# A Diagnostic Study of the **Trinidad** and **Tobago** Drug Treatment Court

## Findings and Recommendations

OAS | CICAD

Center for Court Innovation | Canada

# A Diagnostic Study
## of the **Trinidad and Tobago**
## Drug Treatment Court

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Findings and Recommendations

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This evaluation (process) was carried out in coordination with the Government of Trinidad and Tobago and under the leadership of the Executive Secretariat of the Inter-American Drug Abuse Control Commission (ES/CICAD) of the Organization of American States (OAS), in association with the Center for Court Innovation (CCI). CICAD receives institutional and financial support from the Government of Canada through the Anti-Crime Capacity Building Program (ACCBP).

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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 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 from the Chief Justice of Trinidad and Tobago

JUDICIARY
TRINIDAD AND TOBAGO

Chief Justice's Chambers

November 14th, 2018

Institutional Strengthening Unit
Organization of American States,
17th Street and Constitution Avenue N.W.
Washington D.C.
**USA**

**Statement for the Diagnostic Study**

The Judiciary of Trinidad and Tobago and its stakeholder agencies in the development and implementation of the Drug Treatment Court Pilot Programme in Trinidad and Tobago note with appreciation the efforts taken by The Institutional Strengthening Unit of Executive Secretariat of the Inter American Drug Abuse Control Commission of the Organization of American States, and the Centre for Court Innovation in undertaking this diagnostic study on our Drug Treatment Court

When Trinidad and Tobago decided to pursue the implementation of Drug Treatment Courts it was uncharted territory for us in dealing with substance users in conflict with the law, but not our first foray into the arena of solution focused initiatives in the judiciary, as we had implemented the Family Court of Trinidad and Tobago and the Bail Supervision Programme. The implementation of the Drug Treatment Court was undertaken with no new financial resources and tremendous inputs from a wide range of national stakeholders. The Steering Committee which I set up in October 2011, did yeoman service in rationalizing the operations of the courts, arranging training and drafting the policy document to guide the implementation of the court, to facilitate the launch of the first court less than a year later. We are proud that this document has also helped to guide the development of DTC's in other jurisdictions.

Over our six (6) years of operation, OAS/CICAD has been a constant and supportive partner, and all staff, including successive Executive Secretaries, Ms. Angela Crowdy, Mr. Antonio Lomba and his team of specialists have been, as the Psalmist says, "Our strength".

THE CHIEF JUSTICE OF THE REPUBLIC OF TRINIDAD AND TOBAGO

Hall of Justice, Knox Street, Port of Spain, Trinidad and Tobago

JUDICIARY
TRINIDAD AND TOBAGO

The opportunities afforded us to receive training and exposure to Drug Treatment Courts in various jurisdictions, as well as the extensive exposure to DTC experts like Justices Kofi Barnes and Orlando Prescott and their teams from Canada and the United States, have provided us with excellent mentors and support systems. The Gap Analysis undertake by CAMH, also helped us to begin to plug those areas that may have easily escaped us. However, to CICAD's credit, they also recognized the incredibly gifted members of our team, their commitment to this project and the valuable expertise that has been acquired. They have provided us with opportunities to undertaken Horizontal cooperation in various states in the Caribbean and Latin America as well as at regional and international conferences.

I provide this background to put our request for this evaluation in context. For over two years our Steering Committee has indicated to CICAD that this would be a worthwhile investment as the Drug Treatment Court in the Americas programme enters its eighth (8th) year of operation. Our motivation was not completely altruistic as we also envisioned an opportunity for a critical examination of our Pilot Project by an external agency that could provide a comprehensive review and important insights on areas of strengths and other areas where our project could be strengthened. We therefore welcome this report and provide both CICAD and the CCI with the assurance that we will implement as many of the recommendations that can be accommodated based on our laws.

I give CICAD my unreserved assurance of our gratitude for all they have done, and our continued commitment to this process. Please know that the judicial leadership holds this project, our local Steering Committee and DTC teams, and the staff of CICAD in the highest regard.

Sincerely,

**Ivor Archie, O.R.T.T.**
**Chief Justice**

# 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 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 Trinidad and Tobago 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 Trinidad and Tobago Drug Treatment Courts.

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, 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).

# Executive Summary

## Overview

In 2017, the CCI conducted a diagnostic study of Trinidad and Tobago's drug treatment courts, including a detailed survey and site visit. Broadly speaking, the nation's drug treatment court system demonstrated a number of strengths, including but not limited to:

- Regularly scheduled judicial status hearings;
- Committed treatment providers; and
- Procedural justice.

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

- Provide regular training for drug treatment court team members, including a training curriculum for new team members and specialized training for prosecutors;
- Standardize the process for screening and admitting new participants;
- Empower the prosecutor's representative present in court to make final decisions about eligibility;
- Explore reasons behind low program referrals;
- Create manualized, phased treatment options that draw on evidence-based practices;
- Clarify the legal implications of program failure; and
- Standardize requirements for sober time and relay this information to team members and participants.

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 regulatory framework with respect to the monitoring and evaluation of the model as implemented in diverse contexts across the Caribbean and Central America. Accordingly, with funding through the Canadian ACCBP, ES/CICAD contracted the CCI 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 CCI 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 drug treatment court model implemented in Trinidad and Tobago. Research methods included a policy and practices survey completed by members of the drug treatment court teams; interviews with team members and state-level stakeholders involved in court planning and operations; and structured courtroom observations.

There are two adult drug treatment courts[1] in Trinidad and Tobago: one located in San Fernando, which began hearing cases in January 2013, and the second, located in Tunapuna, which began hearing cases in September 2014. Caseloads for the courts are determined by geography, with the San Fernando court accepting cases from the southern region of the country and the Tunapuna court accepting cases from the north. Both courts operate on a post-adjudication model; participants must enter a guilty plea to enter the program. The courts have had an estimated 40 participants since inception (San Fernando: 25, Tunapuna: 16). Court is held once a week. The program takes a minimum of 18 months to complete.

1. Trinidad's drug treatment court is different from its "drug court," which has jurisdiction over all drug-related criminal offenses, and its traffic court, which sees cases with driving under the influence charges.

## Program Strengths

The Trinidad and Tobago drug treatment courts draw on some specific strengths, including:

- Regularly scheduled judicial status hearings;
- A highly engaged high-level steering committee;
- Treatment providers committed to understanding clients' needs; and
- Practices associated with improved procedural fairness, including magistrates who treat participants respectfully, offer them a chance to speak in court, and are informed about participants' lives.

## 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 Trinidad and Tobago courts bring together a collaborative team, comprised of:

- A dedicated drug treatment court magistrate;
- A representative designee of the Director of Public Prosecution (DPP);
- A defense attorney;
- A police prosecutor, assigned on a rotating basis;
- A representative from the department of probation; and
- A local treatment provider (one in each site).

Interviewees report that the DPP representative does not regularly attend court or pre-court staffing meetings. While a police prosecutor plays a role in determining program eligibility, there is not a dedicated officer with training assigned to the courts.

### Collaboration Recommendations

Recommendations for improving collaboration include creating additional training opportunities—in particular, a training curriculum for new team members and specialized training for police prosecutors working in the drug treatment court. However, all team members could benefit from regular training opportunities. In addition, we recommend increasing the involvement of both the DPP and police prosecutors in the drug treatment court, including identifying a dedicated representative who can provide a consistent presence on the team.

## 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 identify more drug treatment court candidates, increasing enrollment (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

Ultimately, eligibility is limited to those defendants who are deemed to be addicted to drugs and who commit a crime related to their personal drug use. Eligible offenses include possession of drugs or drug paraphernalia, driving under the influence, some larceny charges, and other charges at the discretion of the DPP. Those charged with trafficking or possession with the purpose of trafficking may be eligible if the offense is deemed to have been undertaken in support of an addiction. In practice, most participants are charged with simple possession or driving under the influence.

### Clinical Eligibility

The most common drugs of choice for drug treatment court participants are marijuana and cocaine. Alcohol-only users are not eligible for the program. Potential participants must submit to a drug test within 24 hours of pleading guilty and signing the waiver to enter the program; those whose test results do not indicate use may be deemed ineligible for the program. All interested potential participants undergo a clinical assessment administered by a social worker or treatment provider. Results of the clinical screening are sent to the DPP, who makes the final decisions regarding program eligibility. Defendants with a co-occurring mental illness are not eligible for the drug treatment courts.

### Program Referral

Once a defendant with a case that meets the legal eligibility criteria is identified as having a likely drug problem, the magistrate in the court of first appearance may inform the defendant about the program. While the policy establishing drug treatment courts in the country allows for referrals by other court players, in practice, interviewees report that very few referrals—if any—are made by anyone *other than* the dedicated drug treatment court magistrates.

If the defendant expresses interest, the magistrate links the defendant with a defense attorney who will go over the application and waiver for participation with the defendant.

### Program Admission

Defendants who are interested in becoming participants must enter a guilty plea. This plea initiates a drug screening, clinical assessment, and a criminal background check. The resulting application packet is submitted to the DPP, who personally reviews each applicant and makes the final eligibility determination. Cases deemed eligible by the DPP are transferred to the drug treatment court. This process is intended to take one month, but typically takes around six months.

Once approved, the defendant has another opportunity to consent to participation in the program or to withdraw their application. New participants are scheduled for the next drug treatment court calendar date and are subject to additional screening by probation. At the defendant's first appearance in the drug treatment court, they re-enter a guilty plea and become an official program participant.

### Screening & Assessment Recommendations

Recommendations include empowering a DPP designee to make eligibility decisions in order to avoid the current screening bottleneck; establishing a chain of custody for drug test samples; exploring reasons behind low program referrals; and standardizing the process of identifying and admitting new participants to the drug treatment court. Specific strategies to support the last of these might include the creation of a key assessment fields checklist and a referral form and a streamlined assessment process avoiding duplication of tasks.

## 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. High-quality implementation of treatment is also important to the effectiveness of treatment. Finally, research shows that beginning treatment within 30 days of arrest can engage participants at a receptive moment in time.

The country's two drug treatment courts, while served by different treatment providers, generally follow a similar treatment model, with weekly individual counseling, group sessions, Narcotics Anonymous attendance requirements, and drug testing. In San Fernando, participants also check in weekly with the treatment provider by phone.

### Treatment Recommendations

It is recommended that the programs inform treatment through:

- The use of a quality clinical assessment tool.
- Creation of a manualized curriculum based on approaches that are evidence based.
- Promote advancement through treatment by introducing interim treatment phases.
- Streamline the referral process in order to engage participants in treatment more quickly and offer treatment at different times of day to accommodate participants who are working or in school.

## Deterrence

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

All participants are required to appear in court each week when they first enter the program, but they may be permitted to appear less frequently as they progress through the program. Participants are subject to drug screening for marijuana and cocaine on a weekly schedule; in San Fernando, the provider reports occasional use of unannounced tests. Participants are expected to achieve 90 days of sobriety prior to graduation. The probation department and police ostensibly share responsibility for community supervision of participants, although interviewees indicate that police are not currently engaged in community supervision activities. Probation officers strive to conduct surprise home visits once every two months. In addition, probation officers conduct group and/or one-on-one sessions with participants to discuss their progress on other graduation requirements.

## Legal Consequences

The benefit of participation in the drug courts is that successful program completion may result in the case being dismissed with no conviction recorded. However, this outcome is not universal; successful graduates may instead receive community service, a peace bond, a fine, or a reduced incarceration sentence.

Requirements for program completion vary between the two sites, but generally include a predetermined period of sobriety, confirmed through weekly drug screens and demonstration of personal growth and a change in attitude. Both the drug treatment court team and the steering committee review all graduation applications; the steering committee makes the final decision to approve or reject the graduation request.

Participants are free to leave the program of their own volition at any point. If they choose to do so, they will be returned to the court of first appearance for his/her matter to be heard.

## Interim Sanctions & Incentives

The courts use judicial praise, courtroom applause, decrease in judicial status hearing frequency, tokens of achievement, and gift certificates as incentives for positive behavior. Interviewees felt somewhat limited in terms of available incentives due to funding constraints. Sanctions for negative behavior include writing a letter, community service, bail revocation, additional conditions (such as curfew), and additional treatment sessions.

