

*Implementing an  
Internal Treatment  
Court Monitoring and  
Evaluation Infrastructure*



# Implementing an Internal Treatment Court Monitoring and Evaluation Infrastructure

## **Kathleen Maher**

Problem-Solving Court Senior Researcher, Research and Analysis, Administrative Office of the Courts, Maryland Judiciary

## **Jamie L. Walter**

Director of Research and Analysis, Administrative Office of the Courts, Maryland Judiciary

## **Gray Barton**

Director of Office of Problem-Solving Courts, Administrative Office of the Courts, Maryland Judiciary

*This article details the steps taken to move from intermittent external treatment court evaluations to an ongoing internal evaluation infrastructure for adult drug treatment courts. Regular monitoring of adherence to program-specific best practices is linked to positive long-term outcomes for drug court participants.*

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## Best Practices for Monitoring and Evaluation

As Peter Drucker famously said, “what gets measured gets improved.” While this insightful management philosophy is often quoted, the devil is in the details. In many instances, program leadership is often either given sporadic feedback through intermittent program evaluations, or they have so much data that courts may not quite know what to do with it. Adult drug treatment courts (ADTC) are advised to routinely monitor their “adherence to best practice standards and [employ] scientifically valid and reliable procedures to evaluate [their] effectiveness” (NADCP, 2015). These are laudable goals, but treatment courts need help in making measurement an integral part of court management. If “what you count counts” (Cornell, 2014), then court leadership needs to be comfortable with continuously monitoring and reviewing court performance metrics.

ADTC best practices are well supported, and the result is decades of program study across multiple states to determine the specific program management, treatment, supervision, and case management practices that increase the likelihood of positive outcomes for participants (Carey, Mackin, and Finigan, 2012). The degree of best practices adherence is commonly established through the administration of an online assessment tool designed to accurately determine whether a specific practice is being met. The National

Association of Drug Court Professionals’ (NADCP) *Best Practice Standards*, volumes 1 and 2, include a total of ten broadly based best practices. However, in their application to adult drug treatment courts, these ten best practices have been further differentiated to include more than 80 specific practices, the monitoring of which is no small undertaking for program staff and judges.

## History of Maryland’s Problem-Solving Court Monitoring and Evaluation

Monitoring ADTCs comes from treatment staff entering client data, such as employment, incentives, and sanctions, into a management information system. ADTC program managers can run reports as needed to get descriptive information about their programs, which also can be used as a basis for future funding.

Until recently, external (third-party) studies represented the primary evaluation mechanism for Maryland’s problem-solving courts.<sup>1</sup> In 2001, seven years after the formation of the first problem-solving court in Maryland, the judiciary commissioned its first outcome and process evaluation (Crompton et al., 2004). Since then, 14 studies have been conducted by various external evaluators, resulting in roughly 40 site-specific or statewide reports, including 19 outcome evaluations and 21 process evaluations. Outcome

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1 There are currently 62 operational problem-solving courts in Maryland.

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studies evaluate program effectiveness and have provided useful insight into how well Maryland's ADTCs produce positive in-program and post-program outcomes for participants. Process evaluations provide insight into the degree to which Maryland's problem-solving courts are adhering to nationally recognized best practice standards. Findings and recommendations from external evaluations informed technical assistance, training, and the development of action plans aimed at improving adherence to best practices and reducing post-program recidivism. These studies also signal accountability to public officials and other stakeholders and provide an objective, third-party assessment of treatment court programs. Most recently, from 2020 to 2022, the judiciary finalized an evaluation with an external vendor examining ADTC post-program recidivism outcomes, compared to a matched comparison group, and adherence to best practice standards through administration of the BeST Assessment.<sup>2</sup>

## **Limitations of Third-Party Evaluations**

Although useful, third-party evaluations are limited in their ability to bring about continuous process improvements. External study findings represent a point-in-time evaluation of a program and highlight the specific environments, circumstances, and period in which they are studied. As time passes, point-in-time findings and recommendations lose relevance and usefulness for teams facing new operational challenges, such as having entirely new team members. The point-in-time aspect also diminishes the usefulness of action plans produced following an external evaluation and can lose priority over current operational demands. For example, the supervision, treatment, and service needs of ADTC populations often vary and are driven by mitigating factors such as the type and availability of narcotics circulating in the community, overdose rates, economic and income insecurity, unemployment, or lack of affordable housing. One consequence, commonly referred to as "drift," is that treatment courts can inadvertently move away from best practice policies and procedures.<sup>3</sup>

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2 The BeST is an automated online assessment tool developed by NPC Research. It asks treatment court teams for basic, objective information about procedures and practices in their treatment court program and translates this information into measures of the court's fidelity to research-based best practices. The [BeST Assessment](#) is open to all treatment court types.

