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# Public Domain Drug Court Software: Functions and Utility

# MONOGRAPH

F E B R U A R Y 2 0 0 3

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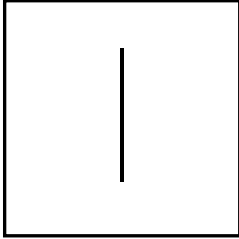
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**NCJ 197258**

This document was prepared by SEARCH, The National Consortium for Justice Information and Statistics, under the Drug Court Training and Technical Assistance Program, under grant number 98-MU-VX-K017, awarded by the Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

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# Notice

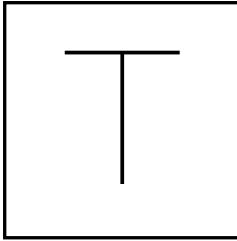


In November 2002, the Bureau of Justice Assistance (BJA) assumed responsibility

for administering the Drug Court Grant Program and the Drug Court Training and Technical Assistance Program. For further information, please contact BJA.

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# Acknowledgments



This report was prepared by SEARCH, The National Consortium for Justice

Information and Statistics, Gerald E. Wethington, Chairman, and Gary R. Cooper, Executive Director. The report authors were Robert Gibson, consultant, and Owen M. Greenspan, Justice Information Services Specialist. The project director was Francis L. Bremson, Director, Courts Program. Twyla R. Cunningham, Manager, Corporate Communications, edited the report. Jane L. Bassett, Publishing Specialist, provided layout and design assistance. The Federal project monitor was Jill Beres, Policy Specialist, U.S. Department of Justice, Office of Justice Programs, Drug Courts Program Office.

This report would not have been possible without the assistance of staff at each of the visited sites, who allowed us to observe the software programs described herein,

or without the guidance given by system administrators, managers, and others who rely on these computer programs to support the daily activities of their drug court programs. Special thanks to

- **Buffalo:** Judge Robert Russell, city of Buffalo Drug Court, and Jose Ferrer and Hank Pirowski, Buffalo Court Outreach Unit Referral and Treatment Service.
- **Washington/Baltimore:** Dr. Faye Taxman and Stephan Sherman, University of Maryland, Bureau of Governmental Research.
- **Brooklyn:** Judge Jo Ann Ferdinand and Valerie Raine, Brooklyn Treatment Court, and Greg Steinberg, Center for Court Innovation.
- **South Florida:** Judge Melanie May, 17th Judicial Circuit of Florida; Guy Wheeler, Broward County Sheriff's Department; and Bob Kidd, MANTECH, Inc.

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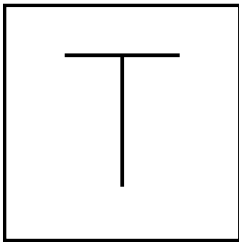
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I.

## Introduction



The drug court is information driven. The diverse nature and scope of its information

needs far exceed those of the typical criminal court. In striving for optimal effectiveness, the drug court team must collect, quickly retrieve, communicate about, and react to information that supports operational decisionmaking. In the drug court context, operational decisionmaking is guided by a sense of shared responsibility among, at a minimum, the court, prosecution, defense, and treatment communities. Drug court information spans program admission and treatment issues as well as information associated with the ongoing judicial supervision of participants.

By statutory definition, virtually all drug courts are treatment providers and subject to legal constraints on the handling of information—information that is fundamental to how the drug court functions. Thus, Federal confidentiality laws and regulations guide the extent to which

treatment-related information is available to drug court team members. State statutes and regulatory oversight, where applicable, are other factors that determine the boundaries for disclosure of sensitive treatment information containing personal identifiers of program participants.

While a primary focus of drug court automation is to gather information for case management of individual program participants, a substantial amount of data is also essential for program monitoring and evaluation activities. Is the drug court program performing as envisioned? Are goals being met? Can socially beneficial impacts be measured? What is the actual monetary cost of the drug court compared with attributable fiscal benefits? A well-planned information system collects data that help to answer these and many other questions.

Given the volume and breadth of information associated with the drug court, and the constant nature of operational

demands for information, drug courts with even the smallest client populations are increasingly turning to computerization. An automated management information system (MIS) typically supports operational and administrative activities of some, if not all, of the individual drug court team members and their collaborative efforts. Effective management of the wealth of information that facilitates the work of the drug court brings with it the promise of improved outcomes for drug court participants. Existing drug courts, and those that are in planning or implementation stages, need to identify and consider installation of functionally relevant software.

SEARCH, The National Consortium for Justice Information and Statistics, interviewed several software developers and observed operations in agencies and drug courts that are using public domain software programs.<sup>1</sup> These interviews were done at the request of the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Drug Courts Program Office (DCPO). This report presents a snapshot of the features and capabilities of systems developed by the following jurisdictions as of 1999:<sup>2</sup>

- City of Buffalo, New York, Drug Court.
- Washington/Baltimore High Intensity Drug Trafficking Area.
- Center for Court Innovation (for the Brooklyn, New York, Treatment Court).
- South Florida High Intensity Drug Trafficking Area.

Each software program discussed in this report offers features that support operational and evaluative information needs that are characteristic of all drug courts. However, each program may have shortcomings in its ability to support the full spectrum of drug court-related activity within jurisdictions where it is now in use

or within other jurisdictions that may contemplate adoption of any of these MISs. This is not surprising, given that these software applications were developed initially with a limited focus, usually to facilitate drug and alcohol abuse assessment, treatment referral, and progress tracking. Consequently, each system, much like the drug courts themselves, continues to evolve with a growing understanding that enhanced success is a product of intelligent decisions based on sound data collection and analysis.

Since the first drug court was established more than a decade ago—spawning a national movement—the creation of new drug courts continues unabated. Highly specialized courts that target narrowly defined populations, such as Juvenile Drug Courts or Family Drug Courts, expand the horizon of positive outcomes beyond the original goal of drug courts: to reduce recidivism through intensive treatment, rehabilitation, and supervision. MISs will continue to adapt to meet local needs and new initiatives. Regardless of the complexity, size, or age of a particular MIS, vendors and agencies will likely continue to introduce new and improved versions.

The systems described in this report represent a sampling of public domain MISs that focus on drug courts or their associated treatment services:

- The Buffalo, New York, system supports an extensive social services treatment consortium and referral program for persons charged with felony- and misdemeanor-level offenses and probation violations.
- The Washington/Baltimore system supports treatment entities in the Washington/Baltimore area. It has also been adopted, with modification, for drug court operations in Jackson



County (Kansas City), Missouri, and Key West, Florida. This system shares roots with the south Florida system.