## Deterrence Recommendations

It is recommended that the courts reevaluate the use of sanctions that reflect the principles of certainty, appropriate severity, and celerity. Specifically, the court should disseminate a sanction scheduled to all participants. In addition, the courts should use a validated risk-need assessment and use results to inform court and probation monitoring schedules. Finally, the courts should clarify both graduation requirements (and eliminate subjective requirements) *and* legal ramifications of program failure and successful graduation.

## 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: Program Transparency

Drug treatment court rules and expectations are explained orally to the participants when they enter the program. There are no written materials distributed to participants outlining program policies. Consequences of program failure are not clearly explained to participants.

### Judicial Status Hearings

Observations of the drug treatment court calendars suggest that the magistrates successfully meet many of the practices known to promote procedural justice: they make direct eye contact, speak directly to participants, ask probing questions, and demonstrate knowledge of participants' progress and personal circumstances.

### Procedural Justice Recommendations

The courts should create and distribute materials to ensure that participants fully understand program rules and obligations. In addition, the courts should standardize requirements for sober time and relay this information to participants and team members.

### 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 Trinidad and Tobago program has identified broad program goals, a logic model would help the program link these goals to key performance indicators, enabling the program to measure success. The program currently tracks case information in paper files, although there were instances where operators were relying on memory for certain data. The program would benefit from developing a computerized data tracking system.

# Chapter 1
# Introduction & Methodology

## Project Background

With the expansion of drug treatment courts through the Western Hemisphere, and in line with the current Hemispheric Plan of Action 2016-2020, the Executive Secretariat of the Inter-American Drug Abuse Control Commission (hereafter ES/CICAD), Secretariat for Multidimensional Security (SMS) 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, 15 are exploring or implementing the model.[2] 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 CCI 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 10th EDF program funded by the European Commission.

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.

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.

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 Trinidad and Tobago drug treatment court model. Chapters 2 through 7 detail the specific findings from Trinidad and Tobago, 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 provides an overview of program strengths and recommendations.

## The Trinidad & Tobago Model

The pilot Drug Treatment Court of the Republic of Trinidad and Tobago (hereafter, Trinidad and Tobago) was launched in San Fernando magisterial district (in the south of Trinidad) in September 2012 and began hearing cases in January 2013. Chief Justice Ivor Archie committed to launching the court while attending the annual National Association of Drug Court Professionals (NADCP) annual training conference in the United States in 2011. Regional training, planning, and support was provided by the ES/CICAD and the Canadian Association of Drug Treatment Court professionals (CADTCP). Training and planning efforts were supported by the judiciary, Ministry of National Security, and Ministry of Justice of Trinidad and Tobago. Today, there are two pilot drug treatment courts in the country. The second court—established in September 2014 in the town of Tunapuna—accepts cases from the northern region of the country. A steering committee directed the creation of the existing drug treatment courts, provided training for the judiciary, developed a policy manual, and remains actively involved in the ongoing operation of the drug treatment courts. Two more courts were planned in Port of Spain and Tobago but have not yet been instituted.

The drug treatment courts in Trinidad and Tobago use a post-adjudicatory model, in which drug offenders are required to take responsibility for their actions by pleading guilty to the offense before entering the drug treatment court. Participation is voluntary, and the prosecution determines eligibility based on the charge and the results of a substance use assessment conducted by the treatment provider. The drug treatment court program lasts approximately 18 months, and consists of judicial monitoring, probation supervision, and attendance in a treatment program. The courts use sanctions and incentives to encourage progress.

## Figure 1. Map of Drug Treatment Court Locations in Trinidad and Tobago


## 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%—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, gift certificates, 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 an incarceration sentence.

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.[3] 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).[4]

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

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.

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

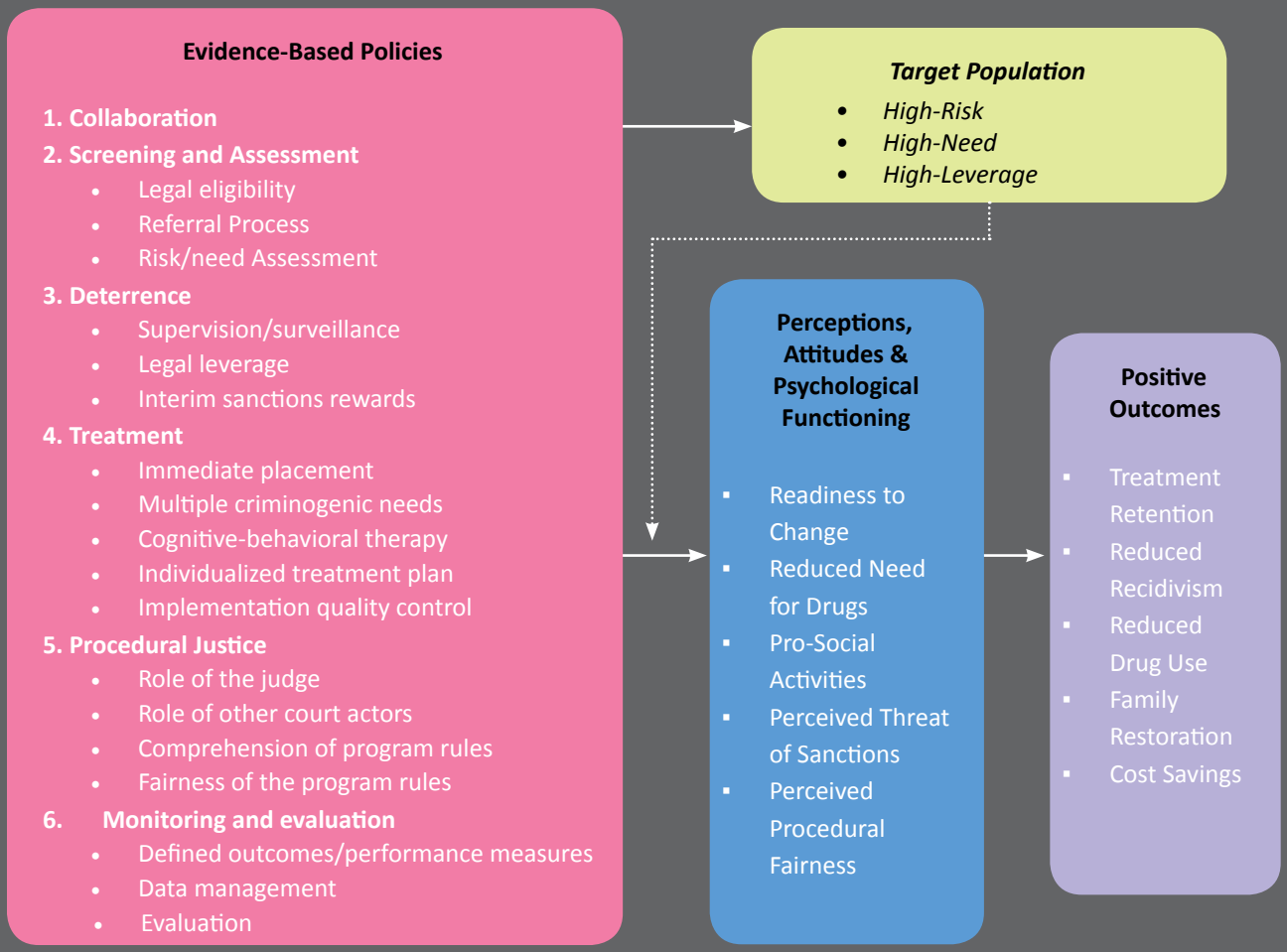
To inform the efforts of the expansion of the drug treatment court model throughout the hemisphere, generally, and in Trinidad and Tobago, specifically, the present diagnostic evaluation focuses on a diagnostic evaluation of the pilot programs in San Fernando and Tunapuna, Trinidad and Tobago.

Specifically, the policies and practices of the Trinidad and Tobago drug treatment courts were assessed according to an evaluation framework (see Figure 2) based on past research concerning "what works" 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 Trinidad and Tobago drug treatment court model 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 three-day site visit to the courts that included in-person interviews and structured observations.

## Figure 2. Diagnostic Evaluation Framework




### 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). A single survey was completed in Trinidad and Tobago; responses represented policies in both courts.

## Site visit

In September 2017, the evaluation team conducted a three-day site visit to Trinidad and Tobago. The evaluation team was comprised of one member of the Center's research team, one member of the Center's drug court training and technical assistance team, and two representatives of the Organization of American States. The site visit agenda was developed collaboratively by the Center 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 pre-court staffing meetings.

**Team Member & Stakeholder Interviews** A total of 17 drug treatment court team members and stakeholders were interviewed during the three-day site visit. Participating team members included the presiding magistrates of the two drug treatment courts (and one former magistrate), defense attorneys, a representative of the Director of Public Prosecution, a police prosecutor, treatment providers, and probation officers.

In addition, CCI 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 the steering committee interview included the manager of the National Drug Council, a High Court Judge, the Chief Magistrate, a representative of Legal Aid, a representative of the Forensic Science Center, and an OAS technical advisor.

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 each in the San Fernando and Tunapuna Drug Treatment Courts (held on September 26 and 27, 2017). These protocols were adapted from ones previously developed by CCI staff for the National Institute of *Justice's Multi-Site Adult Drug Treatment Court Evaluation* (Rossman et al. 2011) and used for the *Diagnostic Study of Addiction Treatment Courts in Guadalupe, Nuevo Leon, Mexico* (Rempel et al. 2014); the observation forms are included as Appendix B and Appendix C.

Due to a scheduling conflict, one of the court sessions was not observed on the regularly scheduled day on the drug treatment court calendar. However, the courts were able to schedule all participants to make a special appearance for the purpose of the evaluation; team members indicated that the session reflected typical practices. The evaluation team was also able to observe a standard pre-court staffing meeting for each court.

# 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 Drug Treatment Court Team

The Trinidad and Tobago drug treatment court teams are responsible for selecting cases for the program, monitoring participant progress in the program, and administering incentives and sanctions. The teams meet weekly (every Wednesday in San Fernando, every Thursday in Tunapuna) for pre-court staffing meeting, followed by court hearings. Each team consists of the following members:

- A **magistrate**, who oversees the work of the court and makes final decisions about sanctions and incentives. The magistrate interacts directly with participants during the judicial status hearings. The magistrate also oversees other court calendars not affiliated with the drug treatment court.
- An attorney-at-law as designated by the **Director of Public Prosecution (DPP)**. Each court has a DPP representative who gives input on team decisions, makes sure that the court is operating in accordance with the law (e.g., ensures eligible offenses, appropriate bail). The DPP himself has sole and ultimate responsibility for determining drug treatment court eligibility.
- A designated **defense attorney** (typically a Legal Aid attorney) appointed to defend the offender. The defense attorney discusses the drug treatment court program with defendants and reviews the participant waiver with them before the defendants sign. The defense attorney also participates as a member of the drug treatment court team, weighing in on decisions regarding their client's participation through the course of the case.
- A **police officer** (also known as a **police prosecutor**), designated by the Commissioner of Police, is responsible for initial case screening and may make recommendations to the magistrate about whether a defendant should be admitted into the program based on the arrest incident and criminal history.

- The role of the representative from the **department of probation** is to act as a liaison between the court and probation, conduct home visits, and act as participants' first point of contact for any non-treatment needs.
- There are two approved **substance abuse treatment providers**. For the Tunapuna drug treatment court, treatment is provided by Caura—a government-funded treatment center. In the San Fernando drug treatment court, treatment is supplied by an individual Narcotics Anonymous (NA) provider. In both settings, the treatment providers offer group counseling, some individual counseling, drug testing, Narcotics Anonymous meetings, and referrals for additional services.

Not all team members attend court sessions regularly. While there is a DPP representative assigned at each court, according to interviews, neither attends court sessions or staffing meetings regularly. The police do not have a designated, trained police prosecutor for the drug treatment court; rather, this role rotates based on police department needs and availability.