3 "Drug court drift is defined as the gradual shift away from original policies and procedures due to various 'external and internal shocks' such as team turnover, change in political support, financial challenges, and failure to use internal data to understand changes in drug court populations (e.g., types of offenses committed, changes in drug use patterns). Failure to control for drug court drift can essentially return a program back to 'business as usual'" (Wormer and Lutze, 2011: n. 15).

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## A Shift to Internal Monitoring and Evaluation

In 2021 the judiciary expanded on the longstanding collaborative partnership between the Administrative Office of the Courts' Office of Problem-Solving Courts (OPSC) and Research and Analysis (R&A) programs to establish a research position dedicated to problem-solving courts. The position benefits from the oversight of R&A, ensuring access to the expertise and guidance of the R&A director and collaboration with fellow researchers.

The Maryland Judiciary then conceptualized a framework for an integrated internal best practice monitoring and evaluation infrastructure with the following goals:

- To address the shifting environmental and operational demands of treatment courts, the infrastructure needed to be relevant and accessible for treatment court teams.
- To address continuous improvement of best practice adherence, the infrastructure needed to have an element of accountability.
- To effectively monitor and identify best practice adherence, the infrastructure needed to have a process for data collection and tracking to enable analysis over time.

## Infrastructure Foundation—Best Practice Database

With the internal monitoring infrastructure framework broadly defined, the next step was to design a database founded in the goals of data collection and analytics, accessibility, and relevance. Using the 2020 BeST Assessment evaluation findings as a starting point, additional data fields and filters were added to enable easy tracking of adherence, linkage with corresponding best practice research, geographic mapping, and identification of practices associated with important outcomes such as a reduction in recidivism (see Figure 1).

Figure 1: Best Practice Database

A	B	C	D	E	F	G	H	I	J	K	L
Prgm. Mngr.	Prgm. Name	County	Zip Code	Best Practice Statement	Key Component	Current Adhere	October 2020 Adhere (Y/N)	Fall 2021 Adhere (Y/N)	Corresponding Drug Court PM	Reduce Recidivism Impact	Why is this Best Practice Important to Follow?
Kate	Chesapeake County Circuit Adult Drug Court	Chesapeake County	21XXX	Drug testing is random / unpredictable	Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing	Y	N	Y	Drug Testing Measures: (1) Average number of drug and alcohol tests per week. Benchmark = Greater than or Equal to 2 X per Week.	High	The treatment court should ensure that drug testing is performed randomly with an equal possibility of a test occurring on all seven days of the week. As noted in the Drug Court Judicial Benchmark, "For testing to correctly assess the drug use patterns of program participants, it is crucial that samples be collected in a random, unannounced manner. The more unexpected and unanticipated the collection regime, the more accurately the testing results will reflect the actual substance use of a drug court client population. If clients never know when they are going to be tested, then opportunities for them to use drugs during known testing gaps are reduced. Some testing protocols mistake frequency for thoroughness. Believing that testing three to four times per week (e.g., Monday, Wednesday, Friday) is equally sufficient and effective coverage may be erroneous because it is on a predictable schedule. Courts that relinquish the element of surprise do so at their own risk and may fall victim to creative clients who may find opportunities to subvert the program's objectives."

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## **Analytics— Tracking Adherence Over Time**

The addition of variables to enable tracking of best practice adherence over time (see Figure 1, columns H and I) provides an important component to the infrastructure. Evaluation findings, when analyzed over time, and paired with other database variables, can provide new programmatic insights or highlight trends. For example, the analysis of adherence to a specific best practice over time and by zip code has the potential to uncover location-specific factors impacting the program’s ability to adhere to best practices, such as service referrals or aftercare. Treatment court leadership can then review these findings in relation to the resources in their community, and OPSC and R&A can look for patterns across similar or neighboring courts, such as fewer housing-assistance programs or trauma services.

