. Level testing allows the court team to measure participant progress month over month, while conserving testing resources. There is no mechanism for alcohol spot testing.

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10. The kits test for cannabinoids, cocaine, opiates, amphetamines, barbiturates, and benzodiazepines.

Staff at the Forensics Centre take time to speak with each participant when they come in for testing. The emphasis is on making the participants feel comfortable, but also to instill a sense of discipline—e.g., there is a dress code at the Forensics Centre that participants are expected to follow, and they are required to bring their ID every time they attend.

In addition to the bimonthly testing at the Forensics Centre, CASA does its own testing. Testing occurs at the beginning, middle, and end of the program, with spot tests implemented when a participant appears to be using or lying about their use. These tests are not truly random—that is, all participants do not have an equal chance of being tested on any given day—but participants are not given advanced notice that they will be tested at their treatment appointment.

Participants are required to have six consecutive negative drug screens in order graduate.

## **Probation**

The Probation Department is responsible for community supervision of drug court participants, although participants are not required to attend regular probation appointments. Probation officers sometimes perform home visits, depending on the needs of the participant. Indicators for home visits include failing to report to treatment, elevated drug testing levels, or any other news that is shared with the court team felt to suggest a need for enhanced supervision. Based on the results of home visits, probation will make recommendations to the drug treatment court team—for instance, increasing treatment or drug testing frequency or connecting the participant with additional services. They will also liaise with family members or employers to help resolve any outstanding issues participants may be experiencing. If necessary, they may recommend a sanction at the pre-court meeting.

The existing structure of probation does not allow for participants to initiate contact with their probation officers, but probation staff suggested in research interviews that drug court participants would benefit from a higher level of interaction with probation. For example, participants could be provided with probation officers' contact information or allowed to drop in to visit the probation office when they are struggling.

An extra level of support and supervision is provided by “patrons” in the community. If the probation report indicates that a participant can be supervised in the community while attending outpatient treatment, the probation officer will find and vet a patron—usually a family member—who can perform this function. The patron is assigned by the court to watch over the participant as a mentor, but the participant is not required to reside with the patron.



## Legal Consequences

Drug possession, which is the most common charge in the Barbados Drug Treatment Court, typically leads to a criminal record and a non-custodial sentence of a \$1,500-\$3,000 BBD (\$750-\$1,500 USD) fine and/or community service. For such charges, the improbability of a custodial sentence limits the ability of the court to impose severe and undesirable outcomes for program failure. Drug treatment court graduation leads to expungement of charges; hence, the legal consequences take the form of a positive legal incentive for compliance. For potential participants who are first-time offenders, graduating without a criminal record is an important incentive. In general, given the limited legal consequences of possession charges, ES/CICAD recommends that drug treatment courts move away from accepting low-level personal possession and drug use charges.

Before someone chooses to enter the drug treatment court program, either the magistrate or an attorney (if available) will indicate what sentence the defendant would be facing if they elected to be processed in the traditional court. Upon graduation, the offense is expunged. There is no period of probation following graduation. If a participant leaves the program prior to graduation (on their own accord or through program failure), they may still be eligible for a reduced “alternative sanction,” which takes into account their progress in the program and their guilty plea. The drug treatment court magistrate will keep the case for sentencing. Possible sentences include an absolute discharge, community service (80-240 hours), fine, outright dismissal of charges, or in rare cases, incarceration. New offenses committed while in the drug treatment court program are taken very seriously by the magistrate and may be grounds for expulsion.

## Interim Sanctions & Incentives

The court uses applause, vouchers, and permission to leave court early as incentives for positive behavior while in the program. Through partnerships with local businesses, the court gives out vouchers to a local bar/restaurant. Sanctions for negative behavior and drug use include a verbal reprimand or the withholding of incentives. In cases where a participant is failing to meet all program expectations, they may be expelled. The tendency is for the team to be lenient and give second chances.

The evaluation team observed ten cases during court observations; of these, all but one was characterized as positive status reports—that is, nine of the ten participants were generally in compliance, attending treatment as prescribed, and submitting drug screens as expected. The tenth participant had recently had a positive toxicology screen and was said to be having a hard time. In all ten cases—including the case with a negative report—participants received courtroom applause and encouragement from the magistrate. In all nine positive appearances, participants were given a gift voucher to the local restaurant and were invited to shake hands with the magistrate. In this way, the court provides participants with a combination of low magnitude (applause, handshake) and

higher magnitude (voucher) rewards (Marlowe 2007; Marlowe and Kirby 1999). Previous research has shown better outcomes in those drug treatment courts that offered higher and more consistent praise and positive incentives (Zweig et al. 2012).

In no observed instance did the court apply any punitive sanction.

# Chapter 6

## Procedural Justice

Procedural justice involves the fairness of court procedures and interpersonal treatment during the pendency of a case. Key dimensions include *voice* (defendants can express their views); *respect* (defendants believe they are treated respectfully); *neutrality* (decision-makers seem trustworthy and unbiased); *understanding* (decisions are clearly understood); and *helpfulness* (decision-makers seem interested in defendants' needs) (Farley, Jensen, and Rempel 2014; Tyler and Huo 2002). When defendants or other litigants have more favorable perceptions of procedural justice, they are more likely to comply with court orders and to follow the law in the future (Paternoster et al. 1997; Tyler and Huo 2002). Within adult drug treatment courts, some studies have found that the fairness embodied in the demeanor and conduct of the judge can exert a particularly strong influence over subsequent behavior (Carey et al. 2012; Rossman et al. 2011).

The realization of procedural justice largely depends on the perceptions of participants themselves, based on their own experience of program rules, procedures, and interactions with program staff. Unfortunately, assessing participant perceptions was beyond the scope of the current project. Therefore, the evaluation team relied on a series of proxy measures to assess procedural justice in the Barbados court. It is worth noting the limitation created by the lack of participant feedback, particularly with regard to procedural justice.

### Understanding

#### Program Transparency

Potential drug treatment court participants receive a flyer outlining frequently asked questions (see Appendix E) and a copy of the requirements for progressing through the four phases of drug treatment court (see Figure 3). According to interviewees, a defense attorney explains the drug treatment court requirements to potential participants before they sign the drug court contract (see Appendix G); if a defense attorney is not available, the magistrate explains the contract and court requirements to potential participants.

Treatment representatives report that they work collaboratively with participants to set treatment goals and that participants receive a copy of their treatment plan (which is informed by the collaboratively-developed goals).

## Legal Representation

The process for providing defense counsel to participants in the Barbados Drug Treatment Court was described previously in Chapter 2. A dedicated law chamber sends attorneys to attend treatment court sessions; however, participants may have a different legal representative at each court appearance. During court observations, defense attorneys were not seen to interact with participants, so it may be that the inconsistency in representation has little practical implication for participants. However, continually changing legal representatives and the potential for a lack of a strong legal advocate speaking in participants' interests could potentially undermine participants' sense that the process is fair—specifically, that they fully understand the legal implications of their participation and have a mechanism through which to establish voice.

## Judicial Status Hearings

Interactions between the magistrate and participants are important on a number of procedural justice fronts. By providing defendants with an opportunity to speak—often directly to the magistrate, without a defense attorney serving as an intermediary—the court can provide participants with voice. Through the tone and content of their interactions with magistrates, participants may experience respect and neutrality. Clear explanations and questions about participants' personal situations have the potential to improve participant understanding and give participants a sense that the court is interested in helping address their needs.

In each of the ten cases observed by the evaluation team, the drug treatment court magistrate made regular eye contact with participants, spoke directly to participants, and asked both probing and non-probing questions of participants. Participants were offered an opportunity to speak in court and spoke directly to the magistrate without any intermediary (e.g., defense attorney). The magistrate's tone was assessed by the evaluation team as respectful and friendly; the magistrate joked with several participants and made inquiries into personal matters about their lives *beyond* their drug treatment court participation. Participants' demeanor was felt to be forthcoming; participants appeared to the evaluation team to be comfortable speaking with the magistrate. Beyond the participant and the magistrate, other team members were present in court but did not speak on the record (the magistrate asked an off-the-record question to the forensics expert at one point, but it was not audible to audience members); while other team members were reported to weigh in during the pre-court staffing meeting, communications during the drug treatment court calendar were centered on establishing a magistrate-participant relationship without mediation through a third party.

As noted in the previous chapter, all participants received courtroom applause and encouragement from the magistrate. While such a positive tone may improve the participant experience, it is also possible that praise and applause lose meaning when universally applied.

The average time that participants who were in compliance with the court mandate spent before the magistrate was 2.3 minutes; the only participant to receive a negative report spent considerably longer before the magistrate (10 minutes). The average time falls below the recommended minimum average of three minutes identified as optimal by previous research (Carey et al. 2012).

The physical layout of the courtroom placed participants quite far from the bench where the magistrate sits. While in the audience, participants sat along the back wall of the courtroom, while the magistrate's bench was at the other far end of the room (see diagram, Appendix E). When their case was called, participants walked to the front of the courtroom to stand in a witness stand much nearer the magistrate. Even so, it was estimated that the distance to the magistrate was at least 10 feet. The acoustics in the room were such that evaluation team members had difficulty understanding everything that was said between the magistrate and participants; other participants were considerably further away from the magistrate than the evaluation team, so it was presumably also difficult for audience members to hear everything that was said in court.

Finally, participants were invited to leave the courtroom after their appearance before the magistrate, instead of being asked to stay for the entire session. This may have been done to express to participants that their time is valued by the court. However, allowing participants to leave early may minimize the audience effect—that is, the benefit of seeing others appear before the magistrate.

# Chapter 7

## Monitoring & Evaluation

Adherence to best practices standards and ongoing caseload monitoring allows the drug treatment court to detect breakdowns in the model as they occur and make timely course corrections. Continual self-monitoring consists of measuring adherence to benchmarks on a consistent basis, reviewing findings as a team, and modifying policies and procedures accordingly (Carey et al. 2008, 2012). Successful monitoring follows specific principles, starting with clearly defining clinical *and* criminal justice outcomes and performance measures. A group of leading drug court researchers has defined a core data set of in-program performance measures for adult drug treatment courts, including:

- **Retention:** The number of participants who completed the drug treatment court, divided by the number who entered the program;
- **Sobriety:** The number of negative drug and alcohol tests divided by the total number of tests performed;
- **Recidivism:** The number of participant arrested for any new crime divided by the number who entered the program, and the number of participant adjudicated officially for a technical violation divided by the number who entered the program;
- **Units of service:** The number of treatment sessions, probation sessions, and court hearings attended; and
- **Length of stay:** The number of days from entry to discharge or the participant's last in-person contact with staff (NADCP 2015).

To assist in calculating these performance measures, regularly and timely data entry—preferably into a reviewable electronic data management system—by program personnel is key. Data that is recorded more than 48 hours after the event (court appearance, treatment group, urine test) is less likely to be accurate (Marlowe 2010).

Finally, while self-monitoring can provide the drug treatment court team with useful information about participants and promote the successful functioning of the court, drug treatment courts also benefit from independent program evaluation. An independent evaluator, with expertise in drug

treatment court best practices, can more effectively identify strengths and areas for improvement through candid interviews with staff, stakeholders, and participants.

## Goals & Performance Measures

Beyond treating those addicted to drugs, interviewees in Barbados did not **articulate specific program goals. However, according to program materials, program benefits include:**

- (1) Reduced crime;
- (2) Reduced prison population and resultant savings to taxpayers;
- (3) Reduced backlog in the criminal justice system;
- (4) Increased public safety; and
- (5) Increased opportunity for offenders to be reintegrated into their families and to become productive members of their communities.

## Program Data & Evaluation

Barbados benefits from the existence of a national Criminal Justice Research and Planning Unit (CJRPU), which is overseen by the Attorney General's office and charged with the collection and management of all crime data in the country. In addition, the Barbados Drug Information Network (BARDIN) operates as a national drug data source on drug use, intended to enhance cross-agency information sharing. BARDIN was created with the support of ES/CICAD and is utilized by the National Council on Substance Abuse, treatment providers (CASA and Verdun House), police, and correctional facilities. The existence of such national data systems potentially provides a sizeable resource for the drug treatment court.