## Information Sharing

Team members communicate with each other at the weekly pre-court staffing meetings and via WhatsApp digital messaging service, email, and phone. Individual cases are discussed during the pre-court staffing meeting, where each agency provides an oral report on individual participant progress. Team members make recommendations and provide feedback based on their areas of expertise. According to one interview, team members "do not operate in their usual roles"—i.e. using the adversarial approach—when they are in the drug treatment court. Final decisions regarding court responses—for instance, to issue a sanction for noncompliance or give one more chance to a participant felt to be working especially hard—falls to the drug treatment court magistrate.

## Team Training

Training is an important component of a collaborative model, as it provides all team members with a basic understanding of the drug treatment court model and the roles and responsibilities of all court actors. Selected stakeholders first attended training at a sub-regional training event organized by ES/CICAD in collaboration with the CARICOM Secretariat in Jamaica in 2011. Later that same year, ES/CICAD hosted a sub- regional training event in Port of Spain, Trinidad, for stakeholders and practitioners from four Caribbean countries, including Trinidad and Tobago. Local representatives were from the Ministry of Justice, the Forensic Science Center, the Judiciary – Judges and Magistrates, Ministry of Health, Ministry of National Security, members of the various Law Associations and Civil Society organizations, treatment providers, and psychiatrists. According to interviewees who attended this training, agency heads hand-selected training attendees, choosing those who had the aptitude and interest in using the court as a rehabilitative forum. Some practitioners who were involved early on also participated in OAS-facilitated visits to drug treatment courts in Toronto and Vancouver, Canada, as well as Miami, Florida, USA.

According to interviewees, the steering committee provides training annually to representatives of the agencies who participate in the drug treatment court team to educate them about the work of the drug treatment courts. However, no protocols are in place to ensure that new agency representatives receive training when there is turnover. While the original team members were reported to have received significant training opportunity, some current team members reported that they had not received any training since joining the team and expressed a desire for improvements in this area. Representatives of nearly every agency involved with the drug treatment court expressed similar concerns.

## 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 courts (e.g., increasing referrals, expanding eligibility criteria). The steering committee consists of representatives from the following agencies: the National Drug Council, High Court of the Judiciary, Chief Magistrate, Forensic Science Center, Legal Aid, the Office of the Director of Public Prosecutions, OAS, the two current drug treatment court magistrates, Treatment Provider, the Chief Probation Officer, the Director Monitoring and Evaluation of the Ministry of National Security, the Trinidad and Tobago Prison Service, and the Trinidad and Tobago Police Service.

The role of the steering committee is to "guide the practices of the court." The policies of the court are enumerated in a policy documented ("A Policy to Establish Drug Treatment Courts in Trinidad and Tobago," hereafter, "the Policy"), which, as of September 2017, was being revised by the steering committee to reflect a newly-created map of the drug treatment court process from start to finish. Any deviation from the Policy is supposed to be reported back to the committee through the magistrates or other team members; the committee then conducts a review. For example, in one instance it was discovered that a participant of the program was infected with a contagious disease. The steering committee reviewed wellness policies concerning contagious patients, then created a corresponding protocol for the drug treatment court. The new protocol was included as an addendum to the Policy.

The steering committee reviews and approves all applications for program graduation. Some interviewees questioned whether this review is necessary, as the steering committee does not directly interact with participants but relies on team recommendations as the basis for making graduation decisions.

The drug treatment court coordinator plays a key role in the steering committee. The coordinator is the manager of the National Drug Council of Trinidad and Tobago and serves as the link between the courts and the steering committee. In addition, the coordinator often acts as the liaison between the agencies working with the drug treatment courts. The coordinator has been involved since the inception of drug treatment courts in the country and played a key role in the creation of the Policy.

Those on the steering committee are primarily agency heads and department leads, which was felt to facilitate top-down decision making. For example, the representative of the Forensics Science Center is the head of the toxicology section and, in consultation with the drug treatment court magistrates, recently implemented changes to the process for delivery of drug test samples to the Forensic Science Center based on concerns that not all tests submitted by the court made it to the lab. Interviewees reported that such change is impeded by those agencies which do not send representatives to the committee meetings. For example, the steering committee has tried on numerous occasions to recruit a police representative who could facilitate obtaining criminal records required for entry into the drug treatment court; these efforts have been unsuccessful thus far. Stakeholders reported that this has led to difficulty accessing much-needed documents.

Finally, the steering committee addresses the big-picture issues faced by the courts. One issue they are currently addressing is the lack of referrals from magistrates outside the drug treatment court. Interviewees attributed some of this to the novelty of the drug treatment court model; prior to the establishment of the drug treatment courts, interviewees report that the idea of using the court as a rehabilitative tool was unknown. In addition, with 52 magistrates in the country, it has been a challenge to increase awareness of the model. The steering committee has conducted numerous trainings with magistrates and judges about the work of the drug treatment courts. In 2017, the committee created an awareness campaign, including an Frequently Asked Questions brochure and posters to display in court buildings. Some stakeholders expressed concern that the reluctance to refer to the drug treatment courts is because the courts were established through a policy document approved by the cabinet, rather than through legislation. Some interviewees believe that magistrates feel that they risk exposing themselves to liability by referring cases to the drug treatment courts—if, for instance, a participant was to go on to commit a new offense. To address this concern, the steering committee is reviewing legislative and non-legislative options to remediate the situation and hopefully increase court referrals. (See Chapter 8 for further discussion.)

## Key Findings: Collaboration

- The drug treatment court teams meet weekly in pre-court staffing meeting and hold weekly judicial status hearings.
- Both drug treatment courts and the steering committee incorporate representatives of nearly all agencies actively engaged in the work. However, the steering committee lacks a police representative; this has implications for court operations—most notably in terms of courts being able to access criminal history in a timely manner.
- New personnel assigned to the drug treatment courts lack formal training on the model.
- The steering committee plays an active role in supporting the drug treatment courts and addressing problems as they arise.
- The steering committee provides drug treatment court training for the judiciary and other stakeholders on an annual basis; however, support from individual magistrates is still low, leading to few referrals and low participation.

# 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-need 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).[5]

- **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.

Drug treatment courts in Trinidad and Tobago do not use a validated risk-need assessment to inform either eligibility decisions or supervision. Treatment providers report that they conduct an informal clinical assessment with potential participants prior to program admission, assessing for drug and alcohol use and addiction, criminal history, mental and physical health, and social history. In addition, once a person is found *eligible*, the potential participant is assessed by the probation officer on a number of domains (family support, employment, willingness to participate, living arrangements, mental health, health, mobility, finances) to determine *suitability* for the program. However, none of these assessments is based upon a validated tool and none result in a predictive risk score.

## 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.

When treating those who are addicted to drugs, some propose that intensive programs should

5. 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).

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 incentive to comply and, indeed, average better drug treatment court outcomes (Cissner et al. 2013; Rempel and DeStefano 2001).

## The Trinidad and Tobago Target Population

**Legal Eligibility** Legal eligibility for participation in the drug treatment court is outlined in the official Policy. In general, the courts accept those charged with summary offenses *or* charges that may be either a summary or an indictable offense, where there is evidence of drug dependency. Defendants charged with violent offenses are generally ineligible for the drug treatment court. Eligible offenses include possession of drugs or drug paraphernalia, driving under the influence, some larceny charges, and other charges at the discretion of the DPP. Those charged with trafficking or possession with the purpose of trafficking may be deemed eligible for the program if it is deemed that the trafficking is undertaken with the intent of supporting an addiction.[6] Those with a prior violent arrest or conviction are ineligible for the drug treatment court. Defendants are *not* ruled out based on a maximum potential sentence for the current offense.

Ultimately, eligibility is limited to those defendants who are deemed to be addicted to drugs and who commit a crime related to their personal drug use. Determining legal eligibility requires the police prosecutor, magistrate, and DPP to distinguish between profit-seeking and addicted dealers through the weight of drugs involved, packaging, circumstances of the arrest, substance abuse assessments, and input of law enforcement.

6. Specific legal code regulating which charges may be considered eligible for the drug treatment court can be found in A Policy to Establish Drug Treatment Courts in Trinidad and Tobago, Appendix A. The full text of the Policy is available at http://www.cicad.oas.org/fortalecimiento_institucional/dtca/activities/Trinidad/FINAL%20DTC.%20TRINIDAD%20AND%20TOBAGO.%20ENGLISH%20PDF.pdf

While the Policy allows for some flexibility in determining program eligibility, in practice, most participants are charged with simple possession or driving under the influence. A small number of participants have entered the drug treatment courts on charges of robbery or other property offenses, possession of drug paraphernalia, and being in a place where drugs are being used. In addition, possession of "dangerous drugs" is not an eligible offense, meaning that those possessing drugs other than marijuana or cocaine are typically excluded from the drug treatment court.[7] Interviewees report that other magistrates may believe that only drug possession cases are eligible for the program, leading to few referrals of other types of cases.

Finally, in order to be eligible to participate in the drug treatment court, the defendant must plead guilty to an eligible charge and accept responsibility, sign the waiver, and provide a urine sample for testing.

**Clinical Eligibility**[8] At both of the courts in Trinidad and Tobago, treatment providers (described further in Chapter 4) interview potential participants to determine clinical eligibility. They provide general interview findings (though not complete clinical assessment results, which remain confidential) to the DPP to inform program admissions.

- **Drug Testing** Potential drug treatment court participants are required to submit to a drug test within 24 hours of pleading guilty and signing the waiver to enter the program. This test is administered by a social worker from the treatment center, or, if the social worker is not available, by the probation officer. Samples are sent to the Forensic Science Center for testing. According to the Policy, the results of this initial test are to be sent to the DPP and the treatment provider within seven days. The results are used by the DPP to determine whether the offender is a true substance user or feigning substance use to participate in the drug treatment court and avoid different legal consequences. If the participant is later deemed ineligible, or decides to not participate in the drug treatment court, the results of the drug test are not admissible in subsequent criminal proceedings.

7. 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.

8. For a specific discussion about the extent and nature of drug use in Trinidad and Tobago, see Bissessar, A.M. 2014. "The Tragedy of a Small Country: Combatting Substance Abuse and Illegal Drugs." International Journal of Humanities and Social Science 4(9):51-65.

The initial screening tests for marijuana, cocaine, opiates, amphetamines, methamphetamines, and alcohol. Tests are kept in a refrigerator in the courthouse until they can be transported to the Forensic Science Center. Unfortunately, the refrigerator in Tunapuna is not dedicated solely to the drug treatment court and samples have spoiled on occasion when the unit has been unplugged. In addition, due to lack of a dedicated police officer on the drug treatment court teams, there have been some issues with transportation of the samples in a timely manner. A representative of the Forensic Science Center, who is on the steering committee, and the drug treatment court magistrates are working together to solve this issue. Probation officers are currently assisting with the transfer of samples; however, the placement of a permanent, dedicated police officer would greatly assist the process.

- **Clinical Screening** Potential participants complete a clinical screening with a social worker or other approved treatment staff within a day or two of submitting an application to enter the program. While the Policy provides specific criteria for which potential participants must undergo a clinical assessment,[9] the upshot of the requirements is that anyone who is deemed potentially eligible at this point in the process (and interested in participating) must be assessed by a clinician.

  In practice, all interested potential participants undergo the assessment. The purpose of the initial assessment, which takes about 90 minutes to complete, is to determine whether and to what extent a person is a drug offender (as defined by the enabling legislation), if they would benefit from the drug treatment court, and whether they have a mental health condition that would preclude participation. The assessment includes recommendations for substance abuse treatment, including the appropriate course of treatment necessary to address their needs. The assessment results are sent to the office of the DPP.

  Those defendants who are determined to be addicted to alcohol *only* are not eligible for the drug treatment court. Abstinence from alcohol is not required for successful program completion. One interviewee explicitly expressed interest in expanding

9. The policy specifies that potential participants should be assessed if they meet the following criteria: results of the drug test conducted upon application are positive; the offender requests an assessment; the offender admits to substance use or abuse within the year prior to the arrest; the current charge involves a violation of the controlled substances or driving under the influence type offense; or the defendant was either convicted or received a suspended imposition of sentence of the same type of violation within the past five years.

eligibility criteria to include those who commit offenses because of an alcohol addiction, but do not necessarily abuse other substances—maintaining that alcohol addiction is a sizeable concern in the country.