- The Brooklyn, New York, Treatment Court is a high-volume city court handling both felonies and misdemeanors with a treatment network of more than 100 providers.
- In Broward and Miami-Dade Counties in south Florida, drug courts and treatment providers use two interrelated programs to monitor participant progress and to meet State-level reporting requirements.

A virtual tour of the systems in use in Buffalo, Brooklyn, and south Florida is available at [www.drugcourtech.org](http://www.drugcourtech.org).

### **Purpose of This Report**

This document presents a largely nontechnical description of four public domain drug court MISs and surveys a range of information useful for supporting drug court activities. The software discussed in this report may be suitable for modification in jurisdictions that are planning, designing, or acquiring a drug court MIS.

Through this review, jurisdictions that are contemplating the establishment of a drug court or debating their automation options may gain insight into the kinds and scope of information that drug courts need to support their day-to-day operations and evaluation efforts. Existing drug court teams may find the report useful in assessing the strengths and weaknesses of their own systems, identifying missing features, or generating ideas for new functionality. A comparative exercise like this can be illuminating for all drug courts, ranging from those that are still wholly paper based to those that are highly automated.

All of the systems reviewed in this report have demonstrated usefulness in the drug court environment. Each is available for installation free of charge but will likely require customization, which can be costly. This report is not intended to be an exhaustive look at automated drug court information systems. Other systems exist, and others will likely be developed in the future. Some of these other private-sector and public domain products may be better suited to a particular jurisdiction's needs and may be less expensive than implementing one of the applications reviewed in this report.

### **Importance of Management Information Systems**

The scope of information required by a drug court to accomplish its mission far exceeds that of a typical court. At every step of the drug court process—from identifying the target population to initial screening, assessment, treatment, supervision and graduation—critical decisions are made. The soundness of these decisions depends on multiagency access to timely, accurate, and complete information. With the evolution of the drug court movement over the past 10 years has come recognition that an automated MIS is an invaluable aid to the drug court, the collective drug court team, and each of the team's member entities from within the judicial, legal, and treatment communities.

Before a drug court can effectively use the information that is so critical to its mission, court staff must be cognizant of relevant laws, regulations, practices, and policies that affect access to and release of some client-related information. Drug courts must comply with State and Federal confidentiality laws. Federal laws and regulations protect information about persons receiving alcohol and drug abuse

prevention and treatment services who are directly or indirectly assisted by any department or agency of the United States.<sup>3</sup> A treatment program is defined as “an individual or entity that provides diagnosis of chemical dependency and referral to treatment in addition to providing actual rehabilitative services.” Consequently, virtually every drug court is considered a treatment program and is subject to Federal confidentiality regulations.

In order for a treatment provider to disclose information about a client’s participation in a treatment program to members of the drug court team or others, the client must first sign a written consent form that, at a minimum, meets the requirements set forth in the Federal regulations. The consent includes the purpose of disclosure, how much and what kind of information may be disclosed, and the duration or conditions under which the given consent is subject to revocation.<sup>4</sup> An MIS that reflects the specifics of the consent form is a strong confidentiality safeguard. How information is handled and what information may be viewed by the various team entities may be addressed in a memorandum of understanding among the drug court team partners. This mechanism can be used to design selective information exchange, access, and retrieval features of the MIS.

Many states have also enacted confidentiality laws or implemented policies and practices intended to limit disclosure of information. When a State law is more restrictive than Federal regulations, the State statute is the applicable standard.<sup>5</sup> Under such circumstances, the most effective MIS is one that can be programmed to limit or exclude access to information in a way that is consistent with both Federal and State laws.

Conditions that limit information disclosure, as described in the consent form,

may vary from jurisdiction to jurisdiction, and differences may even occur among drug courts in neighboring communities. Similarly, practices and policies vary widely and may be changed by administrative fiat without consulting the entities and individuals affected by such changes. Staff turnovers necessitate training, and new hires require immediate training if the opportunity for inappropriate disclosure is to be minimized. All these scenarios pose a risk that confidentiality statutes can be unintentionally violated through misinformation or ignorance. Perhaps the best way to minimize this risk and the attendant possible detrimental effect on participation in a drug court-supervised treatment program is an MIS design that limits access to personal identifying treatment information to authorized persons for purposes stated in the consent form. The MIS applies the access rules and can be easily updated to reflect changes in law, policy, or procedure without the need to reeducate all those who would otherwise have to alter their methods of operation.

### Intake Process

The drug court intake process typically involves the following phases:

#### 1. Initial Eligibility Screening

Individuals are subject to initial screening to determine their eligibility for the program. The prospective participant’s criminal history and current charges are compared with predetermined eligibility criteria. For example, many drug court target populations exclude individuals with criminal convictions for violent offenses. Some drug court MISs record both an offense history and current charges. In addition, the system may note other pending cases that require decisions concerning program eligibility and how they will be handled in the event of program enrollment.

## 2. Initial Substance Abuse Screening

The second phase of the intake process determines whether the prospective participant has a substance abuse problem. This often involves using a standardized questionnaire, frequently called a screening instrument, to determine the nature of the individual's dependency and suitability for the drug court program. Can the problem be addressed by available treatment services? The screening instrument may be part of the MIS. Whether or not the questionnaire responses and interviewer observations are entered in the MIS, the conclusions drawn may be recorded in the MIS. Even though this activity precedes and does not ensure the admission of an apparently eligible subject, this information is valuable for program evaluation purposes.

## 3. Assessment

Either immediately before or after clients are selected for the drug court program, they undergo an assessment to identify specific psychosocial problems and treatment needs. An assessment instrument, which may be included in the MIS, is often employed during this phase. In addition, the MIS may be used to match a client with available and appropriate treatment resources.

## 4. Admission

Admission to a drug court program requires participant agreement to comply with conditions set by the court and a knowledgeable consent that authorizes disclosure of treatment information to the court and other drug court team partners.

## Oversight

Requirements for participants in drug court programs include substance abuse treatment and frequent drug testing on a regular or random basis. Some MISs are designed to help staff set the actual compliance

requirements, for example, the number of required drug tests, kind of treatment, number of visits, and so forth. Positive drug test results and other noncompliance events are typically recorded in the MIS for the judge and drug court team members and as a basis for discussion of sanctions. Any imposed sanction should be recorded in the MIS in order to establish a clearly documented history of events and responses. Similarly, positive actions, noteworthy progress events, and associated awards also should be recorded in the MIS. The MIS can also be a vehicle for immediate communication, as warranted, among the drug court team members.