Representatives at CJRPU indicated that they regularly request that information be inputted and updated into their data system; though there is not a specific drug treatment court report, representatives indicated that they are able to pull out information specific to the treatment court. Information available through the CJRPU database includes program status (**retention**); drug test results (**sobriety**); criminal history and **recidivism** information. It was not clear from interviews whether attendance at court and in treatment (**dosage**) or key dates (**length of stay**) were available through BARDIN and/or the CJRPU database. Whichever the case, the Barbados drug treatment court has at the very least a strong foundation for engaging in systematic data review and CJRPU has already produced a process evaluation of the pilot drug treatment court cohort.

# Chapter 8

## Strengths & Recommendations

### Strengths of the Barbados Model

The Barbados drug treatment court has implemented a number of innovative approaches to addressing the needs of the program's target population. Moreover, the program draws on some specific strengths. A few noteworthy program components include:

- **A collaborative approach** From the initial planning period, the Barbados drug treatment court convened an inclusive range of stakeholders from diverse agencies, including the National Council on Substance Abuse, forensics, treatment providers, and probation, in addition to representatives of the court.
- **Innovative use of drug testing** Given that the primary drug of choice of most participants in the Barbados drug treatment court is marijuana, the program has adopted unique drug testing practices. Metabolites of marijuana's psychoactive ingredient, THC, remain in the body for a relatively long period of time as compared to other substances; however, the *concentration* of these metabolites in the body tend to decrease over time after use. Therefore, rather than utilize the more common positive/negative toxicology screens, the court tests participants for the specific amount of THC metabolites left in their body, with the expectation that the levels should decrease over time as participants stop using. In Barbados, the court received a large donation of level screening test kits from the U.S. Government, which helped to make this strategy possible.<sup>11</sup>
- **Comprehensive community outreach by probation** Probation staff go into the community to speak with family members, friends, coworkers, church members, and other members of defendants' communities to get a comprehensive sense of

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11. Court representatives point to a recent increase in referrals of those who are primary crack cocaine users; alternative testing schedules may be necessary for participants whose primary drug is something other than marijuana.



defendant needs. Not only does such outreach inform the initial screening for the drug treatment court, but results help to shape the treatment plan of those who become participants. Having established relationships with community members, probation is also able to reach out, should the participant abscond or need additional support. Probation identifies a patron for those supervised in the community; this is generally a family member who can help with informal community supervision, provide support, and help the participant make it to court and treatment appointments.

- **Diverse range of treatment approaches** The treatment team at CASA pulls from a range of treatment approaches in which staff has received training. Notwithstanding the importance of using evidence-based treatment approaches, such an eclectic approach potentially enables the providers to adapt to the specific needs and histories of a diverse set of clients. In particular, the incorporation of participants' families into treatment—when appropriate—offers the added benefit of increasing participants' pro-social family support network.
- **Emphasis on building participant support networks** The cohort system implemented by the court sees a group of participants all progressing through the program together. While this system has some significant problems (detailed below), the court's intent of building participant support networks is noteworthy.
- **Community partnerships and in-kind donations** A local business has donated gift certificates to be used as incentives for participants performing well; the expensive kits to screen for levels of use were donated by the U.S. government. Such donations enable the court to do more with limited resources.
- **National data collection capacity** Criminal justice and drug usage data is being collected on a national scale. Such documentation is crucial for assessing drug treatment court performance.
- **Voluntary participation** Voluntary participation is central to the Barbados drug treatment court model. The referring magistrate, defense attorney (when available), probation representative, and the drug treatment court magistrate were all reported to explain to potential participants that the program is voluntary; defendant interest was assessed at multiple points during the referral and screening process.

## Recommendations

The following recommendations are derived from the program observations and stakeholder feedback to the evaluation team. We have grouped recommendations into the six substantive components of the diagnostic framework used throughout the report: collaboration, screening and assessment, treatment and other services, deterrence, procedural justice, and monitoring and evaluation. However, there is overlap and many of the recommendations are informed by more than one of these core considerations.

### Collaboration

1. **Create a drug treatment court coordinator role.** Interviewees reported that coordination between the steering committee, court, treatment providers, NCSA and others is a challenge. This is not an unfamiliar problem for multi-agency collaborative projects. A dedicated drug treatment court coordinator could facilitate communication and information-sharing across agencies, track participants through each phase of the process, streamline scheduling and coordinate drug treatment court meetings, and consolidate reporting responsibilities. While ideally this person would be paid specifically for their role as the coordinator, it could also be performed by an administrative officer for the court, a dedicated clerk, or even an attorney.
2. Implement regular clinical team meetings. The treatment of drug treatment court participants is currently fragmented due to lack of comprehensive case management. While the judge receives reports from each of the clinical team members (forensics, probation, treatment), apart from the monthly pre-court staffing meeting, representatives from different agencies do not meet together to discuss individual cases.

During pre-court staffing meetings, members of the clinical team report only on their distinct component of the process, potentially neglecting broader clinical implications. Regular meetings would enable the smaller clinical team adequate time and space to better serve the needs of the participants by discussing participant progress and ongoing issues more thoroughly, address problems more immediately, and work together more cohesively. It would also enable the clinical team to present a more unified and complete account to the rest of the drug treatment court team. Members of the team reported trying such an approach briefly; at the lone meeting of this nature, they identified participants who had been inactive for months without notice.

3. **Designate at least one representative from each agency, including the local defense bar, to serve on the drug treatment court team.** Previous research suggests that an inclusive drug treatment court team improves participant outcomes (Cissner et al. 2013). As the drug treatment court functions differently from court as usual, it can be difficult for prosecutors

and defense attorneys to abandon the adversarial approach and work as a team on behalf of the drug treatment court participants. Additionally, when attorneys rotate into the court based on a schedule set by their agency, it is difficult if not impossible for them to develop a relationship with the participants, to understand where someone is in treatment, and the specific requirements of the drug treatment court. Such disconnect potentially impacts the participant experience of procedural fairness, which can, in turn, impact compliance with court orders.

Developing a protocol for each agency to identify a single dedicated representative to cover all drug treatment court cases will improve understanding, knowledge, and relationships with both participants and other drug treatment court team members. Designated representatives should receive specialized training in the drug treatment court model and should remain as members of the team for as long as possible (i.e., minimize rotation).

4. **Provide additional training opportunities for team members.** Those who are new to the drug treatment court model should receive basic training as close as possible to the time they begin working with the drug treatment court; those who have been involved longer should receive booster training sessions to expand their understanding—particularly with regard to evidence-based practices. There are many options for training, ranging from in-person regional or local trainings, to online opportunities or one-on-one sessions with a seasoned member of the drug treatment court team. The National Association of Drug Court Professionals in the United States hosts an annual conference that includes presentations on a range of topics, including topics appropriate for those who are new to the drug treatment court model and those with extensive drug treatment court experience. The Center for Court Innovation operates Treatment Courts Online, a free training website, funded through the Bureau of Justice Assistance, which provides video training materials on a range of important drug treatment court topics.<sup>12</sup>
  - a. In addition to general training for team members, the court should consider **training a backup drug treatment court magistrate**, who can fill in when the dedicated magistrate is unavailable. Training a backup magistrate can also be an important step to promote program sustainability.

## Screening & Assessment

5. **Clarify clinical and legal eligibility criteria.** At present, clinical and legal eligibility are not distinctly identified, which has led to some confusion in screening and referral of potential participants. Eligibility criteria should be clearly defined and the drug court team should determine who can make eligibility decisions and at what point. Importantly, the program should establish a clear distinction between *legal* and *clinical* eligibility criteria.

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12. See [Treatmentcourts.org](http://Treatmentcourts.org) for more information.

- **Legal eligibility** defines the types of offenses and criminal histories that are allowed into the drug treatment court. Legal eligibility can define both those charges and histories that are targeted by the program (e.g., simple possession; first-time offenders) and those that render defendants ineligible for the program (e.g., violent offenses; history of sex offense). Legal eligibility may be defined by the steering committee, the drug treatment court team, or the legislation or policies through which the program is established.
- **Clinical eligibility** defines those clinical characteristics—notably, substance use and behavioral health characteristics—that are accepted into the drug treatment court. Clinical criteria can define both the defendant profiles that are targeted by the program (e.g., substance dependent; substance using; primary drug of choice) and those that render defendants ineligible for the program (e.g., severe mental illness; requires medicine assisted treatment). Clinical eligibility might be defined by the steering committee or the drug treatment court team, but should be informed by the treatment resources that are available. An initial clinical *screening* based on a brief interview performed by non-clinical personnel (e.g., the drug treatment court magistrate, probation) may be sufficient to determine that a defendant meets program eligibility requirements; a more in-depth clinical *assessment* performed by clinical staff is needed to inform appropriate treatment planning. There are numerous quality screening tools available to assess level of addiction, several of which can be administered by non-clinicians (e.g., the NIDA-modified ASSIST, BSTAD, TAPS).

Since probation administers the LSI-R to potential participants, risk scores from that actuarial tool should inform program eligibility and supervision decisions; scores related to alcohol and drug problem (among other subscores, as appropriate) should inform treatment planning.

6. **Consider expanding legal eligibility criteria.** According to a recent study in Barbados by the planning and research unit, over 90 percent of those incarcerated for drug offenses are serving time for trafficking or cultivation offenses. They are held in the single detention facility on the island; one drug counselor serves the entire incarcerated population. We recommend exploring whether there is some portion of this currently-ineligible offender population who would benefit from drug treatment court, for example, individuals whose low-level drug selling is linked to their own habit.

A second consideration for the court is whether there are additional benefits to be realized by shifting the court's focus to higher-risk participants. As described previously, the Risk Principle indicates that intensive interventions should focus on high-risk offenders. There is a calculus involved in determining how much intervention is appropriate and potentially beneficial, based on the risk level of eligible participants. Moreover, as a general rule, ES/CICAD recommends

against inclusion of personal possession and use offenses in drug treatment court programs.

7. **Weigh the potential benefits of expanding clinical eligibility criteria.** Little research has explicitly tested the importance of a “high-need” focus; however, providing some initial support for it, the National Institute of Justice’s *Multi-Site Adult Drug Treatment Court Evaluation* found that drug treatment courts were more effective in reducing drug use among those who, at baseline, used drugs more often or had a serious primary drug, such as cocaine, heroin, or methamphetamine (Rossman et al. 2011; and see similar findings in Deschenes et al. 1995). If there is a sizeable population of defendants going through the courts for such substances, the court should review the potential benefits of increasing the caseload of more “serious” drug users.
8. **Incorporate multiple points of contract review with participants.** When a participant is referred to the drug treatment court program, they receive an overview of the program and are then given a contract to sign prior to formal drug treatment court screening. This early contractual obligation serves to establish defendant consent and interest in participation as well as upholding the voluntary nature of participation and guaranteeing due process of law. It is important to confirm that participants both remember and understand the contract once they have officially been accepted into the program. Likewise, periodic reviews early on after acceptance—for instance, while defendants await the start of the next cohort, once participants have had an initial meeting with treatment and more fully understand their treatment obligations—will promote participant understanding, an important component of due process and procedural justice, also ensuring that participants understand that they are free to drop out the program at any time and return to the traditional criminal justice system.
9. **Use risk scores to provide more individualized and appropriate levels of supervision.** The probation department administers the LSI-R, a validated risk assessment tool, though assessment results were reportedly not shared with the program. The LSI-R categorizes individuals as low-, medium-, and high-risk for re-offense. Tracking and sharing risk levels of potential participants, as well as results of the LSI-R that point to high clinical needs including but not limited to substance disorders, would enable the court to adjust treatment plans and supervision requirements appropriately. For instance, frequent court and probation check-ins while low-risk participants could be assigned to a less intensive supervision track, such as court check-ins only with no probation or less frequent court appearances. Not only would separate supervision tracks for higher- and lower-risk participants improve outcomes, it would potentially help the court to maximize limited resources.
10. **Create an awareness campaign to promote the drug treatment court.** According to the drug treatment court magistrate, interest in the court among other magistrates is beginning to grow, with an estimated 20-25 percent of drug treatment court cases referred by other magistrates. However, there is the potential for more referrals with increased awareness of the drug

treatment court. A regular education campaign could increase awareness of program eligibility, screening, and referral practices. Such a campaign should be made available to magistrates across the jurisdiction and might include, for instance, program success stories and statistics, the technical elements of eligibility and referral, and educational materials. It may take repeated exposure for drug treatment court referrals to become habitual; some magistrates may need repeated exposure before they begin to refer cases.