- **Mental Health** Interviewees indicated that the drug treatment courts and affiliated treatment providers are ill-equipped to deal with defendants who suffer from a co-occurring mental illness. Those who are found to have a mental illness are excluded from the drug treatment court program, but the treatment provider may recommend that the defendant go to a mental health treatment institute. However, interviewees indicated that there are limited mental health professionals throughout the country, leaving many people in need with no access to appropriate services.

## Case Identification & Referral

### Drug Treatment Court Referral

Cases are identified as suitable for the Trinidad and Tobago drug treatment courts by the magistrate in the court of first appearance, which is either the magistrate's criminal court, drug court (which has jurisdiction over *all* drug-related offenses, including those not eligible for the drug *treatment* court), or the traffic court (for driving under the influence charges). The police prosecutor estimated that up to 20% of all new arrests at face value are eligible for the drug treatment court. While the Policy indicates that anyone—including police, prosecutor, defense attorney, and even the defendant—may refer to the drug treatment court, in practice, referrals are primarily made by magistrates.

Magistrates in the court of first appearance may directly question defendants about their drug use; they may also rely on observed behavior for indicators of problematic drug use. The magistrate might ask defendants why they committed the offense, whether the alleged behavior is unusual for them, and what circumstances led to their arrest. The magistrate also requests to see the "tracing" report—i.e., the defendant's criminal history—in order to review whether there are clear indicators that the defendant is not a likely drug treatment court candidate (e.g., violent conviction or arrest). Because the tracing is based on a name search only, police are sometimes unable to find a match or find only inaccurate matches.

Aside from the drug treatment courts magistrates, interviewees report that there are very few, if any, other magistrates regularly referring cases to the drug treatment court. There is no official data available to assess referral sources. Interviewees indicated that even magistrates who are aware of the drug treatment court model, have been trained on it, and appear supportive do not transfer cases to the drug treatment courts. People suggested a few reasons for the hesitance. First, the drug treatment court is based on a policy document, rather than in legislation. Thus, there are some

magistrates who feel that if they refer a case to the drug treatment court and something bad were to occur—say, a new violent crime—the magistrate could be personally liable and sued. In comparison, the family court was based in legislation and was reported to have much broader support from magistrates across the country. Second, interviewees believe that magistrates are possessive of their cases and are reluctant to transfer cases to another magistrate or district. Third, some magistrates, especially older ones, are reportedly hesitant about the drug treatment court use of incentives and sanctions. Without more buy-in from magistrates across the country, interviewees feared that caseloads in the drug treatment courts would remain low.

Once a defendant with a case that meets the legal eligibility criteria is identified as having a likely drug problem, the magistrate in the court of first appearance may inform the defendant about the drug treatment court. If the defendant expresses interest, the magistrate requests that a defense attorney meet with the defendant to review the application and waiver for participation. At this point, the defendant is still unrepresented in court. There is a defense attorney assigned to the drug treatment court, who describes the program to the potential participant; if the dedicated defense attorney is not available, the magistrate will request another defense attorney who is present to appear as *amicus*. While the dedicated drug treatment court defense attorney might share examples of former participants, the *amicus* attorney may not have direct experience with the court. If the defendant is interested in entering the program, the defense attorney completes the application and the defendant signs a waiver accepting the conditions to enter the program. While the official defense attorney role is limited to the application and waiver, in practice defense attorneys report that they conduct their own screening interview as well. During this interview, in addition to explaining the program, they will ask questions about basic background, criminal record, address, family, children, employment, length of substance use, and education. They gather this information prior to filling out the application. In general, this information is not shared with the DPP or the drug treatment court *unless* the DPP specifically requests some of the information to inform his eligibility decision. The defense attorney can advise the person not to participate in the DTC, though rarely does so.

At this point, the defendant is still in the court of first appearance—the transfer to the drug treatment court has not occurred. The defendant must then enter a guilty plea. Once the plea is entered, the magistrate informs the treatment provider that someone is interested in participating in the drug treatment court. Within 24 hours, the defendant submits to a toxicity screening (described above) and meets with a treatment provider for the clinical assessment. The treatment provider sends the drug test sample to the Forensic Science Center for testing and sends the assessment results to the Clerk of the Peace (i.e., the court clerk). At the same time, the magistrate requests an in-depth criminal history from the police. Each of these components—the application, drug test results, clinical assessment results, and criminal history—once prepared, are submitted by the various agencies to the Chief Magistrate, who in turn gives this information to the DPP. The DPP is charged with reviewing all the information to determine if the defendant is eligible for drug treatment court participation. In addition to the assessment results, the DPP considers the type of drug used,

history of drug abuse, length of drug abuse, circumstances of drug abuse, social ties, criminal history, the charge, age of offender, previous convictions, status, educational background, employment, character, associations, and extent to which previous obligations to the court have been fulfilled. The DPP reportedly uses this information to determine if there is a connection between the drug use and the crime, and then makes admission decisions on a case-by-case basis, based on a full picture of the defendant and the case.

Cases deemed eligible by the DPP are transferred to the drug treatment court. In order to be transferred to the drug treatment court, cases must always be vetted by the DPP and deemed program eligible. This is true even when the magistrate of first appearance is the drug treatment court judge. This process is intended to take approximately one month (the target is 32 days), although in reality, interviewees report that it typically takes six months. In the meantime, the case is adjourned to appear before the drug treatment court magistrate in approximately four weeks; the case is repeatedly adjourned until the DPP reaches an eligibility decision.

Team members in both courts told researchers that the DPP approval process takes much too long—citing one case that has reportedly been under DPP review for a year and others that have taken nearly as long. According to team members, they submit the forms outlined in the Policy document to be submitted through the appropriate channels (through the Chief Magistrate) and in a timely manner, but then wait for a response from the DPP. In the interim, interviewees report that potential participants have lost interest—preferring to take the certain sentence rather than continue having their open case repeatedly adjourned. Interviews suggest that the DPP wants more information about the potential participants than is currently submitted, but that this information is not shared with the drug treatment court team, resulting in lengthy delays. While the representatives of the DPP acknowledged the lag in approvals, they report these delays are the result of missing information that should be submitted by the treatment provider or the Chief Magistrate. Representatives of the DPP then report that they must send follow-up requests to get the missing information—ultimately getting it from the defense attorneys or probation officers, rather than from the designated agency. There have been some individual attempts and the steering committee is aware of the problem and working on resolving the issue.

### Drug Treatment Court Admission

Once the DPP determines eligibility and consents to the matter being transferred to the drug treatment court, the court is informed of this decision through an official approval letter sent to the Chief Magistrate, who forwards it to the drug treatment court magistrate. The court orders the defendant to participate in the drug treatment court and the matter is transferred accordingly. Once approved, the defendant has another opportunity to consent to participation in the program or to withdraw their application. There are some defendants who have vanished from the court at this point and remain in limbo—accepted into the program but warranted. Such cases return to the court of first appearance.

New participants are scheduled for the next drug treatment court calendar date and are subject to one more suitability assessment. During this assessment, the probation officer interviews the candidate about their job, family, education, medical history, mental health, history of abuse, age of first use, type of use, rehabilitative attempts, and other things to determine if they are suitable for the program. The probation officer may even call the defendant's doctors to confirm details. If they are found suitable by the probation officer (according to the interviewees, every potential participant that reached this stage thus far has been found suitable), they are ready to be admitted into the program. At the defendant's first appearance in the drug treatment court, the presiding magistrate reviews the requirements of participation. Although the defendant has already pled guilty, the defendant is required to re-enter a guilty plea upon their first drug treatment court appearance. At this point, the defendant officially becomes a drug treatment court participant. Incoming participants are scheduled to meet with the treatment provider the following week to officially begin treatment (though some participants begin treatment on a voluntary basis as they await the results from the DPP).

There are members of both drug treatment court teams who reported that they have yet to see anyone graduate or even be accepted into the program. This appeared to be a detriment to team morale, with team members expressing frustration over the lack of program growth. Some team members seemed to defer to team members with longer tenure during the observed pre-court staffing meetings in discussions about program operations.

Court estimates place the total caseload of the courts at just over 40 participants since inception (San Fernando: 25, Tunapuna: 16). At the time of writing, there were three active participants in the San Fernando program and eight in the Tunapuna program (five of whom had just been admitted). The primary drug of choice for all participants is marijuana. According to those interviewed, the participants generally come from low socioeconomic backgrounds, do not own vehicles, live with and are supported by other people, and do not hold steady jobs. Typically, this is not their first offense. While the courts do not use a database to track participant information, it is estimated that one-fifth of participants drop out of the program and nearly a quarter are warranted for not attending court sessions.

## Key Findings: Screening and Assessment

- While technical legal eligibility for participation in the drug treatment court is quite broad, in practice, most cases referred face drug possession charges.
- The referral process is overly complex, lacks clear channels for communication, and takes too long, resulting in the loss of potential program participants.
- The drug treatment courts do not track participant referrals, admissions, or progress in an accessible database.
- Assessments conducted by team members are thorough and assess for technical eligibility as well as suitability for the program. Despite multiple points of assessment, none of the agencies utilizes a validated risk-need assessment.

# Chapter 4
# Treatment

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:

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

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 Trinidad and Tobago Treatment Model

Treatment is implemented distinctly in the two Trinidad and Tobago drug treatment courts; therefore the discussion below presents the two models separately.

### San Fernando Treatment Model

In San Fernando, treatment is provided by a single individual who provides independent treatment services to participants, based in a combination of Narcotics Anonymous and individual counseling sessions. Initially, the program had an agreement with a government-funded treatment center. According to interviewees, the treatment center, which also provides substance use treatment to the general population, ended the relationship with the program because they felt the court-mandated participants were not as responsive to treatment as their regular, voluntary clients. At that point, the steering committee turned to a local individual treatment provider who runs the Narcotics Anonymous groups. The provider has received training on substance abuse treatment and counseling through a course at the University of Trinidad and Tobago and a course provided by ES/CICAD, and has previously provided counseling in some of the other treatment facilities on the island.

The treatment provider develops a treatment plan based on the individual needs of each participant. The plan is developed early in the process and is discussed by the entire drug treatment court team. The participant does not receive a copy of the treatment plan. There is no variation in the quantity of treatment participants receive—regardless of how long they have been in the program, they attend a weekly one-on-one counseling session, a group session, and a Narcotics Anonymous group. In addition, participants call the treatment provider weekly on Sunday morning to tell him their status. The treatment provider accommodates participants' work schedules.

- The Sunday evening **Narcotics Anonymous group** is not limited to drug treatment courts participants—there may be up to 35 people attending per week. Prior to admission, defendants are encouraged to attend, but after they become drug treatment court participants, attendance is a program requirement.
- On Wednesdays, the treatment provider meets with participants at the court for **one-on-one counseling sessions**. These sessions typically last 20-25 minutes, during which participants and the provider get to know each other and the treatment provider builds trust.
- The treatment provider conducts weekly **urine tests**, typically on Wednesday morning before participants' one-on-one sessions, though occasionally at another time. Test results are typically available to report to the court by Wednesday afternoon.

- In the weekly **group sessions**, held after the drug treatment court calendar, participants discuss issues related to recovery, such as family, employment, relationships, developing a new lifestyle, and avoiding certain people and places. The treatment provider does not follow a set curriculum; up to 35 people attend these weekly sessions.

The treatment provider occasionally visits the homes of participants in the interest of getting to know participants' families and has recently started a weekly support group for family members. If a participant presents with mental health issues, the provider refers them to mental health services, though those services are not mandatory and are not necessarily part of the treatment plan. The provider was observed to be engaged with the participants and in regular communication with participants.

The treatment provider attends pre-court staffing meeting and provides an oral update to the team. He remains in court for the judicial status hearings. The provider supplies the court with a wealth of information and with regular status updates both during their participation and—for those who voluntarily enter treatment prior to becoming a program participant—before they enter the court.

In order to be considered for graduation, participants must meet the following requirements:

(1) Remain drug-free for 90 days;
(2) Be employed or seeking employment;
(3) Have a place to live; and
(4) Demonstrate ambition by going to school, making career goals, and/or showing significant growth.