Most drug courts conduct a staffing conference that precedes the calling of the day's drug court calendar. This conference often relies on the MIS for status information about all persons scheduled to appear before the court. Some systems, in addition to containing various preformatted information fields, allow the judge and perhaps other team members to enter free-form narrative notes into the system. These may serve as reminders of things to discuss with a program participant or as aids for recalling why a particular decision or recommendation was made.

The MIS is fundamentally important to the day-to-day decisionmaking of the drug court, but its significance does not end there. The drug court should monitor its activities to determine whether they remain true to the original plan for the court:

- Is the drug court serving the target population?
- Are eligibility determinations being made in a consistent, unbiased fashion?
- Are the interrelationships among the judicial, legal, and treatment communities functioning as envisioned?

MIS documentation can help the drug court answer these questions and weigh the need for changes to original plans.

Most drug court programs receive financial support from multiple sources, including Federal, State, and local government agencies. The MIS is used to collect specific data that the drug court is required to report as a condition of continued funding. Typically, although not always, the information sought by funding and oversight agencies also serves the operational or evaluative interests of the drug court program.

In many communities, a wide range of stakeholders have a keen interest in the drug court. The entities that control the purse strings certainly need to be kept informed, as do political and legislative leaders who steer public policy. Many will take the position that the largest and most intensely affected constituency is the community. What information is available to inform stakeholders? The evaluation plan is the key. Whether stakeholders are evaluating individual participant results or broad-based program effects, the role of the MIS is critically important. It is here that the drug court evaluator and researcher may look for baseline data and other information essential for determining the effectiveness of the program. Thus, the MIS will also aid the drug court in demonstrating its effectiveness.

None of the systems discussed in this report completely support all the functional areas and activities of the drug court. However, each in its own way supplies a sound foundation for building a comprehensive MIS.

### **Software Terminology**

This report uses the following software-related terminology:

### **Operating System**

The operating system provides computer hardware with instructions to perform tasks. It serves as the brain of the computer, as the hardware cannot perform any function without the operating system. Microsoft's Windows 95/98 is the most common operating system found on desktop and laptop computers. Several systems, including Windows NT and Unix, are frequently used to enable multiple computers to function on a network.

### **Application**

An application is a specific software program in its entirety; for example, Microsoft Word and Excel are applications.

### **User Interface**

The user interface is the software that creates the part of an application with which the user interacts.

### **Database**

Database software stores data. Sometimes the application software comes with a database that may be used with a user interface. For example, Microsoft Access is a user interface and database software. Software developers can use Microsoft Access as a user interface with another database or use it as a database with a different user interface.

### **Summary of Software Applications**

The table at right lists basic information about each MIS reviewed in this report. Features and functions and basic modules are listed; these do not precisely match the composition and names of the modules in each of the software applications used in the four drug court jurisdictions. Each application has its own set of modules and naming conventions, but the general categories are almost identical.

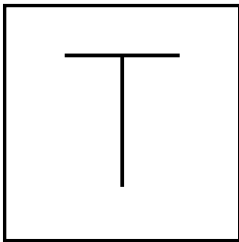
## Overview of Drug Court Management Information Systems Reviewed in This Report

## — Drug Court and MIS —

	Buffalo Drug Court: DMIS	Washington/Baltimore HIDTA: HATTS	Brooklyn Treatment Court: TA	South Florida HIDTA: TARS/JAMS
<b>Features and Functions</b>				
Operating system	Windows 95/98/NT	Windows 95/98/2000/NT	Windows 95/NT	Windows 95/98/NT
User interface	Microsoft Access	Visual Basic (VB) (client-server)	PowerBuilder (client-server)	Visual Basic (VB) (client-server)
Database software	Microsoft Access	Microsoft SQL Server	Sybase SQL 11	Microsoft SQL Server
Access (if not on network)	Dial-up network	Dial-up network	Dial-up network, dedicated line	Dial-up network
Resources needed to make independent modifications	Microsoft Access programmer	VB programmer SQL server manager	PowerBuilder programmer Sybase SQL DB manager	VB programmer SQL server DB manager
System documentation	Some	Highly detailed	Some	Some
Training manual	Yes	Yes	No	No
Online help	Yes	Yes	Yes	Yes
Level of support needed	Low	High	High	High
Acquisition requirements	None	Detailed agreement	Detailed agreement and training costs	Detailed agreement; training and acquisition costs
<b>Basic Modules</b>				
Intake	Yes	Yes	Yes	Yes
Assessment instruments	None	ASI, CAI, BPRS–M, DSM–IV, GAF, HIV Risk, MECE, MECN, QOL, RTC	Custom assessment	ASI, CAI, ASAM
Judicial case management	Yes	No	No	Some
Special screens for different drug court practitioners	No	Yes	Yes	Yes
Management of referrals to treatment providers	Some	Yes	Yes	Yes
Treatment case management	Yes	Yes	Yes	Yes
Criminal supervision case management	Some	Yes	Some	Some
Drug testing management	Yes	Yes	Yes	Yes
Operations management reports	Some (relatively easy to create)	Yes (many)	Yes (for statewide system but otherwise difficult to create)	Some
Federal reporting (DCPO grantees)	Yes	Yes	Yes	No

II.

## Buffalo Drug Court: Database Management Information System



The Buffalo Drug Court's Database Management Information System (DMIS) sup-

ports the city's Court Outreach Unit Referral and Treatment Service (COURTS), an extensive social services treatment consortium and referral program for persons charged with misdemeanors, felonies, or probation violations. The program serves defendant-clients appearing before any of the 13 judges of the Buffalo City Court, a court of original jurisdiction that handles arraignments for all levels of cases. The Buffalo Drug Court functions within the environment of COURTS. However, unlike other courts, the Buffalo Drug Court has a full-time judge supported by COURTS, and the program provides the Buffalo Drug Court with administrative and case management services.

DMIS was originally created as a simple tracking system to assist COURTS. It was designed and developed by court personnel, not professional software developers.

DMIS continues to be enhanced in response to the evolving requirements of the Buffalo City Court. As the drug court movement expands to other jurisdictions, it is evident that an inexpensive automated information system could be a highly valuable asset.