11. **Eliminate the cohort system; incorporate rolling program admission.**<sup>13</sup> The current system of admitting and promoting participants as a group is contraindicated by the research literature, which suggests that treatment for court-ordered participants should be initiated as soon after the precipitating arrest as possible—preferably within 30 days—in order to engage participants at a receptive moment in time and improve outcomes.

In addition, the cohort system is *clinically* limiting. Treatment representatives indicated that it would be advantageous to graduate some participants after six months, while others may require the full year of treatment. The treatment provider would prefer a rolling entry system that would enable them to make treatment decisions based on clinical criteria, rather than applying a uniform approach across all participants.

In the interest of promoting participant support networks, our recommendation is that the court identify alternative ways of building rapport and encouraging participants to support each other—e.g., through mentorship of participants in earlier phases by more advanced participants or through an alumni group. Also, the fact that the court has incorporated social support into the model warrants acknowledgement.

## Treatment & Other Services

12. **Assess potential participants for mental health issues.** Many who abuse substances also struggle with mental health issues. Interviewees indicated that the drug treatment court does not have sufficient resources to assess for co-occurring disorders or to address them. We recommend implementing a quality clinical mental health screening. If it is beyond the resources and capacity of the drug treatment court to address mental health needs, the program should seek community partners who have appropriate resources to address co-occurring disorders, possibly even as part of the drug treatment court team.
13. **Create manualized treatment curricula drawing on approaches that are evidence based.** The current eclectic approach to treatment (noted above as a program strength) draws on the diverse training and skills of treatment staff and may allow providers to be adaptive to

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13. As of June 2018, a representative of the judiciary reports that the drug treatment court intends to implement rolling admissions starting in 2019.

individual participant needs. However, in order to ensure that treatment adheres to evidence-based practices and is applied with some consistency, curricula should be formalized in a manual (or manuals) outlining some standard components to be used with all participants. Specifically, some providers are already implementing cognitive-behavioral approaches; creating tools to help providers with less training in such approaches can improve treatment options. Formalizing curricula need not eliminate providers' ability to be responsive to individual participant needs—in fact, such responsiveness is critical—but will promote provider accountability. In addition to a formal manual, the treatment provider should engage other members of the team in annual or semi-annual training, so that stakeholders have a better understanding of what occurs in treatment.

## Deterrence

14. **Schedule the drug treatment court calendar more than once a month.** Participants may benefit from more frequent court appearances early on during their participation in the program. In addition, more frequent compliance hearings will enable the court to graduate court appearances—with those who are in compliance being allowed a longer period between appearances and those who break program rules brought back to court more regularly. Scheduling should be informed by participant risk level, with high-risk participants returning to court more frequently and low-risk participants scheduled for less frequent appearances in order to keep them engaged in some of the very activities that render them low risk (e.g., employment, family engagement). More frequent court sessions will also enable the court to respond to infractions or unmet treatment needs swiftly when necessary.
15. **Increase participant contact with probation.** Participants should be required to attend regular community supervision appointments with probation. Probation officers can serve as an important support for drug treatment court participants. In addition, probation can provide supervision when court dates are far apart—particularly during the early phases of participation. Probation officers are also able to visit homes and meet participants outside of the court to better assess ongoing problems, thus helping the court to make more appropriate treatment decisions. We recommend that the drug treatment court implement regular probation appointments for supervision and community support. At minimum, regular probation supervision should be required for high-risk participants.

Currently, there is no mechanism in place for participants to contact probation in-between monthly court appearances or anyone conducting case management. While it is perhaps infeasible to allow participants 24-hour access to a dedicated probation officer, participants should be able to contact *someone* at probation in the case of an emergency, to request supervision triage, and so on. The department of probation should create a 24-hour helpline or ensure that *someone*—preferably someone with some drug treatment court knowledge—is available to respond to emergency requests from participants.

16. **Consider the legal implications of program failure.** Currently, those who leave the drug treatment court prior to graduation—either of their own accord or due to program failure—may still be eligible for a reduced “alternative sanction,” which takes into account their progress in the program and their guilty plea. Developing a clear alternative sentence and informing potential participants what their sentence will be if they fail to successfully complete the drug treatment court can serve as a strong motivator to continue to work toward successful program completion. Moreover, a clear alternative sentence from the outset enables potential participants to make an informed decision about whether participation is worth it to them, or if they prefer the more punitive traditional sentencing option. This also adds an additional safeguard to ensure that participation is voluntary and comports with due process—i.e., clearly identifying the legal benefit of successful graduation and the legal consequence of failing up-front enhances would enhance transparency and fairness.
17. **Provide appropriate incentives.** One of the incentives regularly provided to participants in the Barbados court is a gift certificate to a local bar/restaurant, which also served as a restaurant. Even if the gift certificate is not specifically for alcohol—the locale serves food and non-alcoholic drinks and is not exclusively for alcohol consumption—the court should reconsider awarding gifts to businesses that serve alcohol to participants struggling with problematic substance use.

The use of tangible incentives can be a meaningful motivator for participants; in order to preserve this practice, the program might consider gift certificates to a grocery store or movie theater that does not offer alcoholic beverages, bus tokens, phone cards, food, toiletries/other essentials, or books.<sup>14</sup> In the United States, NADCP and the National Drug Court Institute (NDCI) have developed a list of possible incentives and sanctions, grouped by magnitude.<sup>15</sup> In the interest of continuing the relationship with the local bar/restaurant, the court might explore alternative options for taking advantage of the business’ support of the drug treatment court—for instance, asking the establishment to cater alcohol-free events for participants, such as graduation celebrations or alumni picnics.

An additional note about the use of incentives: overuse of low magnitude incentives—for instance, applause for every participant who appears in court, regardless of their compliance status—runs the risk of habituation, where the incentives lose their motivating power.

18. **Clarify participant obligation to attend the pre-court session.** Currently, drug treatment court participants are told that the monthly pre-court sessions with the NCSA are mandatory. However, NCSA does not report attendance to the court, and there is no sanction for non-attendance. This sends a mixed message to participants about what is considered important as part of the program.

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14. As of June 2018, a representative of the judiciary reports that the court is working on identifying potential donors of appropriate tangible incentives.

15. Available at [http://ndcrc.org/sites/default/files/sanctions\\_and\\_incentives\\_ndci\\_annotated\\_document.pdf](http://ndcrc.org/sites/default/files/sanctions_and_incentives_ndci_annotated_document.pdf).



If the pre-court session is a vital part of the program, attendance should be reported back to the court and taken into consideration when discussing the progress of the participant. The drug treatment court team should assess the importance of pre-court session attendance and, if it is deemed a critical component of the program, should establish a protocol for NCSA to report participation to the court—ideally in time for participant status hearings later that day.

**19. Reevaluate the use of sanctions to reflect the principles of certainty, severity, and celerity.**

Research indicates that establishing a certain, severe, and undesirable outcome for failing the program can, in turn, make program failure significantly less likely. A few possible mechanisms for promoting these components include developing a written schedule linking specific noncompliant behaviors to a specific range of sanctions and sharing it with participants; creating protocols for probation, treatment, and other service providers to provide regular status updates to the court; graduated appearances in the drug treatment court so that newer participants and those with a history of noncompliance appear more frequently before the drug treatment court magistrate. Again, the list of possible sanctions and incentives developed by the NADCP and NDCI (see footnote 9) could inform this effort. One specific recommendation that could be relatively easily implemented by the court is the creation of a sanctions guide to be distributed to all participants at the time of program entry, so that participants know in advance what sanctions they might expect for in response to non-compliance. A second specific recommendation is the creation of a mechanism to bring noncompliant participants back before the drug treatment court magistrate sooner than the current once-monthly drug treatment court calendar allows.

## **Procedural Justice**

**20. Reconfigure the physical arrangement of participants in the courtroom.** Currently, participants waiting for their case to be called are seated along the back wall of the courtroom, quite far away from the drug treatment court magistrate. Those participants whose case is under review come up to the front of the courtroom, but still remain many feet away from the magistrate. In the interest of promoting in-court comprehension and procedural justice, the waiting participants should be brought closer to the bench.

Similarly, participants whose case is under review should be brought physically closer to the bench. This may necessitate some rearranging of the courtroom layout, finding alternative uses for or bypassing use of the existing court structures altogether (e.g., taking participants out of the witness stand, seating waiting participants in the jury box, seating the magistrate away from the bench).

**21. Increase the amount of time participants spend before the magistrate at each compliance hearing.** The nine participants who were in compliance spent an average of 2.3 minutes in

front of the drug treatment court magistrate during the court calendar. Previous research suggest that appearances before the drug treatment court magistrate should be, on average, three minutes. While it is certainly not advised to waste participants' time, engaging in slightly longer conversational check-ins (*e.g.*, to assess progress in treatment, other things happening with participants families or jobs) can promote participants' sense that the magistrate receives updated information and knows what is happening in their lives and cares about their progress, which can ultimately promote procedural justice and program compliance.

22. **Promote consistent defense representation.** Currently, defense representation is provided by a rotating cast of pro bono attorneys from a single law chamber. However, participants may have a different legal representative (or no representative) at each court appearance. In the interest of promoting consistency, understanding, and procedural justice, the court should explore options securing a dedicated defense representative who has received relevant training to appear at every drug treatment court calendar. The court should take steps to ensure that participants understand the role of the defense attorney and know how to contact them in between court appearances.

## Monitoring and Evaluation

23. **Collaboratively develop a logic model to refine program goals and objectives.** A logic model helps projects to identify how each goal relates to specific, measurable, realistic objectives and which programmatic activities may be useful in ensuring coherence to the underlying program model. In general, logic models identify (a) program inputs or resources, (b) activities and (c) specific outputs that illustrate results of these activities, and (d) outcome or impact measures that show short- and long-term program results. While the Barbados program has identified broadly anticipated benefits of the drug treatment court model, further refining specific goals and objectives will help the program to assess program performance.
24. **Document existing data collection protocols; fill gaps as needed.** As noted above, Barbados is unique in collecting criminal justice and drug use data on a national scale. The program would benefit from documenting data collection protocols, specifically assessing the source and quality of available information on program retention, sobriety, recidivism, service provision, and program length. Where key fields are not already being collected, the program should put into place protocols to do so. Such protocols should specify the agency responsible for entering data and the time frame in which data should be collected (ideally within 48 hours of the activity). Regular reporting should be implemented to allow for continued assessment of data quality and program performance.

## Conclusion

To summarize, the Barbados drug treatment court program, although only in operation since 2014, has created some strong and innovative practices. There is also room to improve existing practices in other areas. A concise summary of these strengths and recommendations is below.

### Strengths

1. Collaborative approach
2. Innovative use of drug testing
3. Comprehensive community outreach by probation
4. Diverse range of treatment approaches
5. Emphasis on building participant support networks
6. Community partnerships and in-kind donations
7. National data collection capacity
8. Voluntary participation

### Recommendations

#### Collaboration:

1. Create a drug treatment court coordinator role
2. Implement regular clinical team meetings
3. Designate at least one representative from each agency, including the local defense bar, to serve on the drug treatment court team
4. Provide additional training opportunities for team members

#### Screening & Assessment:

5. Clarify clinical and legal eligibility criteria
6. Consider expanding legal eligibility criteria
7. Weigh the potential benefits of expanding clinical eligibility criteria
8. Incorporate multiple points of contract review with participants
9. Use risk score to provide more individualized and appropriate levels of supervision
10. Create an awareness campaign to promote drug treatment court
11. Eliminate the cohort system; incorporate rolling program admission

**Treatment & Other Services:**

12. Assess potential participants for mental health issues
13. Create manualized treatment curricula drawing on approaches that are evidence based

**Deterrence:**

14. Schedule the drug treatment court calendar more than once a month
15. Increase participant contact with probation
16. Consider the legal implications of program failure
17. Provide appropriate incentives
18. Clarify participant obligation to attend the pre-court session
19. Reevaluate the use of sanctions to reflect the principles of certainty, severity, and celerity

**Procedural Justice:**

20. Reconfigure the physical arrangement of participants in the courtroom
21. Increase the amount of time participants spend before the magistrate at each compliance hearing
22. Promote consistent defense representation

**Monitoring & Evaluation:**

23. Collaboratively develop a logic model to refine program goals and objectives
24. Document existing data collection protocols; fill gaps as needed

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# Appendix A.