This first step to identify potential problems can then set forth a series of steps for treatment court teams to follow—the quality cycle. The monitoring and evaluation infrastructure developed for treatment courts nicely follows the first three steps in the quality cycle: identify the problem, collect the data, and analyze the data. The analytic insights achieved through the previous example have the potential to identify common challenges among treatment courts in the same geographic area. Knowing this, courts can target resources or develop a multiprogram strategy to address the underlying issue. Finally, data collection and reporting are ongoing, and when corrective action is taken, reevaluation is built into the process (see Ostrom and Hanson, 2010).

## **Accessibility and Relevance— Program Specific Best Practice Adherence Status Reports**

Following the development of the database, best practice adherence status reports were created for every Maryland ADTC. Status reports were designed to be dynamic to enable access to each program’s most current best practice adherence. To accomplish this, the adherences reflected in each report are directly linked to the “current adherence” field in the best practice database (see Figure 1, column G). In this way, changes can be updated in one main location (the database), which feeds directly into each program’s status reports.

Another element of the status reports is the organization and calculation of best practice adherence by each of the ten Key Components (NADCP Drug Standards Committee, 1997). With more than 80 best practices to track, the ability to quickly identify key component areas in which best practice adherence needs are greatest assists program managers and teams to prioritize adherence efforts and inform use of technical assistance and training resources (see Figure 2).



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Figure 2: Excerpt, Program Specific Best Practice Adherence Status Reports

*ADC Performance Measure	Program Manager Name				
BP No.	Program/Key Component/Best Practice	No	Yes	Grand Total	% Adherence
<b>Maryland Drug Court</b>					<b>88.0%</b>
	<i>Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing</i>	1	6	7	86%
5.1	*Drug testing is random/unpredictable	0	1	1	100%
5.2	*Drug testing occurs on weekends/holidays	1	0	1	0%
5.3	*Collection of test specimens is witnessed directly by staff	0	1	1	100%
5.4	*Staff members who collect drug testing specimens are trained in appropriate collection protocols	0	1	1	100%
5.5	*Drug test results are back in 2 days or less	0	1	1	100%
5.6	*Drug tests are collected at least 2 times per week	0	1	1	100%
5.7	*Participants are expected to have greater than 90 days of negative drug tests before graduation	0	1	1	100%

## Accountability—Best Practice Assessments

Using the status report tool, OPSC program managers conduct best practice reassessments as part of regular ADTC site visits.<sup>4</sup> To maintain relevance, reassessments are conducted roughly every six months.

With the initial assessment occurring in late 2020, the first reassessment occurred in fall 2021 and the second in spring/summer 2022. After each, the best practices status report database was updated to reflect new adherence findings, and new status reports were delivered to treatment court teams. In addition, program managers used the best practice status tool to work with their teams to identify and prioritize specific best practice adherence goals to be achieved by the time of the next assessment.