The Buffalo Drug Court donated DMIS free of charge to DCPO to help other drug court communities. It has been distributed to more than 100 drug courts across the country through the Drug Court Clearinghouse at American University ([www.american.edu/justice/drugcourts.html](http://www.american.edu/justice/drugcourts.html)) and the National Criminal Justice Reference Service ([www.ncjrs.org](http://www.ncjrs.org)).

DMIS collects basic information helpful for intake, makes treatment referrals, and tracks clients through the drug court process. It is written in Microsoft Access, which is readily available and modifiable.

A virtual tour of the Buffalo software application is available on the Drug Court Technology Web site (developed by the

Center for Court Innovation) at [www.drugcourtech.org/tours2\\_1\\_2.html](http://www.drugcourtech.org/tours2_1_2.html).

## Acquisition Requirements and Costs

The National Criminal Justice Reference Service can provide a demonstration version of the software free of charge to any jurisdiction. The software may be installed and modified to better meet local requirements. Any costs incurred for data communications associated with the acquisition of hardware or modification of the DMIS software are the responsibility of the drug court.

## Contact Information

For a copy of the software program, contact:

National Criminal Justice Reference Service (NCJRS)  
P.O. Box 6000  
Rockville, MD 20849-6000  
Telephone: (800) 851-3420  
Internet: [www.ncjrs.org](http://www.ncjrs.org)

For information or documentation about the software, contact:

Hank Pirowski or Jose Ferrer  
City of Buffalo Drug Court  
50 Delaware Avenue, #400  
Buffalo, NY 14202  
Telephone: (716) 851-5178

## Basic System Elements

### Operating System

DMIS runs on Microsoft Windows 95/98 or NT.

### User Interface

DMIS is written in Microsoft Access for Windows. This program is inexpensive to purchase or license compared with other

programs discussed in this report. Microsoft Access is widely used to create databases that can be searched and sorted. It can be purchased by itself or as part of Microsoft Office Suite (Professional Edition). Many nonprofessional programmers have taught themselves Microsoft Access programming. Instructional materials and courses are widely available on CD-ROM and at many computer stores and educational institutions, making local modification of the program feasible at minimal cost. Microsoft Access also allows local jurisdictions to customize reports and meet various data collection needs much more easily than more complex software packages. However, mastery of either Microsoft Access or the DMIS database structure can be a challenging task.

## Database

The DMIS database is also written in Microsoft Access. All the advantages mentioned in the User Interface Software section also apply to using Microsoft Access as a database. It is important to note that Microsoft Access is not a relational database software program. Consequently, it is limited in terms of how much data it can handle and how it handles data. Microsoft Access is not as well designed for networks as the other database software mentioned in this report. The larger the system, the more performance problems users will encounter.

## Access

DMIS can be used on networks and accessed via other common methods of accessing programs on a network.

## Basic Modules

### Personal

This module collects client demographic, address, and contact information.

**Cases**

This module collects court case information, referrals, and a listing of cases by judge with contact dates, return court dates, and dispositions.

**Legal**

This module collects four criminal history data elements: (1) past arson convictions, (2) past violent crime convictions, (3) number of arrests in the past 24 months, and (4) number of months incarcerated in the past 24 months.

**Community Service**

This module collects specific operational data about client involvement in community service, such as location, contacts, hours completed, and so forth, facilitating monitoring of client community service obligations.

**Medical**

This module collects basic medical and insurance information, such as name of physician and medications.

**Mental Health**

This module registers any known client mental health diagnoses, medications, and hospitalizations.

**AOD**

The Alcohol and Other Drugs (AOD) module records the client's primary, secondary, and tertiary drugs of choice, along with use patterns.

**Treatment History**

This module records known treatment history by agency, kind of care, dates, and outcomes.

**Auditing**

This module is used for tracking program fee collections.

**Releases**

This module contains all releases of information authorized by the client.

**Linkage**

This module collects other agency referrals (usually for treatment) and registers basic information, such as name of provider, therapist, and other basic contact and referral information.

**Comments**

This module contains the staff's general comments.

**Reports**

This module collects, and allows for variations of, form letters to be sent to the court in reference to the client's performance.

**TOX**

This module collects drug test information, such as the test date, the drugs for which the client was tested, and the test results.

**Photo**

This module can contain a digital photograph of the client.

**Documentation**

Although the DMIS interface is user-friendly, a basic manual is available that shows and describes most screens and discusses the database structure. The manual does not provide information about modifying the application or creating management reports, and there are no online help functions. For additional information or documentation, call Pirowski or Ferrer at the Buffalo Drug Court at (716) 851-5178.

**System Description****Intake**

DMIS has no distinct intake module; rather, portions of different screens capture and present information typical of intake activity. The Personal screen contains the main client information, including name, address, contact numbers, Social Security



number, date of birth, ethnicity, gender, marital status, number of children, school, educational level, age, reading ability, employer name, annual income, and source of income. Additional intake information is collected in other modules.

### **Assessment**

There is no separate assessment capability in DMIS. Several screens allow users to record basic personal, medical, mental health, and substance abuse information, but they do not collect more detailed assessment data. Unless DMIS is modified, users of the application must continue to use any standardized or custom assessment outside the system. However, users may record the details of this outside assessment in narrative notes in DMIS. The Buffalo Drug Court relies on treatment providers to assess clients and record and maintain this information.

### **Substance Abuse**

Two screens record substance use and treatment history information. Neither provides a formal assessment. The first screen collects three drugs of choice and, for each, information about substance, age at first use, route (method of use), frequency, and amount of use. The second screen records basic information about the client's treatment history, such as dates of treatment, agency or organization providing services, level of treatment, and outcome.

### **Mental Health**

One screen in DMIS collects some basic mental health data. A provision is made for recording past formal mental health evaluations, diagnoses, hospitalizations, medication(s), and self-reported sexual abuse.

### **Psychological/Social History**

DMIS contains no assessment tools such as the Addictions Severity Index. The system, however, allows users to list diagnoses

resulting from the use of a mental health or substance use evaluative instrument.

### **Medical**

One screen collects basic medical information, including name of client's insurance company and physician as well as medication and pregnancy histories.

### **Criminal Information**

The Legal screen contains four data elements, allowing users to collect the following criminal background information about program participants: (1) past arson convictions, (2) past violent crime convictions, (3) number of arrests in the past 24 months, and (4) number of incarcerations in the past 24 months. There is no direct link to any local law enforcement criminal history system or the State's criminal records repository.