## Drug Court Policy Survey

### CENTER FOR COURT INNOVATION Diagnostic Study for Drug Treatment Courts

#### Policy Survey

Name of Drug Court: \_\_\_\_\_

Name of Court/Jurisdiction: \_\_\_\_\_

Court Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Drug Court Opened: \_\_\_\_\_

Name of Drug Court Judge: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Position of Contact Person: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_

*Unless otherwise indicated, the questions below refer to your court's **current** policies and practices. Please answer the questions in this survey candidly and to the best of your knowledge. Your responses will be invaluable in producing a basic understanding of your drug court's policies and procedures; possible strengths and weaknesses; and training and technical assistance needs.*

### I. COURT OPERATIONS

1. When did the drug court start accepting cases? \_\_\_\_\_ / \_\_\_\_\_  
Month Year

2. Please describe the caseload of your drug court. Please give your best estimate of the total number of cases for each period below.

	Total Number of Cases
<b>Total Drug Court Participants Since the Court Opened</b>	
<i>Of all cases entering the court since it opened, how many:</i>	
Remain Open/Active	
Successfully Graduated	
Unsuccessfully Terminated/Failed	
Other (e.g., deceased, moved away)	

3. What is the maximum number of participants your court can serve at one time? *(Please include a range if you do not know the exact number.)* \_\_\_\_\_
4. Is your program currently operating at maximum capacity?
- Yes
- No
5. What day(s) and time(s) does your drug court typically meet? \_\_\_\_\_
- \_\_\_\_\_

## II. TARGET POPULATION

### A) LEGAL ELIGIBILITY

6. Which types of arrest charges are potentially eligible for your drug court? *Check all that apply.*
- Violent offense
- Drug trafficking

- Drug possession or other drug-related offenses besides trafficking
  - DWI/DUI (Drunk driving)
  - Robbery or other property offense
  - Domestic violence/family offense
  - Sex offense
  - Other: Please specify: \_\_\_\_\_
- 

7. Are any of the following cases ineligible for the drug court due to specific national (or statewide) legislation or statute? *Check all that apply.*

- Violent offense
  - Drug trafficking
  - Drug possession or other drug-related offenses besides trafficking
  - DWI/DUI (Drunk driving)
  - Robbery or other property offense
  - Domestic violence/family offense
  - Sex offense
  - Other: Please specify: \_\_\_\_\_
- 

8. Please note any special charge exclusions that are not apparent from the preceding list.

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9. Please list the *actual* most common charges of your drug court participants to date.

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10. Are defendants potentially eligible if they have the following criminal histories? *Check if cases with these criminal histories are potentially eligible. Check all that apply.*

- Prior violent conviction
- Prior nonviolent conviction
- Prior violent arrest—but was not convicted
- Prior nonviolent arrest—but was not convicted

11. Please note any criminal history exclusions that are not apparent from the preceding list.

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12. Is eligibility restricted to cases that would face less than a certain number of years in prison under normal prosecution? If so, what is the maximum prison sentence allowed for a case to participate in drug court? *Please either fill in the number of years or check if there is no such restriction on eligibility.*

\_\_\_\_\_ # Years of the maximum prison sentence for a case to be eligible.

There is no eligibility restriction based on the maximum prison sentence for the case.

13. In practice, what is the most typical sentence or range of sentences that is imposed under normal prosecution on the kinds of defendants who participate in drug court? In other words, if they did *not* participate in drug court, what would have been the most common sentence?

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14. If the arrest charge involves a property offense, is victim consent required for the defendant to be able to participate in drug court?

Yes

No

Not applicable (property charges are always ineligible)

15. If the arrest charge involves a domestic violence or family offense, is victim consent required for the defendant to be able to participate in drug court?

Yes

No

Not applicable (domestic violence/family offense charges are always ineligible)

16. Are there any other factors that absolutely disqualify someone from being eligible to participate in the drug treatment court? For example, a violent offense, age, etc.

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## B) LEGAL SCREENING

17. What are all possible referral sources for the drug court? *Check all that apply.*

- Some types of cases (e.g., based on their charge) are automatically referred to the drug court
  - Referral by judge
  - Referral by prosecutor
  - Referral by defense attorney
  - Referral by police/law enforcement
  - Referral by probation
  - Other: Please specify: \_\_\_\_\_
- 

18. Are eligibility requirements written?

- Yes
- No

19. *If yes:* Are all agencies/individuals who can make referrals given a copy of the eligibility requirements?

- Yes
- No

20. If some cases are automatically referred to the drug court, describe those cases.

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21. How often does the prosecutor exclude a potential case from participating?

- Never or rarely
- Sometimes (from roughly a few to one-quarter of potentially eligible cases)
- Often (roughly one-quarter to one-half of potentially eligible cases)
- Very often (roughly half or more of potentially eligible cases)

22. How often does the police/law enforcement exclude a potential case from participating?

- Never or rarely
- Sometimes (from roughly a few to one-quarter of potentially eligible cases)
- Often (roughly one-quarter to one-half of potentially eligible cases)
- Very often (roughly half or more of potentially eligible cases)

23. Why might the public prosecutor or police exclude a potential case from participating?

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24. How often does the judge exclude a potential case that other staff have found to be eligible?

- Never or rarely
- Sometimes (from roughly a few to one-quarter of potentially eligible cases)
- Often (roughly one-quarter to one-half of potentially eligible cases)
- Very often (roughly half or more of potentially eligible cases)

25. Why might the judge exclude a potential case from participating?

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26. For crimes with victims, how often does victim preference lead a potential case to be excluded?

- Never or rarely
- Sometimes (from roughly a few to one-quarter of potentially eligible cases)
- Often (roughly one-quarter to one-half of potentially eligible cases)
- Very often (roughly half or more of potentially eligible cases)

27. How often do defendants found eligible opt not to participate?

- Never or rarely
- Sometimes (from roughly a few to one-quarter of potentially eligible cases)
- Often (roughly one-quarter to one-half of potentially eligible cases)
- Very often (roughly half or more of potentially eligible cases)

28. What do you think is the most common reason why defendants refuse to participate?

- Drug court program is too long and intensive
  - Better legal outcome is likely by not participating
  - Unmotivated to enter treatment
  - Other: Please specify: \_\_\_\_\_
- 

### C) CLINICAL ELIGIBILITY

29. To participate, what kinds of drug problems must defendants have? *Check all that apply.*

- Addiction to illegal drugs other than marijuana
- Addiction to marijuana only – *no other drugs*
- Addiction to alcohol only – *no other drugs*
- Uses illegal drugs but not clinically addicted or dependent
- Uses alcohol only but not clinically addicted or dependent – *and uses no other drugs*
- Uses marijuana only – *no other drugs*
- Other problems: \_\_\_\_\_

30. Is marijuana possession a criminal offense in your jurisdiction? If necessary, please explain your answer in the space below.

- Yes/criminal offense
  - No/not a criminal offense
- 
- 

31. Can defendants with a severe mental illness participate?

- Yes (always or almost always eligible)
- Sometimes/depends on the nature of the illness
- No (rarely or never eligible)

32. Please note any special eligibility criteria or special categories of defendants who are not able to participate for clinical reasons.

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### III. CLINICAL SCREENING AND ASSESSMENT

33. Does the drug court perform a brief clinical screen for addiction (e.g., 10 minutes or less)?

*If you only perform a full-length assessment, answer “no” to this question and “yes” to question #30 below.*

Yes

No

34. *If “Yes” to previous question:*

a. Which agency performs the brief clinical screen?

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b. Who receives the brief clinical screen? *Check all that apply*

All defendants in the courthouse (universally administered in the courthouse)

All defendants in the courthouse who are legally eligible for the drug court

All legally eligible defendants who are actually referred to the drug court

Other subgroup: Please specify: \_\_\_\_\_

c. When do you administer the clinical screen?

Prior to drug court referral (e.g., used to inform whether a referral is necessary)

After a referral/prior to official drug court enrollment

After drug court enrollment and participation officially begins

Other timing: Please specify: \_\_\_\_\_

d. What issues does your screening tool(s) cover?

Drug use or addiction

Alcohol use or addiction specifically

Trauma and/or post-traumatic stress symptoms

Other mental health issues

Criminal history

Risk of re-offense

Other: Please specify: \_\_\_\_\_

35. Does the drug court or a treatment provider affiliated with the court perform a full-length assessment (e.g., 30 minutes or longer)?

- Yes
- No

36. If “Yes” to previous question, please answer the following

a. Which agency performs the assessment?

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b. When is the assessment administered?

- Before determining drug court eligibility
  - After determining eligibility but before formal enrollment into the drug court
  - After a participant enrolls in drug court
  - Other: Please explain: \_\_\_\_\_
- 

c. On average, about how many days after a case is first referred to the drug court is the assessment completed?

\_\_\_\_\_ (average number of days from referral to completion of assessment)

d. What issues does your assessment cover? *Check all that apply. If you are unsure, do not check at this time. Do not check any box unless you are certain that the assessment covers this type of information.*

- Demographic information
- Illegal substance use and addiction
- Alcohol use and addiction specifically
- Criminal history
- Anti-social personality
- Impulsive behavior
- Anti-social peer relationships
- Criminal thinking (pro-criminal beliefs or attitudes; negative views about the law)
- Current employment status and employment history

- Current educational/vocational enrollment and educational/vocational history
  - Family relationships
  - Anti-social tendencies among family members (criminal or drug-using behavior)
  - Leisure activities
  - Neighborhood conditions where the individual lives
  - Past experiences of trauma and/or symptoms of post-traumatic stress
  - Depression and/or bipolar disorder
  - Other mental health issues
  - Risk of future re-arrest
  - Risk of future violence
  - Prior domestic violence perpetration or victimization
  - Risk of future domestic violence perpetration
  - Readiness to Change
  - Other: Please specify: \_\_\_\_\_
- 
- 
- 

e. Does your assessment produce a flag or summary score or severity classification (such as low, moderate, or high) for the following? *Check all that apply.*

- Risk of future re-arrest
- Risk of future violence
- Level of substance addiction
- Level of alcohol addiction specifically
- Criminal history
- Criminal thinking or negative attitudes towards the law
- Trauma or post-traumatic stress symptoms
- Other mental health disorders
- Employment problems and needs

f. Do you use any flags, summary scores, or summary classifications to inform treatment or supervision planning?

- Yes
- No

g. How do you use your assessment? *Check all that apply.*

- Determine eligibility for the drug court
  - Determine the treatment plan and modality (residential, outpatient, etc.)
  - Determine specific community-based treatment providers
  - Determine mental health service needs
  - Determine need for criminal thinking treatment
  - Determine other ancillary service needs (education, employment, housing etc.)
  - Determine frequency of judicial status hearings at outset of program participation
  - Determine frequency of case management at outset of program participation
  - Other: Please specify: \_\_\_\_\_
- 
- 

h. Do you routinely re-administer your assessment after a certain period of time?

- Yes
- No

37. Please provide the exact name(s) of all assessment tools that you use for either screening or full-length assessment purposes.