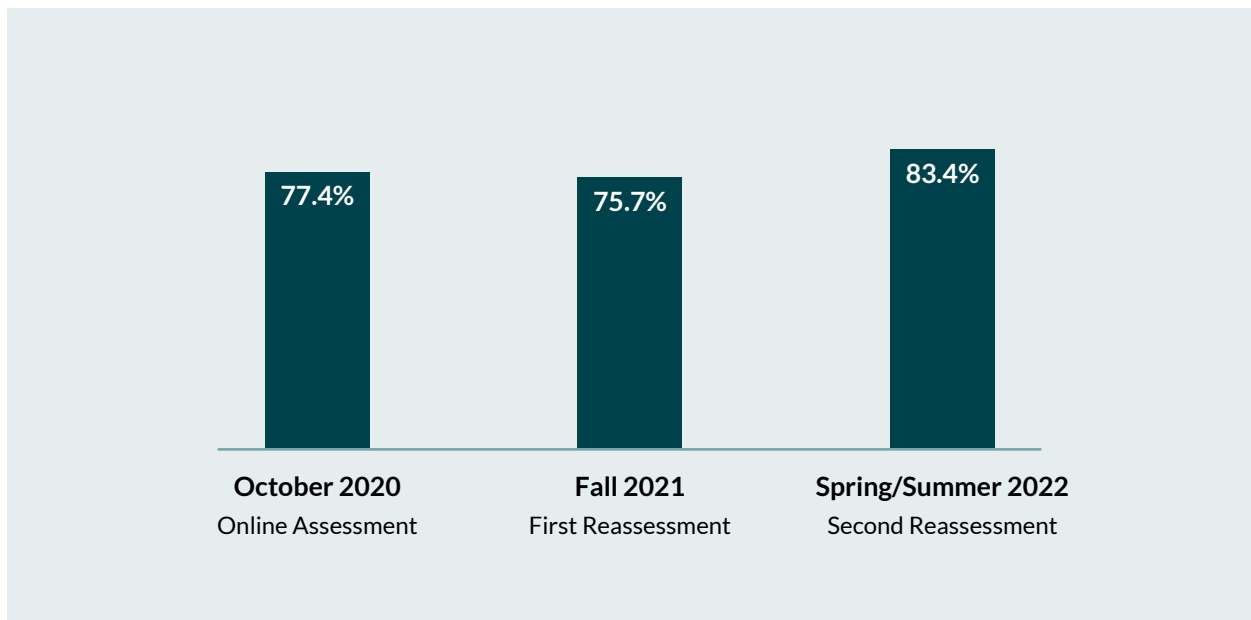
<sup>4</sup> OPSC supports local courts with the help of three program managers, regionally assigned to Maryland’s problem-solving courts through, for example, facilitation of technical assistance and training.

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Using this data, R&A calculated the average best practice adherence for the state compared to the initial average adherence rate. Although the first reassessment saw some courts increase their adherence overall, the average adherence decreased slightly from 77.4 percent to 75.7 percent. However, this was not viewed as an actual decrease in best practice adherence, but rather the establishment of a true baseline.

When program managers met with local teams for the second reassessment, many treatment courts had added at least one new best practice to their adherence column. The state improved its average adherence to ADTC best practices by a percent change of 10.1 percent,<sup>5</sup> from 75.7 percent to 83.4 percent (see Figure 3).

**Figure 3: Average Best Practice Adherence**



<sup>5</sup> The 10 percent increase was calculated using formula for percent change  $(83.4\% - 75.7\%) / 75.7\% = 10.1\%$ . The percent difference is 7.7 percent.



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### **Program Manager Testimonials— First Reassessment to Second Reassessment**

Throughout the reassessment process, program managers met regularly with the OPSC-R&A research team to provide feedback and examples from treatment court teams. The examples shared emphasized the importance of internal monitoring to achieve continuous improvement in best practice adherence. In Treatment Court A (see Figure 4), the coordinator had only been with the treatment court a short time when the initial assessment was conducted, affecting the quality and relevance of the results. During the reassessment, the best practices took on greater relevance for the coordinator, leading the court to make improvements and add 23 best practices, including making referrals to parenting classes, health care, dental care, and trauma-related services.

#### **Figure 4: Adult Treatment Court A—Program Manager Testimonial**



*The coordinator was new at the time of the initial assessment, and she honestly didn't know what services were available, or what was provided. Once she became more familiar with the program, and actually shared her findings with the team, she was educated on the things she missed. They still have a lot to improve, but her being made aware has really helped the process.*



Another example, Treatment Court B (Figure 5), highlights access to supporting research as a motivating factor to make meaningful changes. In this example, the treatment court added eight best practices between the two reassessments, including accepting offenders with serious mental health diagnoses and using a validated, standardized assessment tool to determine level or type of services needed.