### **Education**

DMIS contains no formal education section, but the Personal module does record the client's level of education, ability to read/write, school attendance, and school name.

### **Capability To Add Assessment Instruments**

Automated standard assessment profiles are increasingly commonplace within the treatment community. Many assessments are added to applications without sharing any data. It would be relatively easy to add an assessment capability to DMIS but much more difficult to integrate the actual assessment so that it automatically updates data or exchanges data with other segments of the system.

### **Client Information**

#### **Identifiers**

The system records identifiers commonly collected with client demographic and court information, such as name, date of birth, case number, and so forth.

### **Search Parameters**

DMIS enables users to search for program participant information by first and last names (separately), court case number (docket number), and many other fields. This allows various staff to look up cases by the criteria most important to them. A court clerk or judge might use case numbers as the main reference for his or her work. A caseworker might use the client's name (first or last), and others may want to locate a person or groups of people by other fields, such as positive drug tests. Staff can also look up clients by searching on other fields such as primary and secondary treatment providers.

Users, even those with limited Microsoft Access experience, can design searches to access the information they need. One staff person may want to identify all new clients to assign them to a treatment provider. Another may want to list all the clients who failed to appear in court to prepare court notices, while another may want to track positive drug tests to identify the most commonly used drugs when program participants relapse.

### **Addresses**

DMIS collects the client's current address. It does not allow staff to collect previous addresses or to retain a client's former addresses. Addresses are kept in a simple format, with fields for address, city, State, ZIP Code and extension, and two telephone numbers, one of which is an emergency contact number.

### **Other Contacts**

Other contact information is entered in DMIS in a free-form notes format. The system does not collect separate information about family members and significant others.

### **Employment**

DMIS contains three fields that relate to employment: employer name, source of income, and annual income. The application does not allow staff to collect employment data for community supervision case management purposes. Case management requires operational data, such as details of each job (address, telephone number, supervisor, type of job, date started, verification data, date ended, reason for leaving or termination, and more). Clients often change jobs or have more than one part-time job.

### **Financial Information**

DMIS collects employer name, source of income, annual income, and basic insurance data. It does not provide any community supervision case management capability. Case management could require a list of all assets, rate(s) of pay from particular jobs, and a list of regular and unusual expenses, such as child support and other family requirements.

### **Education**

DMIS collects education information about clients, such as level of education, current school enrollment, name of school, and ability to read and write.

### **Criminal History**

Criminal history information collected in DMIS is limited to data entered on the Legal screen, which presents summary information about arrests and incarcerations within the past 24 months. These fields do not interface with other systems, such as the State criminal records repository, that could automatically update the records (albeit with considerable difficulty).

### **Case Management**

DMIS has a universal case management tool: the Triage screen summarizes information from many parts of the system. It

combines information from the following screens: Personal, Drug History, Mental Health, Treatment Referral Agency or Linkages, Release of Information, and Court. The Triage screen is used to obtain a quick summary of a client's progress. Information entered through the Triage screen will appear in the appropriate specialty screen and vice versa.

A narrative Notes section can be programmed to be accessed by all parties or only by those with limited access.

#### **Provider/Treatment**

DMIS provides two screens that collect information about treatment providers. The first screen, Linkages, details referral information, such as referral date and time, treatment agency, program, therapist, and discharge date and reason. It also includes the name of the client's probation officer and whether the client is assigned to a day-reporting program. The second screen tracks treatment events. It is a simple grid that allows either the treatment agency staff or the supervision case manager to track treatment sessions and drug tests. It records attendance at treatment sessions, drug test dates, substance(s) for which the client was tested, and test results.

#### **Consents or Releases of Information**

The system allows users to record information about what client releases have been signed; this is entered in a special text box. The system has no inherent automated control or security that restricts access by user or limits access to information about any client in the database.

#### **Court**

DMIS focuses on the court process. It can track multiple current cases and events within each case. The Cases screen is divided into two sections. The first section pertains to the intake process, recording

that a drug court interview was conducted, the name of the interviewer and judge, docket number, most severe charge, and results of the case. The second section records contact dates, court return dates and times, and disposition and sentence information in more detail. It allows staff to enter future court return dates.

#### **Court/Criminal Supervision**

DMIS does not have a separate section to collect data on criminal justice supervision or court-ordered requirements. A supervision agent can record treatment provider and court information but not any criminal justice agency contacts. All events are recorded through the other screens, such as the Case, AOD (treatment), and other screens.

#### **Drug Test Management**

The DMIS TOX screen records drug test information, including test date, the drug(s) for which the client was tested, and test results.

#### **Operations Management Information**

##### **Reports**

DMIS offers a set of preformatted reports—printable letters that advise the court of client compliance or noncompliance.

##### **Ad Hoc Reports**

Because DMIS is written in Microsoft Access, extracting data from the system is relatively easy without using any other report-writing software. Data can be gathered in different formats using cross-tabulations, as long as the information is entered in a format that fits the data request. For example, collecting “average education level” of participants is possible only if the system collects “number of years in school” or “highest grade completed.”

## Evaluation and Research Information

Users can extract information from the database for both operations management and research purposes. Before local information needs in other jurisdictions are met, some modifications to the system will likely be necessary. There are no prepared reports supporting process or outcome analysis; that is, examination of aggregate information.

## Navigation and User Tool Screens

Navigation in DMIS is fairly intuitive. The system offers a set of menus that allows users to access a single case and obtain a list of cases for court on a particular date, among other things. Within each client record, a simple “file tab” design allows the user to jump easily from one screen to another. The Triage screen is a very useful feature that provides an overview of the individual client and enables users to update basic information.

## Drug Court Role Screens

The Triage screen summarizes information from many different areas of the system. This provides an overview of a client’s progress. It includes demographic, court, mental health, drug use history, and treatment referral information. Data are automatically updated from other screens or through direct entry through the Triage screen. A separate treatment management screen, the TOX screen, shows all treatment events, including drug test results and treatment attendance or nonattendance.

## Speed

Overall, DMIS responds fairly quickly, but system response is greatly influenced by the number of records in the system and the amount of information associated with

each record. Low- to medium-capacity drug courts are likely to find DMIS fast enough to accommodate their needs when the database is mounted on a desktop computer. Buffalo Drug Court staff recently achieved faster performance by establishing a server-based system, which is now accessed by 16 desktop computers.