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## IV. DETERRENCE AND INCENTIVE STRATEGIES

### A) LEGAL LEVERAGE

38. What is the participant's legal status when they begin drug court participation? *Please check all that apply in at least some cases.*

- Proceedings are suspended and participant has not yet pled guilty or been convicted
  - Proceedings are suspended after a guilty plea or conviction but before imposition of a sentence
  - Proceedings and sentence are suspended after a sentence to probation is first imposed
  - Other: Please specify: \_\_\_\_\_
- 
-

39. What happens to the court case at graduation? *Please check all that apply in at least some cases*

- Case dismissed (there will not be a conviction on the participant's record)
- Case closed without dismissal of charges
- Other: Please specify: \_\_\_\_\_

Additional Clarification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

40. Are participants told before their drug court participation begins exactly what will happen if they graduate? *For example, participants might be told in advance that if they graduate, the charges against them will be dismissed. Or they might be told that if they graduate, they will still be convicted of a crime but will avoid going to prison.*

- Yes
- No

41. *If "Yes" to previous question: Who tells participants what will happen if they graduate? Check all that apply, but check only if the given role conveys this information routinely in all cases.*

- Specified in the drug court contract
- Judge
- Prosecutor
- Defense attorney
- Drug court coordinator or case manager
- Probation officer
- Police/law enforcement officer
- Other: Please specify: \_\_\_\_\_

42. What might happen to the court case when a participant fails the drug court? *Please check all that apply in at least some cases. Probe to clarify any legal process that must take place at this stage, and document answers in the space provided.*

- Sentenced immediately to jail or prison

- Sentenced immediately to probation
- Subject to further court hearing(s) before the drug court judge
- Subject to further court hearing(s) before a different judge
- Other: Please specify: \_\_\_\_\_

Additional Clarification: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

43. Who tells participants in advance of the exact legal consequences of failing? *Check all that apply, but check only if the person in the given role tells participants routinely in all cases*

- Specified in the drug court contract
- Judge
- Prosecutor
- Defense attorney
- Drug court coordinator or case manager
- Probation officer
- Police/law enforcement officer
- Other: Please specify: \_\_\_\_\_

44. In practice, when a participant fails the program, please describe the most common legal outcome or most common range of outcomes that tend to take place.

Charges at DTC Entry	Most Common Jail Sentence <i>(If failing the program most commonly does NOT lead to a jail sentence, write "None.")</i>	Unit of Measurement
Violent offense		<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
Drug trafficking		<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
Drug possession or other drug-related		<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years

Drug possession or other drug-related offenses besides trafficking		<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
DWI/DUI (Drunk driving)		<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
Robbery or other property offense		<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
Domestic violence/family offense		<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
Sex Offense Charges		<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
Weapons Charges		<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
Other: _____ Please specify: _____ _____		<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years

45. Prior to drug court entry, who provides the participant with an overview of drug court policies and procedures? *Check all that apply. Check only if the individual provides an overview of drug court policies in every case, as a matter of policy.*

- Judge
- Prosecutor
- Defense attorney
- Drug court coordinator or case manager
- Probation Officer
- Treatment agency
- Other: Please specify: \_\_\_\_\_

46. Do participants receive a written description of program policies and procedures?

Yes—prior to program entry (copy attached)

Yes—after program entry (copy attached)

No

Other answer: Please explain: \_\_\_\_\_

## B) COURT SUPERVISION

47. On average, about how many times per month are judicial status hearings **during the first three months** of drug court participation?

\_\_\_\_\_ (#) times per month

48. On average, for participants who ultimately graduate, about how many times per month are judicial status hearings **during the last three months** of drug court participation?

\_\_\_\_\_ (#) times per month

49. Does the drug court conduct random drug tests?

Yes

No

50. On average, about many times per month are participants drug tested **over the first three months** of participation?

\_\_\_\_\_ (#) times per month

51. Who administers the regularly scheduled drug tests? *Check all that may apply. As needed, revisit the role of Treatment Center staff, their agency affiliation, and to whom they report.*

Court-employed case management staff

Probation officers

Police/law enforcement officers

Treatment provider staff



52. Who provides case management for the drug court? *Check all that apply.*

- Court-employed case management staff
- Probation officers
- Police/law enforcement officers
- Treatment provider staff

53. On average, about how many times per month must participants meet with a case manager **during the first three months of participation?**

\_\_\_\_\_ (#) required meetings per month

54. What time of day are required, court mandated activities available for participants? *Check all that apply.*

- Daytime Monday through Friday
- Evenings
- Weekends

55. Do the case managers, supervision officers, probation officers, or some other agency conduct random home visits?

- Yes
- No

56. Who develops the treatment case plan for the participant?

- Court-employed case management staff
- Probation
- Single designated community-based treatment provider agency
- Multiple community-based treatment provider agencies
- Other: Please specify: \_\_\_\_\_

57. Does the court use a phase system for advancement through the program?

- Yes
- No

58. If yes, how many phases does the court use? \_\_\_\_\_

59. What is the minimum length of each phase? \_\_\_\_\_

**C) INTERIM SANCTIONS AND INCENTIVES**

60. What interim rewards or incentives does your drug court commonly use? *Check all that apply.*

- Judicial praise
  - Courtroom applause
  - Journal
  - Phase advancement recognition
  - Other token or certificate of achievement
  - Gift certificate
  - Decrease in judicial status hearing frequency
  - Others: Please List: \_\_\_\_\_
- 
- 

61. Which actions commonly receive either judicial praise or a tangible incentive?

- Compliant since last status hearing
  - Drug-free since last status hearing
  - 30 additional days of drug-free time
  - 90 additional days of drug-free time
  - Phase promotion
  - Completed community-based treatment program
  - GED or completed vocational training
  - Obtained work
  - Other achievements: Please List: \_\_\_\_\_
- 
- 

62. For drug court participants who are compliant with all program rules, about how often do they receive a positive reward or incentive?

- Each judicial status hearing
- Monthly
- Once every two months
- Once every three months
- Less than once every three months

63. How is non-compliance reported to the court? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

64. When the court receives a report of noncompliance, how soon must participants appear in court?

- Within 1-2 days, regardless of the judicial status hearing schedule
- Within one week, regardless of the judicial status hearing schedule
- Within two weeks, regardless of the judicial status hearing schedule
- The next scheduled judicial status hearing
- Other: Please specify: \_\_\_\_\_

65. What interim sanctions does your drug court commonly use? *Check all that apply.*

- Judicial admonishment
- Formal “zero tolerance” warning (specific automatic consequence for next noncompliance)
- Jail (3 days or less)
- Jail (4-7 days)
- Jail (more than 7 days)
- Jury box/observe court
- Essay/letter
- Increased frequency of judicial status hearings
- Increased frequency/intensity of treatment modality
- Assignment to new service (e.g., criminal thinking, anger management, employment, etc.)
- Curfew
- Electronic monitoring
- Community service
- Return to beginning of current phase
- Demotion to prior phase of treatment
- Demotion to Phase 1 (start of program)
- Loss of drug-free days/increased length of participation
- Others: Please List and Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

66. How often are interim sanctions imposed in response to the following infractions?

	Always	Usually	Sometimes	Rarely	Never
Positive drug test					
Missed drug test					
Tampered drug test					
Single unexcused treatment absence					
Multiple unexcused treatment absences					
Reports of noncompliance with rules at treatment program					
Missed judicial status hearing					
Late for judicial status hearing					
Missed case manager appt.					
Absconding (broke contact with treatment and court)					
New arrest (nonviolent)					
New arrest (violent)					
Poor attitude in treatment					
Poor attitude in court					
Other: _____ _____					

67. Does the court have a formal (written) sanction schedule defining which sanctions to impose in response to different infractions or combinations of infractions?

- Yes
- No

68. *If yes to previous question:*

a. *Do participants receive a written copy of the sanction schedule at time of enrollment?*

- Yes
- No

b. *If yes, how often is the sanction schedule followed in practice?*

- Never
- Rarely
- Sometimes
- Usually
- Always

69. On a scale from 1 (Least Important) to 5 (Most Important), how important are the following factors in determining which sanction a defendant will receive? *(Please circle your answer.)*

	Least Important					Most Important
Formal sanction schedule	1	2	3	4	5	
Severity of the infraction	1	2	3	4	5	
Number of prior infractions	1	2	3	4	5	
Knowledge of case-specifics (i.e., sanction determination varies on a case-by-case basis)	1	2	3	4	5	

## V. TREATMENT STRATEGIES

70. About how often are participants sent to intensive inpatient rehabilitation (30 days or less of intensive inpatient services) as their first drug treatment modality?

- Never or rarely
- Sometimes (from roughly a few to one-quarter of participants)
- Often (from one-quarter to one-half of participants)
- Very often (roughly half or more of participants)

71. About how often are participants sent to residential treatment (for more than one month and usually 3-12 months) as their first drug treatment modality?

- Never or rarely
- Sometimes (from roughly a few to one-quarter of participants)
- Often (from one-quarter to one-half of participants)
- Very often (roughly half or more of participants)

72. In practice, when participants are sent to residential treatment, about how long do they generally stay at the residential treatment program?

\_\_\_\_\_ (# Months)

73. About how often are participants sent to outpatient treatment as their first drug treatment modality?

- Never or rarely
- Sometimes (from roughly a few to one-quarter of participants)
- Often (from one-quarter to one-half of participants)
- Very often (roughly half or more of participants)

74. In practice, when participants are sent to an outpatient treatment program, about how long do they generally stay at the outpatient program?

\_\_\_\_\_ (# Months)

75. In practice, when participants are sent to an outpatient treatment program, about how many days per week do they tend to spend at the program and how many hours per day? *If easier, please provide a brief narrative summary regarding selection of outpatient*

treatment programs and possible frequency of outpatient services (days per week and hours per day).

\_\_\_\_\_ # Days per week of outpatient treatment

\_\_\_\_\_ # Hours/per day of outpatient treatment (on the days when treatment is attended)

Additional information about frequency of outpatient treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

76. When participants are sent to an outpatient program, will the program accommodate their work or school schedules by, when necessary, offering treatment in the evening or non-work hours?

- Yes, programs will offer treatment at different times of day to accommodate schedules
- No, participants must attend treatment at designated times

77. Please indicate how many drug treatment providers used by your drug court provides each of the following treatment modalities.

Outpatient treatment \_\_\_\_\_ (# providers)

Short-term Intensive Rehabilitation \_\_\_\_\_ (# providers)

Residential Treatment \_\_\_\_\_ (# providers)

Medication-Assisted Treatment \_\_\_\_\_ (# providers)

78. Does your drug court link any of its participants to a Cognitive Behavioral Therapy (CBT) treatment that is designed to reduce criminal thinking (pro-criminal attitudes, beliefs, and behaviors)? *If there is any doubt, record the answer as "no."*

- No
- Yes: What is the treatment called? \_\_\_\_\_

79. Does your drug court link any of its participants to a batterer program intended for domestic or family violence offenders?

- No
- Yes: What is the program called? \_\_\_\_\_

80. Does your drug court link any of its participants to an anger management program?

- No
- Yes: What is the program called? \_\_\_\_\_

81. Does your drug court conduct a formal assessment for trauma and/or post-traumatic stress?

- No
- Yes

82. Does your drug court link any of its participants to an evidence-based trauma treatment?

- No
- Yes

83. Does your drug court link any of its participants to the following additional treatment modalities or services?

- Specialized gender-specific treatment
- Treatment for co-occurring mental health disorders other than trauma
- Housing assistance
- Vocational services
- Job readiness and/or job placement services
- GED or adult education classes
- Parenting classes
- Other: Please specify: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

84. Do most of the treatment programs your drug court uses have the following characteristics? *Please answer "not sure" if there is any doubt.*



	Yes	No	Not Sure
Coherent treatment philosophy			
Treatment manual created in-house (a written document that provides a treatment curricula and related lesson plans)			
Extensive use of cognitive behavioral therapy			
Availability of treatments for special populations (e.g., young adults, women, trauma victims, etc.)			
Frequent supervision meetings between line treatment staff and their clinical supervisors			
Clinical supervisors frequently sit in on groups that line staff facilitates—after which supervisor provides feedback in a meeting with the line staff member			
Regular formal training offered for line treatment staff			
Line treatment staff are held accountable for following a treatment curriculum with fidelity			

85. How do treatment providers communicate about participant compliance? *Check all that apply*

- In person (at staffing meetings or court sessions)
- Fax
- Phone
- E-mail
- Hard copy/snail-mail

86. How easy is it to get compliance information from treatment providers?

- Very easy, most service providers give us compliance information in a timely manner
- Somewhat easy, most service providers give us compliance information when we ask for it
- Somewhat difficult, we often need to request compliance information multiple times
- Very difficult, we have trouble getting compliance information from most service providers

## VI. PROGRAM OVERSIGHT

87. What is the name of the drug court judge (or judges, if there are multiple for the same court)?

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88. For how many years has the judge presided in the drug court?