#### **Figure 5: Adult Treatment Court B—Program Manager Testimonial**



*Between the two reassessments this court made some significant changes, things that they didn't realize were important, or didn't actually give much credence. They have been, what some may consider a "traditional" court, and it has taken a lot of time, and convincing for them to really grasp the whole idea of best practice standards. Up until a few years ago, they were also anti-MAT (medically assisted treatment), and very heavy sanctioning, which was what they felt was required for true success in that program. Following the first reassessment, and the time we spent working on goals in between, they realized that many things they did and were doing were actually counterproductive and they made the necessary changes to improve.*



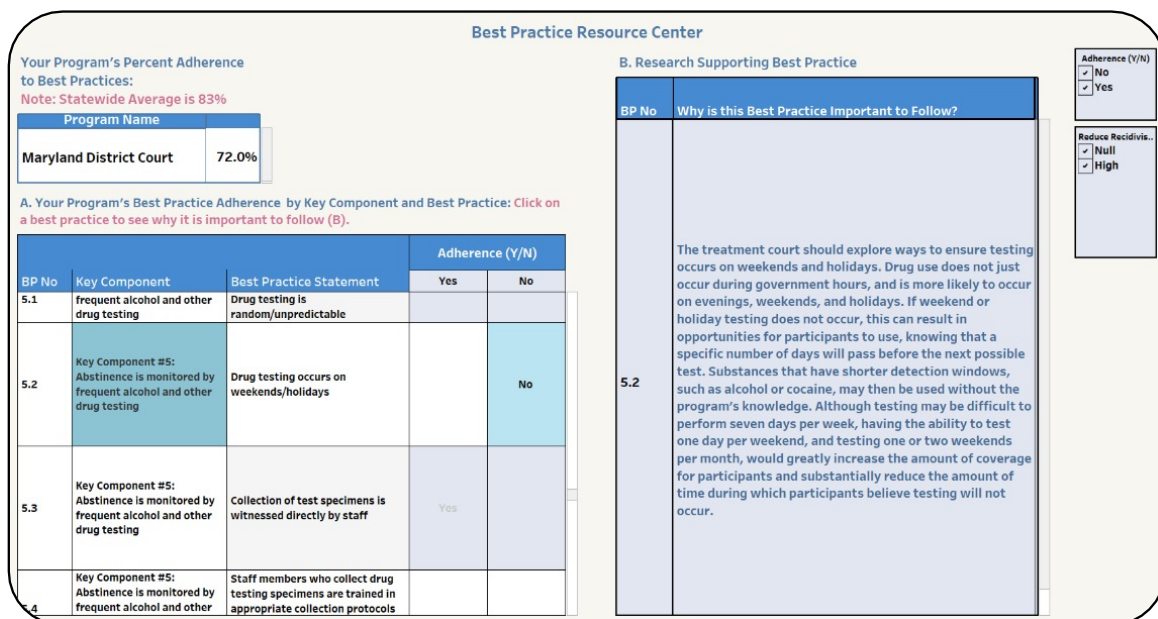
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## Building on Momentum—Interactive Best Practice Dashboards

Following the completion of the second reassessments, the OPSC-R&A research team wanted to further increase accessibility and relevance of best practice research. The reassessment process and follow-ups were effective in improving best practice adherence, which created momentum among teams and program managers alike. Treatment courts were newly energized, and conversations within teams and with their program managers created a space to discuss ideas, tackle problems, and actively incorporate best practices into daily operations. Program managers, previously oriented toward an “observe and report” model, were now taking a more active role with the ADTC teams.

The judiciary is building on this momentum by developing more tools to help ADTCs connect their own adherence data to supporting research and adherence strategies. The status report format, although well organized and effective in providing teams with their current adherence status on a high level, was still overwhelming for many teams and did not provide research-based rationales or strategies for adherence. The challenge was then to develop an interactive tool that would provide teams with best practice adherence visualizations, including current adherence status, research-based rationale, adherence strategies, and links to additional information and technical assistance resources. The resulting interactive dashboard (see Figure 6) was created using data visualization software and enables teams to operate filters to view best practice adherence status, recidivism reduction impact, and the researched-based rational supporting each best practice. Currently in development is the ability for the visualization to link to a new internal technical assistance webpage with training documents and videos.