## Security

As delivered, DMIS has little in the way of built-in security measures. There is no inherent automated control or security that restricts access by user or limits access to information about any client in the database. Security can be enhanced by modifying the Microsoft Access program. The system allows users to record details about client consent form authorizations for disclosure of personal identifying treatment information.

## Portability

DMIS is portable and easily installed on most desktop computers. However, screen terminology will likely be unfamiliar to staff in other jurisdictions. Local requirements and differences in workflow will compound the problem and almost certainly necessitate modifying DMIS to effectively integrate it into the day-to-day operations of a drug court.

## Ongoing Development

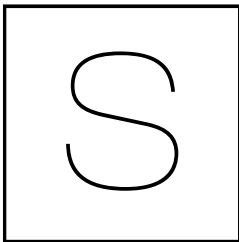
Users of older versions of DMIS or those acquiring copies from sources other than the Buffalo Drug Court do not benefit from the court’s continual enhancements. Newer features and improvements are described below.

- Several screens are easier to read, resulting from the addition of color to some of the fields.

- Users can no longer enter duplicate docket (case) numbers.
- Enhanced-use combo-boxes (small drop-down boxes that present forced-choice options) have been added, facilitating the selection of acceptable fields.
- DMIS separates court information by case or judge, reducing confusion. Formerly, the system displayed all court dates for all pending cases, including cases being heard in different courtrooms.
- Digital photos can be added to the database. The operational system in Buffalo now includes records with digital photos of clients.
- A new separate screen is used to track client consent to release information. This is not an automated process but instead allows the user to enter the names of the organizations for which such releases are authorized in a Notes field.
- Staff now can track community service sentences separately by case and by type and cumulative hours of community service.
- The system now includes some automated calculations (for example, number of days between the date of admission to and separation from the program).
- The COURTS intake process requires active participation by the prospective client, including his or her review of certain screens to ensure the accuracy of information as it is entered. Consequently, a decision has been made to create Spanish-language versions of several screens that clients typically observe.

### III.

## Washington/Baltimore High Intensity Drug Trafficking Area: Automated Treatment and Tracking System



Since November 1999, the Washington/Baltimore MIS has been administered by

the Bureau of Governmental Research at the University of Maryland. Originally created with funding from the Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA), the HIDTA Automated Treatment and Tracking System (HATTS) is primarily supported today by Maryland's Alcohol and Drug Abuse Administration. HATTS, which focuses on treatment case management, has two parent software applications:

1. The Treatment Automated Referral System, developed by the South Florida HIDTA in conjunction with the Washington/Baltimore HIDTA. Subsequently, the two HIDTAs separated all ongoing application development efforts. As the systems underwent modifications, they took on different features, capabilities, and characteristics.

2. The Drug Testing Management System (DTMS), developed by the District of Columbia Pretrial Services Agency as an automated drug testing and reporting system, automates the urine testing process by preparing barcoded stickers that track specimens through the entire testing process. Test results are automatically updated in the case management database.

Outside the Washington/Baltimore area, HATTS is used in Jackson County, Missouri. The Jackson County Prosecuting Attorney's COMBAT Program in Kansas City added several assessment questionnaires and made other modifications. These enhancements were permitted and encouraged under a cooperative agreement with the University of Maryland. Another jurisdiction that has worked with the University of Maryland to implement HATTS is the drug court in Key West, Florida.

## Acquisition Requirements and Costs

Two methods have been used to disseminate HATTS. In both cases, prospective user agencies negotiated a cooperative agreement. The first method is represented by a number of user agencies in the Washington/Baltimore area that implemented the system either through reliance on the server operated by HATTS staff at the University of Maryland or independently on their own server. This requires data communications capability and the ability to maintain local-area network equipment. Under this approach, HATTS staff maintain the database and the software. System modifications and training are provided free of charge to participating agencies. In the second method, other jurisdictions acquire HATTS as a separate system. HATTS is a complex system that requires support and training.

A jurisdiction planning to implement HATTS should prepare a requirements analysis of its operation as an aid to developing a HATTS modification design and implementation plan. These steps should be taken in close coordination with the HATTS administration. A close cooperative relationship with the University of Maryland also provides a foundation for sharing future system enhancements.

## Contact Information

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## Basic System Elements

### Operating System

HATTS runs on Microsoft Windows 95/98/2000 or NT.

### User Interface

HATTS is written in Microsoft Visual Basic. This Windows-based, 32-bit client-server software has few limitations in terms of its generic capability. It can be used for any application size and can operate on a single, stand-alone computer, or on small or large local- and wide-area networks.

### Database

The HATTS database uses Microsoft's SQL (Sequel) Server, a powerful database that accommodates systems of various sizes. It is a complex database that requires more sophisticated levels of maintenance than smaller, less powerful databases. Microsoft's SQL Server and Visual Basic are designed to work together.

### Access

The University of Maryland HATTS staff maintains a large central database for its user agencies in the Washington/Baltimore area. The database is designed with access and security controls that restrict the retrieval, viewing, and updating of specific data to authorized agencies. These security controls accommodate multiple agency data-sharing agreements to be accommodated as if each were effectuated on its own computer system. There are several Washington/Baltimore jurisdictions—for example, Alexandria and Prince William Counties in Virginia—that use HATTS on stand-alone computer hardware. In these cases, agencies must independently obtain SQL Server software and maintenance capabilities.

## Basic Modules

### Intake

In this module, users can enter client data into the database, establishing clients as candidates for drug court or as enrolled clients. Entering the requisite data results in the generation of a unique identifier number for each potential or existing client.

### Assessment

This module collects data that screens and evaluates client risks and needs, using standardized instruments that are provided with the system.

### Referrals to Providers

This module helps staff refer clients to appropriate treatment provider organizations.

### Supervision Case Leveling

This module allows criminal justice supervision staff to establish case levels and monitor level compliance.

### Case Management by Treatment Staff

This module establishes client treatment requirements and tracks compliance.

### Drug Testing

This module collects data on client drug tests and results.

### Graduated Sanctions

This module tracks client violations of treatment conditions and the treatment provider response.

### State and Local Reporting

This module provides preformatted reports and information that can be used for local and State reports.

### System Administration

This module enables the system administrator to perform maintenance activities. Among other tasks, the system administrator can enter and delete users, add and delete treatment providers, and establish or change user security levels.

## Documentation

The HATTS application has a training manual and a user's guide. Written documentation is extensive and detailed, and an online help feature is available.