\_\_\_\_\_ (# Years)

89. What is the name of the program coordinator (if different from the judge)? *Please leave blank if the program does not have a coordinator.*

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90. For how many years has the program coordinator worked as a clinician or clinical supervisor (*enter "0" if the program coordinator has a legal or other non-clinical background or if the program does not have a coordinator*)?

\_\_\_\_\_ (# Years)

91. Please indicate whether the current judge or coordinator helped to plan the drug court.

- Neither
- Yes, judge
- Yes, coordinator
- Yes, both judge and coordinator

92. Please indicate whether the judge or coordinator (if different from the judge) have ever attended a training covering each of the following topics by checking the appropriate boxes.

Training Topic	Judge	Coordinator
Pharmacology of addiction	<input type="checkbox"/>	<input type="checkbox"/>
Co-occurring mental health disorders	<input type="checkbox"/>	<input type="checkbox"/>
Best practices in legal sanctions and incentives	<input type="checkbox"/>	<input type="checkbox"/>
Best practices in communicating with offenders	<input type="checkbox"/>	<input type="checkbox"/>
The "Risk-Need-Responsivity" principles	<input type="checkbox"/>	<input type="checkbox"/>
Trauma assessment and/or trauma-informed therapy	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for special populations (e.g., young adults or women with children)	<input type="checkbox"/>	<input type="checkbox"/>

93. What do you believe are the most important training needs for the staff of your drug court?

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## VII. TEAM COLLABORATION

94. Does your drug court hold regular pre-court staffing meetings to discuss individual cases?

- No
- Yes, weekly
- Yes, biweekly
- Yes, less often than biweekly

95. If your court holds regular staffing meetings to discuss individual cases, when are these meetings typically held (include day(s) of the week and hours)? \_\_\_\_\_

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96. Does your drug court hold regular policy-level stakeholder meetings to discuss court policies and practices or to review quantitative performance data?

- No
- Yes, quarterly or more frequent
- Yes, two or three times per year
- Yes, annually
- Yes, less than annually

97. For each position listed in the chart below, please check which ones you consider to be part of the drug court team (those who regularly attend meetings or court sessions) and the name(s), title, agency they work for and email for those people. If there is no one in the role specified, please skip

a. Coordinator: Yes / Yes, but position is currently vacant / No

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Email: \_\_\_\_\_

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b. Dedicated Judge: Yes / Yes, but position is currently vacant / No

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Email: \_\_\_\_\_

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c. Dedicated Prosecutor: Yes / Yes, but position is currently vacant / No

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Email: \_\_\_\_\_

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d. Dedicated Defense Attorney: Yes / Yes, but position is currently vacant / No

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Email: \_\_\_\_\_

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e. Resource Coordinator: Yes / Yes, but position is currently vacant / No

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Email: \_\_\_\_\_

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f. Case Manager: Yes / Yes, but position is currently vacant / No

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Email: \_\_\_\_\_

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g. Social Worker: Yes / Yes, but position is currently vacant / No

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Email: \_\_\_\_\_

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h. Probation Officer: Yes / Yes, but position is currently vacant / No

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Email: \_\_\_\_\_

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i. Police/law enforcement officer: Yes / Yes, but position is currently vacant / No

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Email: \_\_\_\_\_

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j. Treatment Provider: Yes / Yes, but position is currently vacant / No

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Email: \_\_\_\_\_

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k. Mental health agency: Yes / Yes, but position is currently vacant / No

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Email: \_\_\_\_\_

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I. Other: \_\_\_\_\_

Yes /  Yes, but position is currently vacant /  No

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Email: \_\_\_\_\_

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m. Other: \_\_\_\_\_

Yes /  Yes, but position is currently vacant /  No

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Email: \_\_\_\_\_

## VIII. PARTICIPATION TIMELINE

98. On average, about how many days or weeks pass between an arrest and a referral to the drug court?

\_\_\_\_\_ (#) Days / Weeks / Months (circle time unit that applies)

99. On average, about how many days or weeks pass between a referral to the drug court and officially becoming a drug court participant?

\_\_\_\_\_ (#) Days / Weeks / Months (circle time unit that applies)

100. What is the minimum number of months from becoming a participant to drug court graduation?

\_\_\_\_\_ (# Months)

101. In practice, about how long does the average drug court graduate spend in the program (after considering extra accumulated time due to noncompliance or other reasons)?

\_\_\_\_\_ (# Months)

102. What are your graduation requirements? *(Please check all that apply.)*

Employed, in school, or in a training program

Community service

Consecutive drug-free months: How many months? \_\_\_\_\_

Payment of required fines or fees

Other \_\_\_\_\_

103. Do participants receive a written copy of the graduation requirements?

- Yes
- No

## IX. DRUG COURT DATA

104. Do you use a database or spreadsheet to track data on your participants?

- Yes
- No

105. If you DO NOT have a database or spreadsheet, how do you track data on your participants?

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106. Of all participants who have enrolled in the program, how many have a history of abusing each of the following drugs. **If you are unsure, please do not complete this question.** Please make sure that the sum of the numbers you provide below equals the total number of participants since the program opened (as provided in answering question #2).

- \_\_\_\_\_ Alcohol
- \_\_\_\_\_ Cocaine: Crack
- \_\_\_\_\_ Cocaine: Powder
- \_\_\_\_\_ Heroin
- \_\_\_\_\_ Marijuana/ganga
- \_\_\_\_\_ Other: Please specify: \_\_\_\_\_
- \_\_\_\_\_ Other: Please specify: \_\_\_\_\_

107. Of all participants who have enrolled in the program, please indicate how many were arrested for each of the following charges. Please make sure that the sum of the numbers

*you provide below equals the total number of participants since the program opened (as provided in answering question #2).*

\_\_\_\_\_ Drug trafficking or drug sales

\_\_\_\_\_ Drug possession

\_\_\_\_\_ Robbery

\_\_\_\_\_ Other property offense: Please specify the kinds of property charges that were involved and how many participants have enrolled with each property charge.

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\_\_\_\_\_ Domestic or family violence

\_\_\_\_\_ Other: Please specify: \_\_\_\_\_

\_\_\_\_\_ Other: Please specify: \_\_\_\_\_

\_\_\_\_\_ Other: Please specify: \_\_\_\_\_

\_\_\_\_\_ Other: Please specify: \_\_\_\_\_

108. Of all participants who have enrolled in the program, please provide a breakdown of their age and gender at the time they enrolled. *Please make sure that the sum of the numbers you provide in each category below equals the total number of participants since the program opened (as provided in answering question #2).*

A. Age:

\_\_\_\_\_ Younger than age 18

\_\_\_\_\_ Ages 18 to 19

\_\_\_\_\_ Ages 20 to 24

\_\_\_\_\_ Ages 25 to 40

\_\_\_\_\_ Older than age 40

B. Gender:

\_\_\_\_\_ Male

\_\_\_\_\_ Female

\_\_\_\_\_ Transgender



109. If you possess any statistical reports on your drug court’s participants or performance, please attach them to this survey.

- No statistical reports have been created or produced
- Yes/attached.

110. Has a formal evaluation of your drug court been conducted by a local evaluator within the past 5 years? Check all that apply.

- No
- Yes, process evaluation
- Yes, impact/outcome evaluation

111. Do you routinely survey your drug court participants to obtain their feedback on the program? *(Please check all that apply.)*

- No
- Yes, through surveys that participants fill-out
- Yes, through focus groups or discussions in which participants are invited to offer feedback
- Yes, through other means: \_\_\_\_\_

112. What do you believe are the greatest strengths of your drug court program?

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113. Other than a need for resources, what do you believe are the greatest needs for improvement of your drug court program?

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**Thank you very much for your assistance!**

# Appendix B.

## Staffing Observation Forms

### [COUNTRY] ADULT DRUG TREATMENT COURT EVALUATION

#### Staffing Observation Protocol I. Staffing Session

\*\*\*\*\* Complete one form for each drug court, whether or not a staffing was observed.\*\*\*\*\*

Site/Court: \_\_\_\_\_ Date: \_\_\_\_\_ Observer Initials: \_\_\_\_\_

Was staffing observed?  Yes  No: not logistically feasible  No: regular staffings not held

How frequently do staffings occur? \_\_\_\_\_

\*\*\*\*\* Complete remainder of protocol only if staffing was observed.\*\*\*\*\*

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Length (round to nearest minute): \_\_\_\_\_

How many of each type of case below were discussed during the session?

Drug court: Regular judicial status hearing \_\_\_\_\_

Drug court: Pre-participation appearance/potential new participant \_\_\_\_\_

Non-drug court, other \_\_\_\_\_

Of enrolled drug court participants, which cases were discussed during the staffing?

- All open cases
- All open cases scheduled to appear on next drug court calendar
- Select cases only (check all that apply):
- Cases with noncompliance issues
- Cases with treatment program issues
- Cases with reward or graduation pending
- Other: specify: \_\_\_\_\_

Were issues besides individual cases discussed?  Yes  No

If yes, describe other issues discussed: \_\_\_\_\_

---

Roles Present: Indicate the number of staff in each role that was present during the staffing and rate the level of participation of each role throughout the agenda; if multiple staff belong to the same role, estimate the participation of the role overall rather than of any particular person. **Rate on a scale of 1 (did not participate in the staffing) to 5 (participated throughout).**

Stakeholder Role	# Present at Staffing	Did not Participate		Participated Throughout		
		1	2	3	4	5
Judge		1	2	3	4	5
Defendant		1	2	3	4	5
Project/Resource Coordinator		1	2	3	4	5
Case manager		1	2	3	4	5
Prosecutor		1	2	3	4	5
Defence Attorney		1	2	3	4	5
Probation Officer		1	2	3	4	5
Community Tx Provider		1	2	3	4	5
Other: _____		1	2	3	4	5

Who ran the staffing (i.e., led the agenda or called the cases)? \_\_\_\_\_

Notes/clarification: \_\_\_\_\_

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How often were decisions made about how to handle the cases under discussion (versus deferring decisions to the court session)?

- Always   
  Often   
  Sometimes   
  Rarely   
  Never

Who made final decisions (e.g., resolves how to handle sanctions or rewards, what treatment program to use, etc.)?

- Judge  
 Team decision  
 Other: \_\_\_\_\_

Notes/clarification: \_\_\_\_\_

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How often were decisions finalized only after reaching consensus during the observed staffing?

N/A, final decisions were not made during staffing

Always

Often

Sometimes

Rarely

Never

Notes/clarification: \_\_\_\_\_  
\_\_\_\_\_

Did decisions related to rewards and sanctions appear to draw upon a fixed schedule in the observed staffing?

Always/usually

Sometimes

Never/rarely

N/A (insufficient observation)

Describe how cases tended to be discussed, any types of issues that tended to come up frequently (e.g., treatment attendance, attitude, or domestic violence-specific issues), and any other impressions of the staffing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Appendix C.

## Courtroom Observation Forms

### [COUNTRY] ADULT DRUG TREATMENT COURT EVALUATION Court Observation Protocol II. Court Appearances

Complete one form for each court appearance.