## Tunapuna Treatment Model

Treatment services in the Tunapuna drug treatment court are provided by the government-funded Caura Hospital, Substance Abuse, Prevention and Treatment Centre. The center offers both inpatient and outpatient programs and serves men and women over the age of 18 years in mixed groups (Cuff 2012). Staff includes a psychiatrist (the director of the center); psychologists; social workers; physicians; a clerk; and nurses, who serve as the primary care providers to those in treatment (both drug treatment court participants and others). The treatment providers do not have a specialized program for, or training specific to, the drug treatment court participants; rather, participants are integrated into the general treatment population. The provider also admits court-mandated clients who are not in the drug treatment court program. Caura refers participants needing treatment for co-occurring mental health issues and opioid addiction to other treatment facilities.

Initial provider contact with defendants occurs after the magistrate informs the provider (typically by phone) that there is a potential drug treatment court participant. Within 24 hours, a social worker will meet with the defendant to conduct a drug test and assessment. While the social worker and psychologist report generally using a similar assessment interview structure for potential participants, they do not utilize a formalized script or interview instrument. When the defendant appears at the treatment center, the case worker provides an overview of the treatment program. Defendants are required to complete a consent/chain of custody form, which tracks the urine sample from collection to its arrival at the Forensic Science Center. The defendant then submits to a urine test—the results of which contribute to the determination of eligibility for the drug treatment court. The defendant is invited to participate in voluntary treatment sessions every Thursday pending the DPP's eligibility decision; interviewees indicated that very few avail themselves of that option.

Once defendants are accepted into the program, they are mandated to attend weekly treatment sessions, scheduled drug testing, one-on-one sessions as needed, and Narcotics Anonymous meetings.

- Weekly **urine tests** are conducted every Thursday morning at Caura before participants attend the treatment session. The tests are sent to a lab for confirmation; it was reported that this was necessary because the available testing strips are expired. If the participant tests positive for drugs, the treatment provider will notify the court immediately (by phone or WhatsApp) and the sanction for the positive drug test will be decided by the team at the next pre-court staffing meeting.
- Participants attend a weekly **group education session** each Thursday, which includes discussion and educational information about substance abuse and addiction. Participants at every point in their recovery, as well as both drug treatment court participants and non-drug treatment court clients attend sessions together. Program staff estimate that between 30 and 50 people attend each session. There is no set curriculum. The three-hour sessions are run by nurses. There are no alternate sessions available for drug treatment court participants, though the treatment facility is open daily for other services. If a potential drug treatment court participant has a job that does not accommodate the treatment schedule, they are unable to participate in the program.
- Where clinically indicated, treatment providers are available to conduct **one-on-one counseling sessions** with drug treatment court participants. Such sessions may include stress management, anger management, coping mechanisms, and cognitive-behavioral treatment. Individual counseling may also include a session with the psychiatrist if needed.

- Participants are also required to attend **Narcotics Anonymous** meetings at least once a week, and provide proof (a stamp) that they attended a meeting.

At least one treatment representative attends the pre-court staffing meeting to update the drug treatment court team on client progress and drug test results. The treatment center provides incentives for accomplishments such as sobriety, compliance, and punctuality in the form of water bottles, tote bags, and vouchers.

Treatment completion requirements include maintaining 90 drug free days and general attitude and behavioral improvements, as determined by the drug treatment court team. Interviewees talked about one participant who had more than 700 days of sobriety, but who had still not completed the program due to failure to meet attitude improvement expectations. Treatment occurs weekly until the team feels that the participant has reached the maintenance stage, at which point treatment is reduced to every other week.

Inpatient treatment is reportedly used rarely and only as a last resort, primarily due to budgetary constraints of the drug treatment court. In the infrequent instances where it has been used, the main inpatient service provider is an agency called U-turn for Christ.

## Social Reintegration

Other services, such as housing, employment, education, trauma, and medical services are addressed in limited capacity by the treatment provider or the probation officer. In Tunapuna, the treatment center reports more resources to offer in terms of health services, but still has limited capacity. In the interviews, additional needs outside of substance abuse treatment were not discussed at any length, except to express a desire for greater resources. The participants may continue to attend Alcoholics Anonymous (AA) and NA sessions on their own, but no aftercare services are available to participants as part of the drug treatment court program.

## Key Findings: Treatment & Other Services

- Treatment is weekly, and the treatment providers regularly engage with drug treatment court participants.
- Neither treatment provider has a manualized curriculum; cognitive-behavioral approaches—generally recommended—are not applied.
- Treatment is not informed by risk level or criminogenic needs.
- Treatment expectations are clearly defined orally to the participants; however,

participants do not receive a written treatment plan or rules.

- There is little flexibility in treatment modality or scheduling.
- Treatment staff expressed a need for more training about both drug treatment court and substance abuse.
- Treatment does not start within 30 days of the precipitating arrest for drug treatment court participants, due to a lengthy screening and approval process.

# 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) interim sanctions, and (3) threat of consequences for program failure.

- **Monitoring** involves regular monitoring through frequent judicial status hearings, random drug testing, and mandatory case manager/probation officer meetings. The research literature suggests that monitoring methods are ineffective by themselves 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, severe, 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 penalties for noncompliance that fall short of program failure—participants are penalized but then 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 spe-

cific noncompliant behaviors to a specific range of sanctions 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 Trinidad and Tobago drug treatment court participants return to court for regular judicial status hearings (held weekly on Wednesdays in San Fernando, Thursdays in Tunapuna). Participants are required to appear in court each week when they first enter the program, but they may be permitted to appear less frequently as they progress through the program. The minimum time to complete the program is 18 months, although reportedly a few participants have completed in less time. 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.

The court team meets weekly immediately before the judicial status hearings to discuss each case. During these pre-court staffing meetings, all members of the drug court team who are present discuss the case—including any progress or set-backs—and determine next steps. While the whole team participates in the discussion and may suggest responses or recommend sanctions, the magistrate makes the final decision. During the court hearing, the magistrate addresses the participant directly and discusses their progress, then offers feedback and recommendations for continued progress. During hearings, participants can address the magistrate—for instance to discuss their personal progress or explain any noncompliance.

### Drug testing

As discussed in the previous chapter, all participants are subject to drug screening for marijuana and cocaine. In Tunapuna, drug tests are not random; they are conducted each Thursday morning prior to court. In San Fernando, drug testing primarily takes place on Wednesday morning prior to court, though the treatment provider did report occasionally using unannounced tests if there was cause to suspect use or dishonesty.

A positive drug test sets the clock on consecutive days of sobriety back to zero, thereby delaying eligibility for graduation. The response to the policy survey indicated that a positive drug test might result in a sanction; however, interviewees reported that in practice there are typically no sanctions given for a positive drug test, as relapse is understood to be a part of the recovery process. However, the court values and expects honesty from participants, so *lying* about drug use might result in a sanction—most typically, a reprimand from the magistrate.

## Probation

The probation department and the police share responsibility for community supervision of drug treatment court participants. The probation officers assigned to the drug treatment courts serve as the link between the court and the participant, communicating regularly with the participant in between court appearances. The probation officers reported that they strive to conduct surprise home visits once every two months or so, though in practice they may occur less regularly). The probation officers determine the home visit schedule, although the magistrate may recommend or order that the probation officer make a visit. During the observed pre-court staffing meeting, the probation officer offered to conduct a visit to follow-up on a specific issue. The probation officer also shared information with the team based on findings from a home visit. Based on the results of home visits, probation will make recommendations to the drug treatment court team—for instance, to increase treatment or drug testing frequency or connect the participant with additional services. Probation may also liaise with family members or employers to help resolve issues participants are having in these areas. If necessary, they may recommend a sanction at the pre-court staffing meeting.

In addition to home visits, probation officers conduct group and/or one-on-one sessions with participants to discuss their progress on other graduation requirements such as obtaining an identification card, joining the library, seeking employment, engaging in skill-building, attending parenting skills counseling, and setting short- and long-term goals. In San Fernando, the probation officer reportedly meets with participants every Wednesday.

Probation officers who learn that a participant has been noncompliant bring the matter to the team for discussion. Such discussions may take place over phone calls or messaging prior to the pre-court staffing meeting; typically, the entire team is aware of the issue by the next staffing meeting.

Probation officers carry a general offender caseload in addition to their drug treatment court responsibilities. One probation officer reported having an 80-person caseload, distributed over a geographically large district, requiring a lot of travel time, both for meetings with defendants as well as reporting back to court. According to this officer, this workload prohibits regular visits to drug treatment court participants.

According to the Policy, police are also supposed to monitor drug treatment court participant compliance; however, with no police officer assigned to the court, this is not currently happening. Interviewees report that police officers used to regularly be part of the drug treatment court teams, but this practice has waned in the last two years. The role of police officers was to investigate issues of non-compliance, transport drug tests, and perform curfew checks, among other things. Now much of this work has been taken on by the probation officers. During pre-court staffing meeting observations, the police prosecutor offered to check on a participant, but according to interviews, this is not standard practice.

## Legal Consequences

While entry into the drug treatment court is post-plea (a defendant must plead guilty in order to participate), the benefit of participation in the drug court is that successful program completion may result in the case being dismissed with no conviction recorded. However, this outcome is not universal. Depending on the current charges and criminal history, successful graduates may not receive a dismissal, but may instead receive community service, a peace bond, a fine, or a reduced incarceration sentence. It is unclear from the interviews what percentage of successful program graduates have received a dismissal of charges with no conviction. According to the survey, the drug treatment court magistrates explain the general legal outcomes of both graduation and failure to each participant both when they are first considering the drug treatment court and when they officially enter the court, but all cases must be transferred back to the magistrate of first appearance to be dismissed or receive a final disposition and sentence. Defendants are not made aware of the potential sentence for non-compliance at the start of the program.

Outside of the drug treatment court, the most common sentence for drug possession is a fine of $2000 to $8000 TT (approximately $300 to $1200 USD), but the specific amount depends on the amount of drugs involved and the defendant's history. Legally, there is an option of imprisonment of up to three years, but according to interviewees that option is rarely used for low-level possession charges. However, one interviewee did suggest that magistrates not affiliated with the drug treatment court might have different sentencing practices and could give a penalty of a higher fine or "hard labor" (jail with a work requirement). The evaluation team did not interview magistrates not affiliated with the drug treatment court or have access to data on general sentencing practices, so it is unclear whether such practices are common.

### Graduation Requirements

According to the Policy, drug treatment court participants may be recommended for gradation if they have successfully completed the treatment program and court requirements. The following factors are considered:

- Completion and compliance with all aspects of treatment;
- Remaining substance free for a minimum of 90 days (indicated by negative drug test results for that period);
- Securing appropriate housing;
- Securing employment, schooling, or appropriate volunteer work; may also consider the participants' record and history from their time in the program.

While the Policy specifies the above graduation requirements, the decision to graduate a participant is made by the drug treatment court team, which has some discretion to interpret the guidelines laid

out in the Policy. Asked how long participants should be drug-free to qualify for graduation, interviewees held divergent opinions: 90 days, 230 days, nine months, 12 months, and 18 months. Other requirements for graduation identified by the team members included attending treatment; being a contributing member of the community, including performing a community service project; showing initiative; being stable; finding or looking for a job; exhibiting a change in attitude since entering the program; having a stable residence; obtaining an identification card (e.g., a driver's license); and getting a library card and reading.

When a member of the drug treatment court team thinks a participant has met these requirements, the team member proposes graduation. The entire drug treatment court team discusses and comes to a consensus. The team takes their recommendation to the steering committee, which reviews each case and approves (or denies) the recommendation. Interviewees suggested that some participants have complained that the requirements for graduation are arbitrary and subjective. For example, drug treatment court team members mentioned a participant who had been in the program for two years and who had been drug-free for a substantial period of time, but had not been approved for graduation because they had not met other requirements, including a "sufficient change in attitude."

## Program Termination

Participants are free to leave the program of their own volition at any point. If they choose to do so, they will be returned to the court of first appearance and the matter will be dealt with as if it never went to the drug treatment court. Some participants, while making progress in the program, are unable to meet all the requirements for graduation (e.g., the participant noted above who was not believed to demonstrate necessary change in attitude). According to the Policy, "participants who remained in the program for at least 18 months will be eligible, upon the recommendation from the treatment provider, to be terminated from the drug treatment court program." In such instances, the court may give a non-custodial sentence including probation, and rather than getting the full graduation package, the participant will receive a "Certificate of Substantial Compliance." The case is not dismissed and continues to be monitored by the court.