## System Description

### Intake

The intake process involves entering limited personal information about the client, including name, race and ethnicity, identification numbers, two contact telephone numbers, an address, and so forth. (Users can add, modify, and store additional addresses subsequent to intake.) Users can access the Intake screen from any computer on the HATTS network. The application automatically records the location, user's name, time, and referral source. HATTS creates a unique system identification number for the client, which consists of the client's gender, birth date, Social Security number (last four digits), and last name (first two letters of the last name).

### Assessment

Users complete client assessments in HATTS by using a number of built-in standardized instruments developed by third parties. These instruments are available in paper format; the developers then automate them for products that are in the public domain. If a product is not in the public domain, these instruments can be purchased for use as a module that can be integrated with the rest of the application. The assessment instruments in HATTS can be reproduced on screen or paper.

The assessment instruments are treated as distinct parts of the system. For the most part, they do not share information among themselves or with other HATTS modules; generally, assessment data are neither



updated through nor exchanged with other parts of the system. Consequently, the same or similar questions may be asked in a module and in several instruments. This requires users to enter repetitive information. Limited assessment data are linked to the needs assessment and referral process and included in State reporting as required. Assessment data may be shared electronically with other agencies by consent.

#### **Assessment Instruments in HATTS**

- Addictions Severity Index (ASI).
- Brief Psychiatric Rating Scale–Modified (BPRS–M).
- Client Assessment Instrument (CAI).
- Diagnostic and Statistical Manual of Mental Disorders–Fourth Edition (DSM–IV).
- Global Assessment Functioning Scale (GAF).
- HIV Risk Assessment (HIV).
- Medical Evaluation Checklist–Emergency (MECE).
- Medical Evaluation Checklist–Nonemergency (MECN).
- Quality of Life Questionnaire (QOL).
- Readiness to Change Questionnaire (RTC).

#### **Substance Abuse**

CAI and ASI allow users to undertake extensive and intensive assessments of the type and frequency of client drug use. HATTS handles the assessment function and tracks the client’s substance abuse treatment while under supervision very well.

#### **Mental Health**

The CAI, ASI, and BPRS–M instruments contain sections that record current and

past mental health information about clients. HATTS also records DSM–IV classifications.

#### **Psychological/Social History**

CAI, ASI, QOL, and RTC collect psychological and social history data.

#### **Medical**

CAI, ASI, HIV, MECE, and MECN collect information about current and past physical health.

#### **Criminal Information**

ASI and CAI collect extensive self-reported criminal history information for assessment purposes.

#### **Education**

ASI and CAI collect extensive educational history information.

#### **Capability To Add Assessment Instruments**

Additional assessment instruments can be added to HATTS, enabling jurisdictions to add their own locally developed instruments.

#### **Client Information**

##### **Identifiers**

As previously mentioned, following intake, HATTS creates a unique client identifier based on the client’s gender, birth date, Social Security number (last four digits), and last name (first two letters). Specific client data include name, birth date, Social Security number, alias, and alternate number.

##### **Search Parameters**

Users can locate a record in HATTS by using the client’s name, alias, and alternate number. Clients cannot be located or identified by any other search parameters, such as date of entry, other events, or physical description.

**Aliases**

The system collects aliases and alternate numbers; however, to be used as a search parameter, the user must specify whether the search is on an alternate number or an alias.

**Addresses**

The address format comprises fields for street address, city, State, ZIP Code and extension, and two telephone numbers. Users can record only one address per client at intake. Users cannot record previous or alternative addresses at intake, but can record these later. The database tracks the dates on which these changes are made.

**Other Contacts**

Users must enter other contacts' information in a free-form notes format. Family and significant others are not recorded separately in the database.

**Employment**

HATTS does not capture information about the client's past and current employment, such as employer name, address, supervisor, telephone numbers, or job description. This type of information is helpful for criminal or treatment case managers who supervise clients living in the community. The assessment instruments capture extensive general information about employment history, but this information is not shared with other parts of the system.

**Financial Information**

HATTS does not collect or make available for case management purposes specific financial information about the client, including salary, property, real estate, or legal and financial obligations such as child support. Although salary information is collected during the assessment process, this information is not available for case management purposes.

**Education**

ASI and CAI collect historical information during the assessment process, but do not collect much information about the client's education that could be made available for case management purposes (such as school the client is currently attending, address, and contact persons). In terms of collected client education data, it would be preferable to allow users to change the details during the period of supervision and maintain historical records.

**Criminal History**

The screen that collects information about the client's criminal history captures data generally used in assessments, such as age at first arrest and number of convictions. CAI and ASI also collect extensive criminal information in an assessment format. The system does not provide a way for users to list specific past criminal events (including associated dates, locations, and charges) often needed for case management purposes. A criminal justice supervisor may need the specifics of a client's criminal history, such as jurisdiction and probation officer's name, and so forth. This is the type of information that is not captured during the assessment process.

**Case Management****Provider/Treatment**

Treatment agencies can access HATTS remotely by telephone. The application's treatment case management capability is thorough and allows multiple agencies to work with a client. HATTS allows recording of and access to events at two levels of management:

- 1. Treatment agency manager.** Agency managers can access information about events involving their agency and other information that they are authorized to see, such as drug tests.

**2. Case manager.** The case manager can access information about all treatment agency events.

### **Referral**

HATTS includes an automated provider referral process as a part of the Assessment module. Staff completes a checklist of needs and categorizes each as either primary or secondary. Assessment instruments link partial data with specific responses in the needs-assessment checklist. Wide-ranging fields include vocation/education, medical, legal, social, mental health, and counseling services. Users can enter additional criteria, such as gender-specific needs, adult/juvenile classification, treatment modality, county, and State. The system matches client needs to provider services and issues a list of suitable providers based on the percentage of the client's needs that each provider can meet. Staff can also select a provider manually by entering nonautomated criteria.

Staff may use the system to set an appointment with the provider or place clients on a waiting list. The system automatically notifies the provider of the appointment. Staff may set appointments with many providers at one time and may also set appointments directly with outside providers and other units within their agency without using the Assessment module.

### **Consents or Releases of Information**

HATTS is carefully designed to ensure that information is not released or made available unless the proper client consents have been obtained. The referring agency must approve any information release and consent to the release of specific information to another agency as a part of the referral/appointment process, such as

- ASI.
- CAI, intake.
- Assessment/needs/admission.