Site/Court: \_\_\_\_\_ Date: \_\_\_\_\_

Observer Initials: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Length (round to nearest minute): \_\_\_\_\_

**Type of Appearance:**

- Judicial status hearing
- Pre-participation (Including if defendant becomes participant during the appearance)
- Not a regularly scheduled appearance. Describe: \_\_\_\_\_
- No-show/non-appearance

**Defendant Sex:**       Male                       Female

**Defendant Incarcerated?**       No     Yes

If yes, was defendant in handcuffs/restraints?     No     Yes

**Compliance Status:**     Good Report     Bad Report (select if any noncompliance was noted)

**What happened during the court appearance?**

Achievements		Incentives	
Compliance w/court mandate	<input type="checkbox"/>	Judicial praise/encouragement	<input type="checkbox"/>
Tx compliance/attendance/participation	<input type="checkbox"/>	Praise from other staff (Who: _____)	<input type="checkbox"/>
Drug-free days (#: _____)	<input type="checkbox"/>	Courtroom applause	<input type="checkbox"/>
Phase advancement	<input type="checkbox"/>	Shook hands with judge	<input type="checkbox"/>
Job/school event	<input type="checkbox"/>	Decreased court appearances	<input type="checkbox"/>
Eligible for graduation	<input type="checkbox"/>	Decreased Tx modality	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	Phase advancement	<input type="checkbox"/>

Infractions		Court Response	
Absences: <input type="checkbox"/> At program <input type="checkbox"/> At court	<input type="checkbox"/>	None	<input type="checkbox"/>
	<input type="checkbox"/>	Verbal admonishment, judge	
Positive drug test(s)	<input type="checkbox"/>	Verbal admonishment, other (_____)	<input type="checkbox"/>
Re-arrest	<input type="checkbox"/>	Adjustment to Tx plan	<input type="checkbox"/>
Returned on warrant	<input type="checkbox"/>	Jail time	<input type="checkbox"/>
Violated Tx rules	<input type="checkbox"/>	Failed drug court	<input type="checkbox"/>
Poor attitude	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

Which of the following happened during the appearance?

- Judge made regular eye contact with defendant (for most of the appearance)
- Judge spoke directly to defendant (as opposed to through attorney)
- Judge asked non-probing questions (e.g., “yes/no” or others eliciting one-word answers)
- Judge asked probing questions
- Judge raised his/her voice
- Judge imparted instructions or advice
- Judge explained consequences of future compliance (e.g., phase advancement, graduation, etc.)
- Judge explained consequences of future noncompliance (e.g., jail or other legal consequences)
- Judge directed comments to the audience (e.g., using the current case as an example)
- Judge spoke off-record to the defendant (i.e., not transcribed)
- Defendant asked questions or made statements

Other notes/impressions of the judicial interaction \_\_\_\_\_

---

**Who was present in court? Did they speak? Were they addressed by the judge?**

Stakeholder Role	# Present for Appearance	Spoke?	Addressed by Judge?
Judge		<input type="checkbox"/>	
Defendant		<input type="checkbox"/>	<input type="checkbox"/>
Project/Resource Coordinator		<input type="checkbox"/>	<input type="checkbox"/>
Case manager		<input type="checkbox"/>	<input type="checkbox"/>
Prosecutor (Dedicated? <input type="checkbox"/> Yes <input type="checkbox"/> No)		<input type="checkbox"/>	<input type="checkbox"/>

Stakeholder Role	# Present for Appearance	Spoke?	Addressed by Judge?
Defence Attorney (Dedicated? <input type="checkbox"/> Yes <input type="checkbox"/> No)		<input type="checkbox"/>	<input type="checkbox"/>
Probation Officer (Dedicated? <input type="checkbox"/> Yes <input type="checkbox"/> No)		<input type="checkbox"/>	<input type="checkbox"/>
Community Tx Provider		<input type="checkbox"/>	<input type="checkbox"/>
Other: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

**How was the defendant's overall presentation or demeanor? (Check all that apply.)**

- Happy/satisfied       Forthcoming       Intimidated  
 Angry/Resentful       Confused       Upset  
 Other: \_\_\_\_\_

**Where did the defendant go after the hearing?**

- Defendant put in custody  
 Defendant left courtroom  
 Defendant remained in courtroom

Where? (e.g., jury box, audience) \_\_\_\_\_

**How satisfied was defense counsel?**

- Not at all       Somewhat       Very       N/A, counsel not present

**Other notes/impressions:** \_\_\_\_\_

## [COUNTRY] ADULT DRUG TREATMENT COURT EVALUATION

### Court Observation Protocol I. Court Session

Complete one form for each day of court observation. Try to observe all cases heard on that day or, at minimum, all cases heard during one complete session (morning or afternoon).

Site/Court: \_\_\_\_\_ Date: \_\_\_\_\_

Judge: \_\_\_\_\_ Observer: \_\_\_\_\_

Total Court Time Observed (morning plus afternoon): \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

Total Number of Court Appearances Observed: \_\_\_\_\_

Tally up the number of each type of appearance and total once finished.

Regular Judicial Status Hearing	Pre-participation/ Potential new participant	Other <i>(briefly explain in space below)</i>
a. Total*= 	b. Total= 	c. Total= 

\*The total number from part a will serve as the denominator for the % calculation in the next series of questions.

Responses below reflect only drug court participants appearing on regular judicial status hearings (i.e., part “a” of the preceding question). **Do not include pre-participation candidates or non-drug court appearances in your responses below.**

Who participated in drug court sessions? Tally the number of hearings that each role participated in and calculate the % age of *all* judicial status hearing appearances. *(Calculate when court observation is complete.)*

Participant	# participated in	% participated in <i>(denominator: total # status hearings)</i>
Judge		
Case Manager		
Project/Resource Coordinator		
Dedicated prosecutor		
Dedicated defense attorney		
Probation officer		
Community Tx Provider		
Other: _____		

How often did drug court participants appear with counsel during the observed appearances?

Always     Often     Sometimes     Rarely     Never

N/A (Defence counsel not present in court)

Notes/Clarification: \_\_\_\_\_  
\_\_\_\_\_



For participants appearing with counsel, did they stand **right next to** counsel?

*(If participant stands at center, while counsel remains symbolically apart—behind the defense table, for example—this is not considered “right next to” the participant.)*

Always     Often     Sometimes     Rarely     Never

N/A (Defence counsel not present in court)

Notes/Clarification: \_\_\_\_\_

\_\_\_\_\_

Did the attorneys present opposing positions to the court?

Always     Often     Sometimes     Rarely     Never

N/A (Defence counsel not present in court)

Notes/Clarification: \_\_\_\_\_

\_\_\_\_\_

Were cases called in an intentional order (e.g., sanctions first)?     Yes     No

Notes/Clarification *(required for any “yes” response)*: \_\_\_\_\_

\_\_\_\_\_

Was the court session open to the public?     Yes     No

Was the court session open to participants other than when their case was called?     Yes     No

If the observed court session was open, were “on record” comments audible to the audience?

Entirely     Mostly     Barely (e.g., front row or loud remarks only)     Not at all

Notes/Clarification: \_\_\_\_\_

\_\_\_\_\_

Were treatment progress reports conveyed orally (e.g., by the coordinator, case manager, or treatment liaison)?

Always     Often     Sometimes     Rarely     Never

Notes/Clarification: \_\_\_\_\_

\_\_\_\_\_

Did the judge possess written (or electronic) treatment progress reports?

- Always     Often     Sometimes     Rarely     Never

Did drug court participants have to stay for the entire court session, or were they allowed to exit after their appearance? *(Answer "must stay" if only a small number of participants are allowed to leave due to employment-related or other special circumstances)*

- Must Stay     Allowed to Exit     Depends on Phase

Notes/Clarification: \_\_\_\_\_

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Approximately how many feet were participants from the bench during appearances? (Circle one)

- Less than 5 feet     5-10 feet     More than 10 feet

Did the judge frequently hold bench conferences during court appearances or frequently ask participants to approach the bench to speak to them off the record?  Yes     No

Please describe this practice: \_\_\_\_\_

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Concerning the actions and demeanor of the judge towards the participants, was the judge *(Circle number corresponding to response for each)*:

	<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Neutral</b>	<b>4 Agree</b>	<b>5 Strongly Agree</b>
Respectful	1	2	3	4	5
Fair	1	2	3	4	5
Attentive	1	2	3	4	5
Consistent/Predictable	1	2	3	4	5
Caring	1	2	3	4	5
Intimidating	1	2	3	4	5
Knowledgeable	1	2	3	4	5

Did the judge frequently elicit questions or statements from the participants? Yes No

Describe the manner in which treatment issues tended to be discussed during court appearances.

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Describe the manner of any discussions that alluded to specific drug histories or drug-related problems of the defendant (e.g., alcohol, heroin, cocaine, or other drug-related problems)?

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Describe the manner of any discussions that alluded to specific domestic violence histories or problems of the defendant and/or that alluded to appropriate conduct in a relationship and/or that alluded to any protection orders that were in effect and the need to comply with them.

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Describe the physical layout of the courtroom (e.g., dimensions, lighting, number of rows in the gallery, size of audience, and audibility of the proceedings).

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Thinking back to the staffing, did the Judge's decisions in cases correspond to the staffing recommendations?

Most of the time agreed Most of the time conflicted Equal # of agreed/conflicted

Provide other salient observations about the court session.

# Appendix D.

## DTC Assessment Form

### DTC Assessment Form - Judiciary of Barbados Drug Treatment Assessment Form

This information is being collected for research purposes only.  
Your confidentiality will be respected

Case Number:

1. Name: \_\_\_\_\_
2. Last Name: \_\_\_\_\_
3. Religion: \_\_\_\_\_
4. Date of Referral: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year
5. Date of Interview/ Assessment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year
6. Gender:  Male  Female
7. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year
8. Address (las 30 days), town where you currently live: \_\_\_\_\_  
\_\_\_\_\_
9. Where have you lived for the last 30 days?

Family Home	
Own Home	
Rental House/Apartment	
Rooming / Boarding House	
Shelter / Refuge	
Squattting	
Homeless	
No response	

10. With whom do you live? for the last 30 days? (You may tick as many options as necessary).

Father	( )
Brother / Sister	( )
Stepfather	( )
Girlfriend / Boyfriend	( )
Mother	( )
Stepmother	( )
Wife / Husband	( )
Friend	( )
Other Relative	( )
Alone	( )
Other	( )
No Response	( )

11. Marital Status?

Single	( )
MArried	( )
Divorces	( )
Separated	( )
Living Together	( )
Widow / widower	( )
No Response	( )

12. Do you have children?  Yes  No

13. Are There any orders barring you from interacting with your children?  Yes  No

14. Did you maintain regular contact with your children in the last 6 months prior to your current incarceration?  Yes  No

14.1 If "yes" what are the ages of the children that live with you (if under the age of 18)

\_\_\_\_\_

14.2 If “yes” what are the ages of the children that do NOT live with you (if under the age of 18) \_\_\_\_\_

14.3 Who is the child / are the children living with if they are under the age of 18?

With other Parent	( )
With other family member	( )
With an individual who is not a family member	( )
With a foster family	( )
With a adoptive family	( )
In a treatment facility / detention home	( )
Runaway / Missing	( )
Other	( )
Don't know	( )

15. Educational level (highest level achieved)

14.1 Number of completed years of education: \_\_\_\_\_ Years

14.2 Level achieved

Primary	( )
Secondary	( )
Vocational	( )
University / Tertiary	( )
Never attended to school	( )

16. Current employment (last 30 days)

Working	( )
Self - employed	( )
Working and studying	( )
Unemployed	( )
Not Working / student	( )
Homemaker	( )
Not Working / retired (retiree, disabled)	( )
Not Working / (other please specify)	( )
No response	( )

17. Instant Offence

All charges that are being referred to the drug court?

- Processions of drugs
- Larceny
- Loitering
- Possession of Paraphernalia
- Praedial Larceny
- Trespassing
- Simple Possession

18. Previous Offences

Are there any other matters before the court?  Yes  No

If Yes, please state \_\_\_\_\_

How did you come here seeking treatment?