Participants can be unsuccessfully terminated from the program for several reasons. First, if the drug treatment court team determines—based on feedback from the treatment provider—that there is no useful purpose served by continued participation in treatment. This might be the decision if a participant continues to use drugs and makes no attempt to abstain. However, continued use is not definite grounds for termination. To wit, interviewees mentioned two participants who have been in the program since 2015, but who continue to test positive for drugs; the team has no clear plan to terminate these participants. Termination may also result from a new arrest for a drug treatment court ineligible offense (e.g., drug trafficking). However, re-arrest is not automatic grounds for program termination. According to interviewees, participants have continued with the program, despite being incarcerated following a new arrest. The decision to terminate based on a new arrest is made on a case-by-case basis, with input and a vote from both the drug treatment court team and the steering committee.

## Interim Sanctions & Incentives

Team members report commonly using judicial praise, courtroom applause, decrease in judicial status hearing frequency, tokens of achievement (e.g., tote bags, journals, water bottles), and gift certificates (when available) as incentives for compliance and progress in the program. Achieving milestones such as 50 or 100 drug-free days, attending all appointments, getting a library card, success in school or work, or a general "change in attitude" are all viewed as progress deserving of recognition. The team members interviewed felt that they were somewhat limited in terms of what incentives that they could offer due to funding constraints. In the six months prior, interviewees reported that they had not had tangible incentives to award participants. The teams wanted to encourage positive behavior, but felt that they could only offer limited incentives. Some team members suggested forming partnerships with corporations that could supply them with additional tangible incentives (e.g., gift cards), and suggested that the steering committee work to build such relationships.

While the drug treatment court teams prefer to reward participants and encourage positive behavior, sometimes sanctions are necessary to respond to noncompliance and/or motivate participants. Sanctions mentioned by drug treatment court team members included writing a letter to the court, community service, bail revocation, additional conditions (such as curfew), and additional treatment sessions. Possible sanctions are discussed by the team prior to the drug treatment court session; decisions are made based on input from all team members. It was reported that the teams actively discuss options and sometimes disagree with magistrates' sanction recommendations, but the final decision to issue a sanction is ultimately the magistrate's.

## Key Findings: Deterrence

- The court supervises participants with regular judicial status hearings; the frequency of these court appearances is graduated based on participant progress in the program.
- Probation officers are charged with community supervision of participants, but report that they are overburdened with large caseloads and lack adequate resources.
- Drug testing is not random; participants know when they will be tested.
- Definitive consequences of program failure are not explained to potential participants upfront at program entry.
- The drug treatment courts use incentives to reward and motivate participants who follow program rules and are seen as making progress in the program; team members would like to be able to offer more *tangible* incentives.
- The drug treatment courts impose sanctions to respond to participant noncompliance; however, there is no written sanctions schedule.

# Chapter 6
# Procedural Justice

Procedural justice involves the perceived 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 Trinidad and Tobago court. It is worth noting the limitation created by the lack of participant feedback, particularly with regard to procedural justice.

## Understanding: Program Transparency

Most program information is provided to participants orally. The magistrate or defense attorney explains the program and requirements to defendants initially (see Chapter 3); once the person is accepted into the program the rules are reiterated by the magistrate and the probation officer. From the interviews, it was unclear whether participants fully understand the potential legal outcome or sentence for their case. The application for participation does not contain a description of the consequences of non-compliance, and the concern was raised during interviews that the application is written at a literacy level beyond that of many defendants.

While the Policy contains a written list of incentives, sanctions, and graduation requirements, participants do not receive a written copy of this document. Moreover, the courts enjoy some discretion and have created additional, subjective graduation requirements, as described in the previous chapter.

The participant contract specifies that the program will take a maximum of 18 months; in reality, the program is typically longer. Team members noted that this discrepancy is very frustrating for participants. Program completion is based on subjective, case-by-case decisions made by the drug treatment court team and steering committee.

## 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.

The research team observed judicial status hearings for ten drug treatment court participants between the two courts. Both magistrates made direct eye contact with participants, spoke directly to participants (as opposed to through an attorney), asked both probing and non-probing questions, and imparted instructions and advice. If needed, magistrates explained consequences of future compliance or non-compliance, and allowed the defendant to speak or ask questions. The magistrates were perceived by the evaluation team as treating participants respectfully and fairly; they were attentive and consistent in their treatment of defendants. On average, defendants spent six minutes before the magistrate (ranging from two to ten minutes), which falls above the recommended minimum average of three minutes identified as optimal by previous research (Carey et al. 2012). During the judicial status hearings, the magistrates took time to ask the participant how they were doing, comment on their progress, offer encouragement or advice, and call for courtroom applause for those who were progressing. In one instance, a magistrate commented on the attire of a defendant, but rather than make him feel ashamed about what he was wearing, the magistrate used humor in a way that the participant understood the expectations of the court. Neither magistrate was observed to come across as intimidating, but rather caring and knowledgeable about the cases. During pre-court staffing meetings, both magistrates asked team members for their thoughts on each participant, listened to the input of all team members, and took this all into account as they responded to the case.

The other team members were also observed to treat participants with respect. There was limited interaction between the team members and participants during the judicial status hearings, but all comments made by team members were encouraging towards the defendants. Such limited communication by team members other than the participant and the magistrate has the potential to build rapport and to allow the participant direct access to the magistrate.

The physical layout of the courtroom placed participants about halfway across the room, approximately 15 feet from the bench where the magistrate sits. While in the audience, participants sat along the back wall of the courtroom. When their case was called, participants walked to the gate separating the audience from the magistrate's bench and courtroom well. The acoustics in the room were such that evaluation team members had some difficulty understanding everything that was said between the magistrate and participants; the evaluation team sat among the participants, so it was presumably also difficult for audience members to hear everything that was said in court.

Participants generally remained in the courtroom for the entire duration of the drug treatment court session, even after their case was called. This practice allows the participants to see others appear before the magistrate and potentially benefit from those interactions as well, by hearing progress or sanctions or incentives for others at different point in the process.

## Key Findings: Procedural Justice

- Drug treatment court rules and expectations are explained orally to the participants when they enter the program. There are no written materials distributed to participants outlining program policies. Consequences of program failure are not clearly explained to participants.
- The magistrates successfully meet many of the practices known to promote procedural justice: they make direct eye contact, speak directly to participants, ask probing questions, and demonstrate knowledge of participants' progress and personal circumstances.
- Participants are given an opportunity to speak directly to the magistrate during judicial status hearings, exhibiting the procedural justice principle of *voice*.
- Participants were observed to be treated respectfully and consistently.
- Individual court appearances last an average of six minutes.
- Magistrates and other team members appeared interested in the needs of the participants; unfortunately, due to resource constraints were often unable to address those needs.
- Participants generally remained in the courtroom for the entire duration of the drug treatment court session, even after their case had been called.

# Chapter 7
# Monitoring & Evaluation

Adherence to best practice, standards and monitoring the work of the drug treatment court allows the drug treatment court to be aware of any issues with following the model and making course corrections as necessary. 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 outcomes and performance measures, both clinical and criminal justice. A group of leading drug court researchers and evaluators 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 a 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 creating these performance measures, regularly and timely data entry by staff is required on all program elements, preferably into an electronic management system that is easily accessible for review. Data that is recorded more than 48 hours after the event (court appearance, treatment group, urine test) is more likely to be inaccurate as well as indicate inadequate delivery of appropriate services (Marlowe 2010).

Finally, while self-monitoring will provide the drug treatment court team with much useful information about participants and the successful functioning of the court, drug treatment courts

also benefit greatly from an independent evaluation of their program. 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. A good evaluator will also be able to help the program define performance measures, identify an appropriate comparison group for measuring impact, and develop a research model for measuring outcomes (NADCP 2015).

## Defining Goals & Performance Measures

In Trinidad and Tobago, the Policy defined the goals of the program:

(1) To enhance community safety and quality of life for citizens;

(2) To reduce recidivism;

(3) To reduce substance abuse;

(4) To increase the personal, familial, and societal accountability of drug offenders;

(5) To restore drug offenders to productive, law-abiding, and tax-paying citizens;

(6) To promote effective interaction and use of resources among criminal justice and community agencies;

(7) To reduce the cost of prison; and

(8) To improve the efficiency of the criminal justice system by enacting an effective methodology.

The drug treatment courts in Trinidad and Tobago do not have specific performance measures defined, enabling the program to assess performance toward achieving these broad goals. Due in part to the limited caseload (i.e., 41 participants over the first four and a half years of operations), the courts are able to provide an accounting of all the participants and where they are in the process (i.e., open, graduated, terminated, warranted), as well as key indicators (e.g., number of drug-free days) for each participant. However, aside from individual information provided to the team or the steering committee when discussing a specific case, there was no programmatic data readily available for an overarching discussion about key indicators or adherence to best practices. Members of the steering committee expressed awareness of the need for a more systematic capacity for assessing key indicators, but report that their requests have generally been made on a more ad hoc basis to date.

## Program Data & Evaluation

While the drug treatment courts maintain a list of program participants, there is no computerized database where information about each participant and their progress in the court, treatment, and other key indicators can be systematically collected and reviewed. In fact, one team member spe-

cifically reported keeping no *paper* case files, but instead relies on memory. This was not the norm, and most kept paper files with varying levels of detail on each participant.

Trinidad and Tobago participated in a feasibility assessment prior to implementing the drug treatment courts, and is currently participating in the diagnostic evaluation. Should the courts undertake an impact evaluation in the future, establishing systematic tracking of the following key indicators would be important to consider. Anticipated data availability as of this report is noted as well.

**Retention** As noted above, the courts do track some participant information. However, the data collected (as presented to researchers) does not provide more detailed information about number of referrals, reasons for failure (or non-participation), or length of time between referral to and acceptance into the program. This information is likely available, but not consistently tracked in an easily accessible database.

**Sobriety** Drug tests are regularly conducted, and results are presented to the court. This information is collected by the treatment provider.

**Recidivism** Criminal history and re-arrest data are available through the police. This data is collected and is accessible by the court. However, due to name matching it is unclear how complete or accurate the data is. When a current participant has a new arrest, the program is informed.

**Units of Service** Treatment providers track the treatment sessions and Narcotics Anonymous sessions attended by the participants in paper files. Probation officers do not track units of service or services engaged in. The court tracks certain milestones, such as obtaining a library card, finding a job, or participating in community service.

**Length of Stay** The court tracks the length of stay in the program for each participant.

## Key Findings: Monitoring & Evaluation

- The Policy establishing the Trinidad and Tobago drug treatment courts articulates program goals.
- The courts have not linked its goals to key performance indicators, which would enable the program to measure success.
- Data is collected in paper files in most instances; in at least one instance, no case information is documented. No computerized data collection mechanism exists.
- Data is not being collected consistently on units of service.
- Recidivism data exists and is accessible to the court through the police; however, it may not be complete.
- The treatment provider and court are measuring sobriety (i.e., drug test results).

# Chapter 8

# Strengths & Recommendations

## Strengths of the Trinidad and Tobago Model

The San Fernando and Tunapuna drug treatment courts draw on number of innovative approaches to addressing the needs of the target population. A few noteworthy components include:

- **Regularly scheduled judicial status hearings** Despite low caseload, the San Fernando and Tunapuna drug treatment court teams meet regularly for pre-court staffing meetings to discuss participant progress and hold judicial status hearings on a weekly or bi-weekly basis. Regular status hearings provide an opportunity for the court to remind participants of their obligations and reinforce the message that the court is aware of their progress. In addition, staffing meetings can provide a sense of team cohesion, build interagency collaboration, and promote consensus decision making.

- **Committed treatment providers** The treatment providers used by the two courts expressed a comprehensive and compassionate knowledge of the participants in their programs. Providers were in frequent contact with participants—including during (typically) weekly individual and group sessions.

- **Procedural justice** The practices of magistrates and other drug treatment court team members demonstrated key procedural justice components. Magistrates consistently treated participants with respect, allowed them an opportunity to speak in court, and appeared caring and knowledgeable about participants' progress and lives.