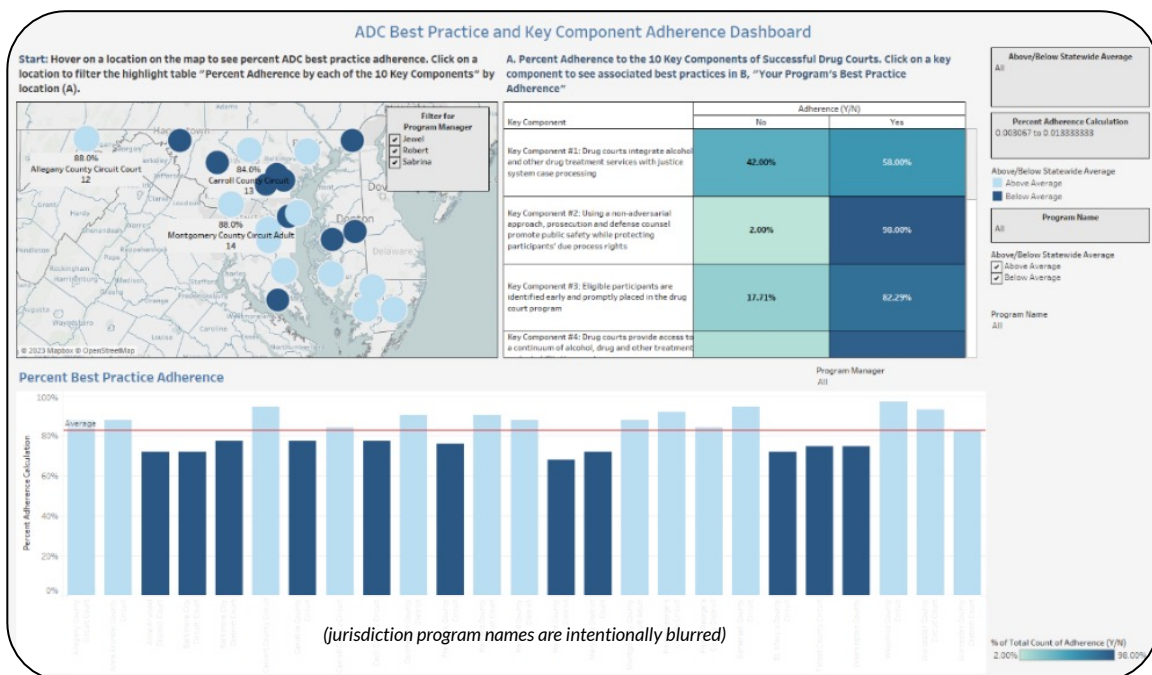
Figure 6: Best Practice Resource Center



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The next stage was to develop tools to quickly access statewide or location-specific information. These interactive oversight dashboards include data from all programs with filters to view data by program manager, to calculate averages across locations, filter by adherence status, and identify programs with adherences below, at, or above the statewide average (see Figure 7).

**Figure 7: ADC Best Practices and Key Component Adherence Dashboard**



## Recommendations

This article has attempted to lay out the rationale and principal components of its new approach to monitoring and evaluation for the Maryland Judiciary's ADTCs. This is a work in progress and certainly did not happen overnight. The external process evaluations that preceded the change were instrumental in providing the basis and knowledge needed to make this shift happen. Program managers and ADTCs were well acquainted with best practices research and fully supported in taking on a larger role in monitoring adherence. In addition, in the years leading up to this implementation, the judiciary had also invested in the development of adult drug and mental health court performance measures, both of which included statewide trainings to help teams understand how to use the measures and calculate performance benchmarks. Courts wishing to institute a similar internal monitoring infrastructure will want to consider implementing these essential steps to build buy-in for the importance of regular evaluation.

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## Conclusion

The Maryland Judiciary's development and implementation of an internal and integrated ADTC best-practice-monitoring infrastructure, though still in the early stages, has improved best practice adherence and discussions. In addition, the monitoring infrastructure has enhanced team relationships and reinforced ADTC missions and goals. The measure of the infrastructure's effectiveness rests on its ability to improve participant outcomes. Evaluations by neutral, external evaluators will always be essential to gain an objective assessment of participant outcomes, such as post-program recidivism. The Maryland Judiciary is planning its next external outcome study. In the meantime, the judiciary will continue to use and enhance an internal infrastructure rooted in monitoring research-based best practices.

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