Referral from another drug treatment program	( )
Referral from a general health center (hospital, ER, metical referral, etc)	( )
Referral from Social Services or others (churches, community services)	( )
Referral from National Drug Council	( )
Referral from prison or juvenile detention center	( )
Referral from the justice system or police department	( )
Referral from employer	( )
Encouragement from friend (s) or family member (s)	( )
Voluntarily (self referral)	( )
Referral from school system	( )
Other, specify	( )
No response	( )

19. How many times have you ever been treated for drug or alcohol use?

I have been treated \_\_\_\_\_ times

20. Most recent type of treatment for drug abuse (please tick all applies)

Outpatient	( )
Residential	( )
Day clinic	( )
Self-help group (e.g. AA, NA)	( )
Detox Unit	( )
Psychiatric Unit	( )

21. What is the main substance for which you are seeking treatment? \_\_\_\_\_

22. What is the most frequent route of administration for this specific drug?

Oral	( )
Smoke	( )
Day clinic	( )
Inhaled	( )
Injected (intravenous o intramuscular)	( )
Other please specify	( )
No response	( )

23. At what age you first started to use drugs? \_\_\_\_\_

24. Types of drugs you have used in the last 30 Days

1. Alcohol (beer, wine, whiskey, vodka)	( )
2. Opioids	( )
2.1 Heroin	( )
2.2 Methadone	( )
2.3 Other Opioids	( )
3. Cocaine	( )
3.1 Cocaine	( )
3.2 Coca paste (basuco, paco)	( )



3.3 Crack	( )
4. Stimulants	( )
4.1 Amphetamines	( )
4.2 Methamphetamines (MDMA) and another derivatives	( )
4.3 Others stimulants like	( )
5. Hypnotics and Sedatives	( )
5.1 Barbiturates	( )
5.2 Benzodiazepines	( )
6. Hallucinogens	( )
6.1 LSD	( )
6.2 Others like	( )
7. Inhalants	( )
8. Cannabis/ganja	( )
9. Anabolic steroids	( )
10. Abuse of prescribed medication	( )

25. Judicial information

25.1 Have you been arrested in the last year?  Yes  No

25.2 how many times were you arrested in the last year? \_\_\_\_\_

26. Mental Health History

26.1 Violence

Previous history of violent acts	( )
History of family violence	( )
Reposts violent thoughts	( )

26.2 Suicide

Previous suicide attempts	( )
Previous thoughts of suicide	( )

27. History of treatment for psychiatric conditions

27.1 Have you ever been treated for psychiatric conditions?  Yes  No

27.2 if yes please indicate the conditions(s)? \_\_\_\_\_

28. Prior Abuse

Previously emotionally abused	( )
Currently emotionally abused	( )
Previously physically abused	( )
Previously sexually abused	( )
Currently sexually abused	( )

29. Contagious disease history

Have you ever been treated for any of the following?

					RESULT			ARE YOU IN TREATMENT NOW?	
Disease	Yes	No	Don't Know	Does Not Wish To Respond	Positive	Negative	Pending	Yes	No
HIV/AIDS									
STD'S									
HEPATITIS B									
HEPATITIS C									
TUBERCULOSIS									

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30. Eligibility Determination

- Willing to participate?  Yes  No
- Determined eligible to participate?  Yes  No
- (LS/CMI) Risk Assessment Completed?  Yes  No

(LS/CMI) Risk Level

- Low risk
- Medium risk
- High risk

31. Patient Placement after assessment (please check more than one answer if apply)

Type of treatment

Outpatient	( )
Residential	( )
Day clinic	( )
Self-help group (e.g. AA, NA)	( )
Detox Unit	( )
Psychiatric Unit	( )
Referred to other facility (please specify)	( )
Drop out	( )
No response	( )

Interviewer signature: \_\_\_\_\_ Date \_\_\_\_\_

Sign

# Appendix E.

## DTC Frequently Asked Questions Flyer

### **Question: Who is eligible to participate in the DTC Programme?**

Persons who are charged with non-violent offences whose drug addiction or dependency is a factor in the commission of their crimes.

#### **Who is not eligible?**

Persons who are charged with committing any offence involving the trafficking of drugs, the use of violence or a weapon and any indictable offence do not qualify.

Admission to the DTC programme is subject to the discretion of the DTC team.

### **Question: What occurs on successful completion of the DTC programme?**

A participant who has successfully completed the programme will be provided with a graduation certificate and will have no conviction recorded for the offence charged.

### **Question: What happens if a person is unsuccessful in the DTC programme?**

Where the DTC team recognises that a person is unsuccessful in the programme, the DTC Magistrate maintains his/her magisterial power for the offence. The individual may then be sentenced for the offence charged.

### **Question: Have other English speaking Caribbean countries established DTC's?**

There are DTC's established in Jamaica (December 2010) and Trinidad & Tobago (September 2012). In both of these countries the pilots, with support from the government and judicial officials, have worked well and there are initiatives to open additional courts and to explore the establishment of juvenile drug treatment courts.

### **Question: Where is the DTC located in Barbados?**

The DTC is located at the Supreme Court, White Park Road, St. Michael.

#### **For further information Please contact:**

**The National Council on Substance Abuse  
(NCSA)  
The Armaira Building  
Cr. 1st. Avenue Belleville & Pine Road,  
St. Michael, Bridgetown,  
Barbados.**

**Tel: (246) 429-6272  
Fax: (246) 427-8966  
Email: [info@ncsa.org.bb](mailto:info@ncsa.org.bb)**

## Drug Treatment Court Frequently Asked Questions



**Supreme Court of Barbados**



A **Drug Treatment Court (DTC)** pilot was launched in Barbados in February 2014 in accordance with a Memorandum of Understanding (MOU) signed by the government of Barbados with the Inter American Drug Abuse Control Commission of the Organization of American States (OAS).

**Question: What is a DTC?**

A DTC is designed to supervise cases of non-violent drug dependent offenders who agree to participate in treatment for their substance addiction. This court combines the traditional powers of a court in the criminal justice system with the available treatment options. The DTC operates to divert non-violent offenders with substance abuse problems from incarceration into court supervised treatment programmes.

**Question: What are the benefits of a DTC?**

The benefits to society are:

- ❖ A reduction in crime.
- ❖ A reduction in the prison population and savings to taxpayers.
- ❖ A reduction of the backlog of the criminal justice system.
- ❖ An increase in public safety.
- ❖ Offenders are provided with an opportunity to be productive members of society and to be re-integrated into their family and the community.

**Question: Who are the persons who form the DTC team?**

The DTC team is comprised of a group of individuals who have been trained to deal with such cases and includes the following categories of persons:

- ❖ A Magistrate
- ❖ A Police Prosecutor
- ❖ A Defense Attorney
- ❖ A Probation Officer
- ❖ A Treatment Provider
- ❖ Any other person selected by the DTC team.



**Question: How does a DTC work?**

Eligible persons who agree to participate in the programme undergo supervised treatment and rehabilitation programmes instead of final sanctions such as imprisonment. The Court's multi-disciplinary justice and health care systems led by a Magistrate oversees each participant's progress for a defined period.

The compliance of participants is objectively monitored by frequent substance abuse testing. The DTC in frequent sessions may offer incentives to reward improvements or apply sanctions for violation of treatment requirements.

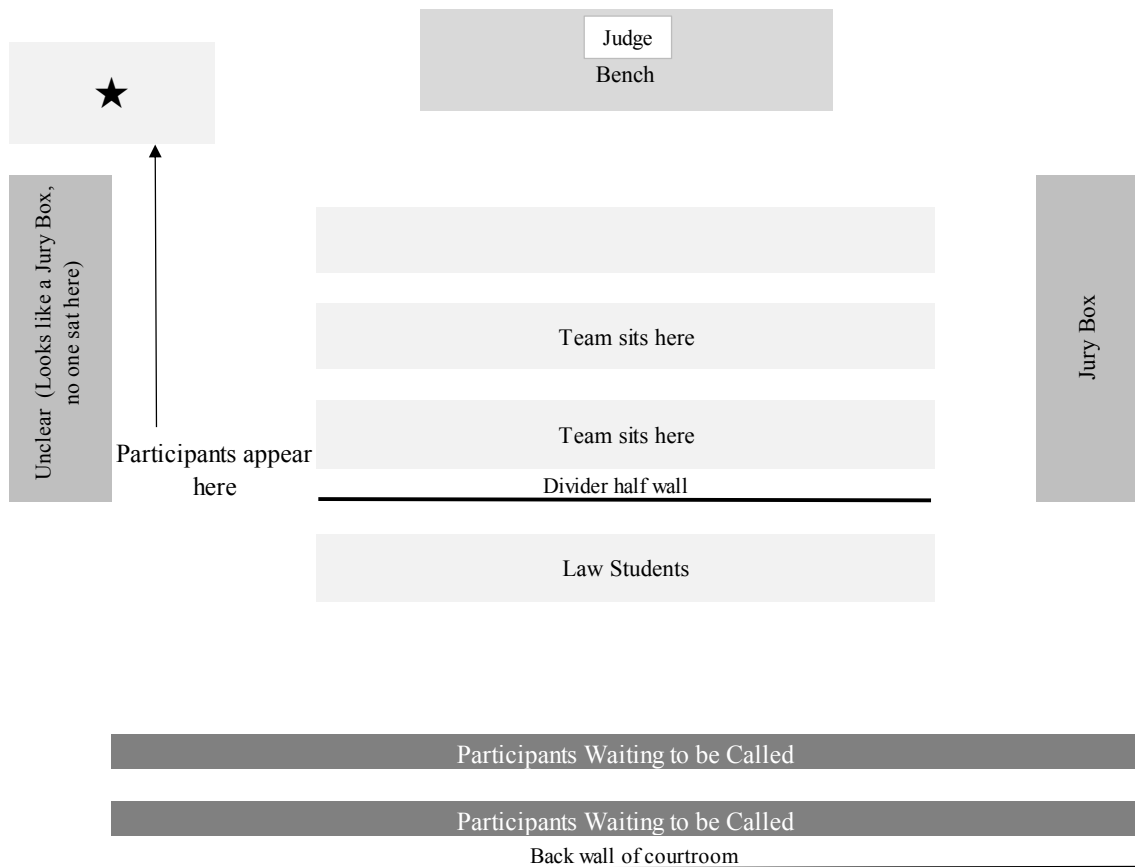
**Question: What is the jurisdiction of the DTC?**

The DTC will have island wide jurisdiction in dealing with summary offences.



# Appendix F.

## Courtroom Diagram



*Note:* The diagram is a rough sketch created by members of the evaluation team; all distances are approximate. The evaluation team sat in the jury box. Acoustics in the room were problematic and the evaluation team had trouble making out what was said between participants and the magistrate at times.

# Appendix G.

## DTC Participant Contract

### Rules of the DTC - Judiciary of Barbados

#### Rules of the Drug Treatment Court and Treatment Centre

##### Rules of the Drug Treatment Court of Barbados and Treatment Centre (DTCB/TC)

While attending the Drug Treatment Court of Barbados and Treatment Centre (DTCB/TC), I hereby agree to obey the following rules:

1. I will keep the peace and be of good behavior.
2. I will report to the DTCB/TC and obey all the rules and participate in all treatment including attendance at detoxification, residential, or other treatment programs as directed by DTCB team.
3. I will reside as directed, provide my current address and not change my residence with prior permission of the Drug Treatment Court of Barbados.
4. I will attend the Resource Center for urinalysis as directed by DTCB.
5. I will not attend the DTCB or TC while under the influence of alcohol.
6. I will provide urine samples as directed by the DTCB team and will report to the DTCB team as well as the resource center staff who is taking my urine sample about any drugs that I have used in the last week.
7. I acknowledge that tampering with urine sample may lead to me being discharge from the DTCB program.
8. I will sign such releases as are necessary to allow the treatment centre staff to access any informations it considers necessary related to my treatment.
9. I will not use any drugs (not prescribed for me) on site at the (DTCB/TC) or within one block of the (DTCB/CT).
10. I will not bring any drugs to the DTCB/TC which is not prescribed for me, and I will not have any drugs delivered to the treatment centre.
11. I acknowledge that engaging in disruptive or aggressive behavior at the DTCB/TC, including threatening disrespectful, or derogatory comments or physical violence may lead to me being discharged from the DTCB program.

12. If I cannot attend the DTCB/TC for any reason, I will advise the centre as soon as possible. If directed by the DTCB/TC team, I will provide a Doctor's note to confirm absence for medical reasons. I acknowledge that a warrant can be issued for my arrest if I fail to advise the DTCB team of my absences from the DTCB.

I, \_\_\_\_\_, have read and understand the above rules of Drug treatment Court and Treatment Centre (DTCB/TC) and agree to abide by them. I understand that failure to abide by these rules is a breach of my Bail order and may result in a warrant for my arrest, changes to or revocation of my Bail Order, or my discharge from the Drug Treatment Court of Barbados.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
DTCB Team Member Signature





Organization of American States  
Secretariat for Multidimensional Security  
Inter-American Drug Abuse Control Commission



OAS | CICAD



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