## 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, 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 training curriculum for new drug treatment court team members.** Turnover will naturally occur in any drug treatment court team. In order to bring new team members up to speed, the steering committee should develop a training curriculum or module. Such a tool would designate the roles and responsibilities of each agency and/or team member and provide an overview of the program structure (e.g., legal and clinical eligibility criteria, graduation requirements, program goals). Arguably, some of this information is available in the Policy, but feedback from interviewees suggest that something more extensive is needed.

   Training might include a designated member of the steering committee—e.g., the coordinator—to provide an hour-long orientation to new team members, regardless of agency affiliation, to ensure that everyone receives the same information. Or it could involve the creation of training materials, such as a video or brief pamphlet, combined with the opportunity to "shadow" a long-time member of the team who could answer questions.

2. **Provide regular training for drug treatment court team members.** Drug treatment court team members, even those who have been with the program for some time, could benefit from annual or semi-annual booster trainings about different aspects of the drug treatment court model—in particular, evidence-based practices. This could not only reinvigorate the team members, but also serve as an opportunity for them to share what they are learning with the other court on the island, engage with the steering committee, and to problem-solve as a group. There are many options for training, ranging from in-person regional or local trainings, to online opportunities.

3. **Create training specifically for police prosecutors.** There is no police representative on the steering committee and turnover for the designated drug treatment courts police prosecutor is high. Accordingly, we recommend a targeted training on the drug treatment court model for the police. Police prosecutors interviewed as part of the evaluation were open to the idea of greater participation in the drug treatment court team, however, they did not have a strong understanding of the model. Police prosecutors, as the first point of contact for all defendants, could play an important role in increasing program caseload by flagging potentially eligible participants for magistrates and defense attorneys.

4. **Increase involvement of police and Director of Public Prosecution in the steering committee.** The DPP and a representative of the police department are vital to the functioning of the drug treatment courts in Trinidad and Tobago. Given the important role both agencies play—espe-

cially in terms of approving all drug treatment court applications and providing monitoring—dedicated representation on the steering committee and in the drug treatment courts themselves will greatly improve court operations. The representative need not be the DPP himself, but should be someone authorized to make decisions and act on behalf of the agency.

## Screening & Assessment

5. **Standardize the process for determining eligibility and admitting new participants.** The current process for reviewing defendant eligibility involves multiple assessments conducted by several different agencies; these assessments frequently include duplicative information, as there is no process for systematically sharing information across agencies. The result is a lengthy process that delays program admission. Subjecting potential participants to invasive questioning by multiple team members prior to admission and creating a months-long process undermines procedural justice.

   a. Despite multiple assessment interviews, it was reported that the application process still becomes bottlenecked at the DPP, who must approve all program admissions. Frequently, it was reported that the DPP required additional information, but this information would not always be communicated back to team members in a timely fashion.

      In order to streamline both the process of determining eligibility of interested participants *and* the information provided to the DPP, we recommend the **creation of two instruments: a key assessment fields checklist and a case referral form**. First, the steering committee, in collaboration with the DPP, should create a document identifying key assessment information required by the DPP to make eligibility decisions, along with which agency is responsible for gathering this information.

      Second, a referral form should be created for each case referred to the DPP; this form should include all the key fields included in the prior document, filled out for the potential participant. Ideally, this form would be computerized, with access to confidential or sensitive information limited to the agency that collected it and the DPP. However, a paper form bringing together the information from multiple agencies could prove adequate. A clear, standardized application process will allow the DPP to make the admission decision more quickly and increase the number of people transitioning from drug treatment court referral to engaged participant. In addition, long-term tracking of case referral forms will enable the drug treatment courts to self-assess program reach and identify potential areas for program expansion.

   b. While acknowledging that clinical and legal eligibility screening is critical, we believe the practice of each agency performing their own eligibility assessment is both inefficient and

unnecessarily invasive for potential participants. The key assessment field checklist should inform a **streamlined assessment process**.

c. Participants must enter their guilty plea twice—once to be deemed potentially eligible and initiate the screening and assessment process and the second time at formal program entry. We recommend **considering eliminating the requirement that participants enter a plea twice**. Unless there is a specific *legal* reason for this requirement, this redundancy potentially slows down the process, confuses defendants, and unnecessarily complicates the process. If the issue is that the sentence is imposed at the time of the initial plea and needs to be modified for those who become drug treatment court participants, the court might consider whether suspending sentencing until the assessment process is complete is legally feasible.

6. **Empower the DPP representative in the drug treatment courts to make decisions.** In addition to a streamlined application process, we recommend that the DPP empower his representatives engaged with the drug treatment court to play a greater role in the admission process. This might include assigning representatives responsibility for checking to see that all required information has been added to the case referral form and following up with responsible team members when it has not. Designees of the DPP might also be given the authority to review the case referral form and make their own recommendations for admission. Even if final approval for transfer of the case needs to be made by the DPP, a recommendation by the designee—who will have the advantage of participating in staffing meetings and established relationships with team members—may move the process along faster.

7. **Establish a clear chain of custody for testing samples.** Drug treatment court team members reported that at times potentially eligible defendants were not admitted into the program because the chain of custody was broken with their urine samples or samples spoiled prior to being analyzed. The probation officers and treatment providers in the court have taken on the role of transporting the samples to the Forensic Science Center (a more than 100 km roundtrip from San Fernando; a 40 km roundtrip from Tunapuna), but it was reported by one interviewee that this is done at a personal cost. We suggest two potential solutions to these challenges around testing; the teams should determine whether one or the other would work in their court, given staffing and resource realities. (1) It was reported that on-site testing is unreliable due to expired testing kits. The program should seek possible test kit donors or alternative funds to support on-site testing. While the costs of kits may be burdensome, the case could possibly be made to the Ministry of National Security that these costs are justified by savings from lab testing, lab staffing, storing and transporting samples, and collateral consequences of the missed opportunities to potential participants. (2) Programs should identify a designee (and at least one backup) at each court tasked with timely transportation of samples to the testing site. The designee should have reliable access to a means of transportation; if the designee uses a personal vehicle, the costs of transit should be reimbursed. The programs should also invest in a

secured refrigerator dedicated to the drug treatment court, with a stable source of energy and a cooler that will maintain samples at the appropriate temperature during transit.

8. **Explore the reasons behind low drug treatment court referrals.** While the drug treatment court steering committee and team members hypothesized why magistrates were not referring cases to the drug treatment court, in order to truly understand the reason and develop a feasible solution, an independent entity should conduct an investigation. The investigation need not be overly complicated; a series of focus groups or interviews with the magistrates across the country could go far toward better understanding magistrates' reluctance. A brief online survey might also provide the needed information. The appropriateness of the specific recommendations below will depend on the results of such an investigation.

    a. **Dually appoint magistrates to oversee both the drug *treatment* court and the *drug court*.** The drug court—not to be confused with the drug *treatment* courts—is the court with jurisdiction over all drug possession and other drug related cases. At various times in the past, depending on the magistrate appointed to oversee that court, the drug court has served as a funnel for drug treatment court participants, since the majority of drug treatment court participants face possession charges. One solution for increasing drug treatment court volume—particularly given the reported challenges in getting other magistrates across the country to refer cases to the drug treatment court—is to appoint a single magistrate to oversee the drug court and the drug treatment court. The magistrates would be particularly attuned to what defendants might make suitable candidates for the drug treatment court.

    If such dual appointment to both courts is not feasible, continued training and outreach to the sitting drug court magistrate—as well as other magistrates—about the drug treatment court program (e.g., eligibility criteria, referral process, drug treatment court success stories) is recommended. 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.

    b. **Consider legislation to support the drug treatment courts.** The drug treatment court in Trinidad and Tobago is based on a cabinet policy but is not authorized through legislation. The decision to establish the program through this mechanism was made upon feedback from other countries in the region that created their programs through legislation. It was reported that courts created through legislation were less able to adapt to respond to challenges (e.g., low volume, changing target population) and amend program policies.

    Several interviewees believed that the lack of enabling legislation is a key factor preventing magistrates from referring to the drug treatment court. That is, magistrates do not feel that they are protected by the law and could potentially be sued for transferring a case to

the drug treatment court if something bad were to happen with that participant (e.g., an overdose or the commission of a serious violent offense while in the program). Should this answer be borne out by further investigation, the steering committee should weigh the pros and cons of codifying the drug treatment court model through legislation; where the benefits of increased referrals outweigh the limitations of less flexible policies, the committee should consider drafting legislation and taking the necessary steps for such legislation to be enacted.

Neither dually appointing magistrates nor enacting legislation preclude the court from taking other steps to encourage more program referrals. Other possible steps include, but are not limited to, a practice directive issued by the chief justice on the subject of referrals to the drug treatment courts and additional mandatory training for all magistrates.

## Treatment & Other Services

9. **Incorporate participants' underlying criminogenic needs into treatment plans.** Best practices suggest that cognitive behavioral therapy approaches that address criminogenic needs provides the best outcomes for justice-system engaged substance users. Currently, the treatment that drug treatment court participants receive is identical to that received by clients who are not enrolled in the drug treatment court and who may have less criminal justice system involvement. Using cognitive-behavioral approaches, treatment providers would seek to restructure the conscious and unconscious thoughts and feelings that trigger uncontrolled anger, hopelessness, impulsivity, and anti-social behavior, and are particularly effective at reducing recidivism.

   In order to inform such approaches, treatment providers would need to (1) employ an assessment to determine participants' criminogenic needs and (2) obtain training on specific cognitive behavioral approaches to address criminogenic needs. Training on these topics is not a one-time event, so we recommend that the treatment providers participate in training on an ongoing basis. Moreover, training should be provided not just to providers who are part of the drug treatment court team, but any treatment providers who work with treatment court participants. We encourage the team to either identify a local expert on cognitive behavioral therapy, or to ask OAS for recommendations for treatment providers using the model in other Caribbean countries to act as trainers.

10. **Create manualized treatment curricula drawing on approaches that are evidence based.** Currently, participants are primarily engaged in educational group sessions or one-on-one sessions that provide socio-educational (as opposed to therapeutic) support for the participants. We recommend that the treatment providers working with the drug treatment court adopt

evidence-based techniques proven effective for drug using criminal justice populations. 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 uses with all participants. Reviewing curricula used by other drug treatment courts in the region would be a good place to start; Jamaica has adapted existing curricula that are freely available and identified as promising programs by the Substance Abuse and Mental Health Services Administration (SAMHSA) at the U.S. Department of Health and Human Services.

11. **Implement phased treatment.** Currently, the primary focus of treatment through the drug treatment courts is substance abuse treatment. In order to address substance abuse in the long term, responsivity and criminogenic needs also need to be addressed, as well as maintenance once the participant is no longer using substances. One evidence-based practice is to offer treatment in interim phases and time the sequence of the services. In the phase model of treatment, participants first receive services to address responsivity needs such as housing, mental health symptoms, and substance-related cravings. In the next phase, they receive services to resolve criminogenic needs associated with substance abuse, such as criminal thinking patterns, delinquent peer interactions, and family conflict. In the final phase they receive assistance with long-term maintenance such as vocational training (NADCP 2015).

12. **Reduce time from program referral to treatment intake.** Research suggests that beginning treatment for court-ordered participants soon after the arrest, preferably within 30 days, can help engage the participants at a receptive moment in time (Rempel et al. 2003). The time from referral to treatment can be reduced by implementing some of the recommendations above concerning the admission process. We cannot emphasize enough the importance of reducing the number of days between arrest, referral, and admission into the program; critical engagement opportunities are missed if participants are not engaged quickly. In one of the courts, the treatment provider does engage participants in the Narcotics Anonymous group on a voluntary basis before program admission, which is a step in the right direction. However, resolving the bottleneck of cases pending before the DPP will improve the time between referral and treatment, which evidence suggests will lead to greater treatment retention.

13. **Offer treatment at multiple times of day.** Prior research and interview feedback suggest that the need to attend treatment sessions and court for an entire day each week is often an insurmountable barrier to employment. Particularly with participants who are already employed or are relatively low risk of rearrest at baseline, treatment policies should avoid the unintended consequence of increasing socioeconomic distress. Specifically, the Caura treatment center should consider alternative scheduling of staff hours and treatment sessions to make treatment

attendance possible in the afternoons or evenings.

## Deterrence

14. **Use risk scores to provide more individualized and appropriate levels of supervision.** The two courts do not inform programming with the use of a validated risk-need assessment tool. Implementation of such a tool could help to inform both treatment plans and supervision requirements appropriately, rendering the program more effective and potentially allowing programs to identify resource-saving strategies (e.g., less frequent treatment and monitoring of low-risk participants).

15. **Clarify the legal implications of program graduation and failure.** Currently, participants are not informed of the legal consequences of leaving the drug treatment court prior to graduation—either voluntarily or due to program failure. 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 informed decisions about whether drug treatment court participation is worth it to them or if they should just take the more traditional sentencing option.

    Additionally, while graduation *may* lead to case dismissal, it is not guaranteed. Depending on the current charges and criminal history, successful graduates may not receive a dismissal, but may instead receive community service, a peace bond, a fine, or a reduced incarceration sentence. This outcome should also be made clear to participants in advance of the decision to participate in the program.

16. **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 noncompliance or program failure 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 an explicit 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; or 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. The list of possible sanctions and incentives developed by the NADCP and NDCI[10] could inform this effort. Such a sanctions guide should be distributed to all participants at the time of drug treatment court entry, so that participants

10. Available at http://ndcrc.org/sites/default/files/sanctions_and_incentives_ndci_annotated _document.pdf.

know in advance what sanctions they might expect for in response to noncompliance.

17. **Consider using a test that allows for the detection of quantity/concentration of drugs.** One interesting strategy implemented in the Barbados drug treatment court model is the use of toxicology methods that test the concentration of a given drug present in a person, rather than the more common binary toxicology screens that provide only a positive or a negative result. The primary drug of choice of most participants in the Barbados drug treatment court—as in Jamaica—is marijuana, which remains in the body for a relatively long period of time as compared to other substances. However, the *concentration* of THC in the body decreases over time after use. By testing for THC concentration instead of mere presence, the court is able to document continued abstinence, with the expectation that the levels will decrease over time as participants stop using.

    Such levels testing is considerably more expensive and may require more sophisticated lab facilities to interpret than the positive/negative tests used by most drug treatment courts. Barbados was able to secure a donation of test kits, which may be an option worth exploring in Trinidad and Tobago as well. In addition, the courts could implement less frequent testing—for instance, waiting until at least three weeks following the precipitating arrest for those participants known have used marijuana at that point to allow ample time for the drug to have left the user's body. The program might also explore limiting costs through a *mix* of strategically applied positive/negative and levels testing.

## Procedural Justice

18. **Create and distribute materials to increase participant understanding.** Drug treatment court participants in Trinidad and Tobago currently receive all their instruction orally from the magistrate, defense attorney, treatment providers, and probation officers at the beginning of the program. While multiple team members reiterating instructions is a positive first step, multiple modalities of conveying expectations for court participation would make it easier for court participants to understand and remember their responsibilities to the court. Program manuals, brochures providing an overview of the drug treatment court, sanction schedules, a copy of the participant's treatment plan, and a participant contract clearly outlining participant obligations (and legal consequences of participation) can all help to ensure that defendants have a better understanding of the commitment required by the program. All materials should be provided in accessible language; verbal review—either by a defense attorney familiar with the program or a program coordinator—should still be provided to all potential participants. Depending on participant literacy, the court might also explore creating audio/video recordings of materials that could be made available online or via text message.

19. **Standardize requirements for sober time and relay this information to team members and participants.** Interviewees described widely varied graduation requirements related to cumulative time sober, ranging from 90 days to nine months. The requirements related to drug-free time should be clear to both team members and participants. The sobriety requirements should be included in the program materials and participant contract described in the previous recommendation.

## Monitoring & Evaluation

20. **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. The policy through which the drug treatment courts were created outlines program goals. However, the project may benefit from linking these goals directly to the core indicators/ performance measures through the collaborative exercise of a logic model.

21. **Invest in a universal data tracking tool.** While communication among the agencies appears to be strong, there is a worrying lack of data management and data tracking. Partial court files are maintained on paper but are missing key information. To ensure the core indicators are consistently tracked—toward the ultimate goal of being able to measure program impact—the program should invest in developing a universal data tracking tool and in training personnel across agencies (e.g., the court, treatment, probation) to use it. Such a tool need not be an expensive investment in technology; a simple spreadsheet, consistently used by both drug courts, can serve the purpose just as well as a more elaborate system. Once the system is in place, the steering committee should establish protocols for complete and consistent data tracking (e.g., all information should be entered within 48 hours and include the initials of the individual entering the data); regular checks to verify that data is accurate and up-to-date should also be implemented.

22. **Document program indicators in a regular program report.** Particularly since the drug treatment court is a pilot program, it may be useful for team members and stakeholders to receive a semi-annual or annual report presenting key program performance indicators. These indicators might include volume (e.g., number of referrals and participants by month, quarter, and year); participant characteristics (e.g., criminal charge, primary drug of choice); services (e.g., treatment modality, other service referrals); and status (e.g., active, graduated, terminated, warranted, other). To the extent possible, such a report should include a one-year retention rate, representing the percentage of participants enrolling at least one year prior who have either graduated or remain active. This will also lay the groundwork for a future impact evaluation.

# Conclusion

To summarize, the drug treatment court program in Trinidad and Tobago has created some strong and innovative practices. It also could improve existing practices in other areas. A concise summary of these strengths and recommendations is below:

## Strengths

1. Regularly scheduled judicial status hearings
2. Committed treatment providers
3. Procedural justice

## Recommendations

**Collaboration:**

1. Create a training curriculum for new drug treatment court team members
2. Provide regular training for drug treatment court team members
3. Create training specifically for police prosecutors
4. Increase involvement of police and Director of Public Prosecution in the steering committee

**Screening & Assessment:**

5. Standardize the process for determining eligibility and admitting new participants
6. Empower the DPP representative in the drug treatment courts to make decisions
7. Establish a clear chain of custody for testing samples
8. Explore the reasons behind low drug treatment court referrals

**Treatment & Other Services:**

9. Incorporate participants' underlying criminogenic needs into treatment plans
10. Create manualized treatment curricula drawing on approaches that are evidence-based
11. Implement phased treatment
12. Reduce time from program referral to treatment intake
13. Offer treatment at multiple times of day

**Deterrence:**

14. Use risk scores to provide more individualized and appropriate levels of supervision
15. Clarify the legal implications of program failure

16. Reevaluate the use of sanctions to reflect the principles of certainty, severity, and celerity
17. Consider using a test that allows for the detection of the quantity/concentration of drugs in a participant

**Procedural Justice:**

18. Create and distribute materials to increase participant understanding
19. Standardize requirements for sober time and relay this information to team members and participants

**Monitoring & Evaluation:**

20. Collaboratively develop a logic model to refine program goals and objectives
21. Invest in a universal data tracking tool
22. Document program indicators in a regular program report

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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 |
|---|---|
| **Total Drug Court Participants Since the Court Opened** | |
| *Of all cases entering the court since it opened, how many:* | |
| 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.

_____

_____

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

_____

_____

_____

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.

_____

_____

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 <u>most typical sentence</u> 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?

_____

_____

_____

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.

_____

_____

_____

_____

## 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.

_____
_____
_____
_____

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?

_____
_____
_____

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?

_____
_____
_____

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 <u>not</u> 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.

_____

_____

_____

## 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?

_____

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?

_____

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.

_____

_____

_____

## 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** *(If failing the program most commonly does NOT lead to a jail sentence, write "None.")* | **Unit of Measurement** |
|---|---|---|
| Violent offense | | ☐ Days ☐ Months ☐ Years |
| Drug trafficking | | ☐ Days ☐ Months ☐ Years |
| Drug possession or other drug-related | | ☐ Days ☐ Months ☐ Years |

| | | |
|---|---|---|
| Drug possession or other drug-related offenses besides trafficking | | ☐ Days<br>☐ Months<br>☐ Years |
| DWI/DUI (Drunk driving) | | ☐ Days<br>☐ Months<br>☐ Years |
| Robbery or other property offense | | ☐ Days<br>☐ Months<br>☐ Years |
| Domestic violence/family offense | | ☐ Days<br>☐ Months<br>☐ Years |
| Sex Offense Charges | | ☐ Days<br>☐ Months<br>☐ Years |
| Weapons Charges | | ☐ Days<br>☐ Months<br>☐ Years |
| Other: _____<br>Please specify: _____<br>_____ | | ☐ Days<br>☐ Months<br>☐ 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 <u>compliant</u> 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)?

_____

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.*

_____

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 | ☐ | ☐ |
| Co-occurring mental health disorders | ☐ | ☐ |
| Best practices in legal sanctions and incentives | ☐ | ☐ |
| Best practices in communicating with offenders | ☐ | ☐ |
| The "Risk-Need-Responsivity" principles | ☐ | ☐ |
| Trauma assessment and/or trauma-informed therapy | ☐ | ☐ |
| Treatment for special populations (e.g., young adults or women with children) | ☐ | ☐ |

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

_____
_____
_____
_____
_____
_____

## 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)? _____

_____

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: _____

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

Name: _____

Title: _____ Agency: _____

Email: _____

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

Name: _____

Title: _____ Agency: _____

Email: _____

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

Name: _____

Title: _____ Agency: _____

Email: _____

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

Name: _____

Title: _____ Agency: _____

Email: _____

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

Name: _____

Title: _____ Agency: _____

Email: _____

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

Name: _____

Title: _____ Agency: _____

Email: _____

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

Name: _____

Title: _____ Agency: _____

Email: _____

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

Name: _____

Title: _____ Agency: _____

Email: _____

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

Name: _____

Title: _____ Agency: _____

Email: _____

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

Name: _____

Title: _____ Agency: _____

Email: _____

l. Other: _____

☐Yes / ☐Yes, but position is currently vacant / ☐No

Name: _____

Title: _____ Agency: _____

Email: _____

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?

_____
_____
_____
_____

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.

_____

_____

_____ 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?

_____
_____
_____

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

_____
_____
_____

**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: _____

_____

_____

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: _____

_____

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 | ☐ | Judicial praise/encouragement | ☐ |
| Tx compliance/attendance/participation | ☐ | Praise from other staff (Who: _____) | ☐ |
| Drug-free days (#:_____) | ☐ | Courtroom applause | ☐ |
| Phase advancement | ☐ | Shook hands with judge | ☐ |
| Job/school event | ☐ | Decreased court appearances | ☐ |
| Eligible for graduation | ☐ | Decreased Tx modality | ☐ |
| Other:_____ | ☐ | Phase advancement | ☐ |

| Infractions | | Court Response | |
|---|---|---|---|
| Absences: □ At program | □ | None | □ |
| □ At court | □ | Verbal admonishment, judge | □ |
| Positive drug test(s) | □ | Verbal admonishment, other (_____) | □ |
| Re-arrest | □ | Adjustment to Tx plan | □ |
| Returned on warrant | □ | Jail time | □ |
| Violated Tx rules | □ | Failed drug court | □ |
| Poor attitude | □ | Other:_____ | □ |

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 | | □ | |
| Defendant | | □ | □ |
| Project/Resource Coordinator | | □ | □ |
| Case manager | | □ | □ |
| Prosecutor (Dedicated? □ Yes □ No) | | □ | □ |

| Stakeholder Role | # Present for Appearance | Spoke? | Addressed by Judge? |
|---|---|---|---|
| Defence Attorney (Dedicated? □ Yes □ No) | | □ | □ |
| Probation Officer (Dedicated? □ Yes □ No) | | □ | □ |
| Community Tx Provider | | □ | □ |
| Other: _____ | | □ | □ |

***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** *(briefly explain in space below)* |
|---|---|---|
| | | |
| 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** *(denominator: total # status hearings)* |
|---|---|---|
| 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: _____

_____

_____

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: _____

_____

_____

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

| | 1 Strongly Disagree | 2 Disagree | 3 Neutral | 4 Agree | 5 Strongly Agree |
|---|---|---|---|---|---|
| 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.

_____

_____

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)?

_____

_____

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.

_____

_____

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).

_____

_____

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.

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

OAS | CICAD

Center for Court Innovation

Canada

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