- Discharge/case history.
- Client summary details.
- Case management/sanctions/progress/probation/drug testing.

A participating provider agency may request specific client records from another provider agency using HATTS and must use the consent process for authorization to access records. The system allows an agency to accept another agency's declaration that a client has signed a consent form and it is on file, but an agency may choose not to authorize access until it receives a signed release.

### **Court**

HATTS does not contain a court case management module. Users may record free-form notes in one of the other management areas such as criminal justice or treatment. The system has no set method for tracking court docket(s), bond issues, or case events; the name of the judge, prosecutor, or defense counsel; or other case-related issues and events.

### **Criminal Justice Case-Leveling and Community Management**

Supervision-tracking screens allow criminal case managers to monitor what has occurred in a client's case. Supervision case-leveling screens provide these managers with the ability to define what types of contacts and field work are required on a case and how frequently these contacts should occur. Neither set of screens, however, enables staff to schedule future events or to be alerted when an event does or does not occur. HATTS allows users to select various types of actual contacts or events from a list. These can be modified from one jurisdiction to the next. Users can enter narrative information, which basically involves writing notes online. The system automatically records information such as date, time, and counselor name

based on who is signed on to the system at a given time.

HATTS allows a jurisdiction to establish different sets of requirements for each level of supervision. An example would be the various kinds of contacts and the number that the case manager or client are required to complete. This might include the need to verify the client's employment and to document that finding in the system.

### **Other Referrals**

In addition to making direct referrals to all agencies that use the HATTS network, criminal case supervisors can record referrals made for other services listed in HATTS, such as vocational training, counseling, and life skills. They can also record the source of the referral. HATTS does not list the actual providers or their services, nor does it automatically match needs to providers outside the HATTS network. There is no apparent sharing of data between this function and those in the treatment case management portion of HATTS.

### **Criminal History**

The Criminal History screen captures data on the client's current charges and a criminal history summary.

### **Graduated Sanctions**

The Graduated Sanctions module requires the responsible case manager to record each supervision/treatment violation and identify the action taken in response. A summary screen presents all violations/responses for each client. The user selects from a list of violations, and then picks from the list of possible sanctions. This is not limited to the criminal supervision module and underscores the Washington/Baltimore HIDTA philosophy that every violation requires sharing information to elicit a possible response from multiple agencies and that responses should be coordinated

and incrementally more severe if and when additional violations occur.

### **Drug Test Management**

DTMS allows users to enter data and track drug tests manually or automatically. In some jurisdictions within the Washington/Baltimore area, the process is fully automated. Each urine sample is barcoded, and test results are automatically entered into the case management software. All drug test results are available in the system in a summary format that identifies the tests that were performed and the results.

### **Operations Management Information**

#### **Reports**

HATTS offers a wide variety of report formats about individuals, counselor caseloads, agency caseloads, and the like. Almost all summary screens throughout the system can be printed in hard copy. Some examples are

- Active cases by site and counselor.
- Case history: lists all treatment events by client by provider.
- ASI narrative.
- Consent overrides: lists all consent overrides.
- Referral management: lists clients referred to a treatment provider.
- Supervision level: lists supervision levels for a specific client.
- Client information: reports detailed information about a specific client.

HATTS prepares online and hard copies of each assessment instrument: ASI, CAI, BPRS-M, DSM-IV, GAF, HIV, MECE, MECN, QOL, and RTC. It offers a list of specially prepared reports for different States and

localities, and many reports can be downloaded for more manipulation.

### **Ad Hoc Reports**

HATTS includes a feature for agencies and jurisdictions to export their data to a local computer. Jurisdictions can then use other commercially available software, such as Crystal Reports, to rework information from the database and create ad hoc reports for a variety of purposes.

### **Evaluation and Research Information**

The system is designed to collect information for use in research. The system administrators at the University of Maryland are especially cognizant of this need. Staff may use commercially available applications, such as SAS and SPSS, to analyze data stored in the database.

### **Navigation and User Tool Screens**

Navigation is intuitive; it takes little training for users to become comfortable with the system. The system makes extensive use of “summary” screens that allow users to see an overview of activities or events but also access details. A number of “tool” screens, such as the Client Summary screen, provide the user with access to client information screens, including

- Appointments.
- Significant Events Summary.
- Drug Review.
- Treatment Tracking.
- Case Management.
- Graduated Sanctions.
- Instant Arrest History.
- Admission.

- Discharge.
- Assessment.
- Needs Matching.
- Client Details.

### **Drug Court Role Screens**

**Court**  
The system is not designed to track court appearances other than in the most general way. Users can record court event details in a Notes section, but there are no fields to collect information about the disposition of the court appearance, charge, or case. Future appearance dates cannot be scheduled, and the system cannot be set to automatically notify staff about upcoming events.

The system has no screens designed specifically for criminal justice roles, such as judge, prosecutor, and defense counsel. However, the available screens can serve some of those functions. For example, summary case management, treatment, drug testing, and supervision screens can be used to follow each client’s progress. The Client Case Management screen is a door to all other information.

#### **Treatment Case Manager**

The system offers screens that enable users to view the client’s treatment progress. These screens offer users the ability to complete an assessment and automatically select an appropriate treatment provider from a list of service agencies that meet the client’s needs. Setting appointments is a separate process, however.

#### **Supervision Case Manager**

This module captures data on different supervision contacts and allows the supervision case manager to record, but not to schedule, events. The module also enables the case manager to record referrals separate and apart from the Treatment module.

## Speed

The system is slow when transmitting across regular telephone lines. This is attributable, in part, to a database security design that ensures that each request for information is allowable under the authorized consents that have been executed by the participating agencies and clients.

## Security

Database security is designed to ensure that no information is passed from one user to another without proper authorization. This level of security may be diminished when the system is accessed on an independent network external to the Washington/Baltimore HIDTA central database.

## Portability

Several jurisdictions in Virginia use HATTS on separate servers not connected to the central database operated by the University of Maryland. Some of these are on networks and at least one is on a stand-alone computer. In addition, drug courts in Kansas City, Missouri, and Key West, Florida, are each operating HATTS as a separate system.

## Other Jurisdictions Using HATTS

One or more agencies use the application in the Virginia counties of Fairfax, Alexandria, and Prince William. Several Maryland State agencies, Maryland counties (including Montgomery, Charles, Howard, and Prince George's), and the city of Baltimore also use the system. The District of Columbia is a user. The system has been adapted by drug courts in Missouri and Florida.

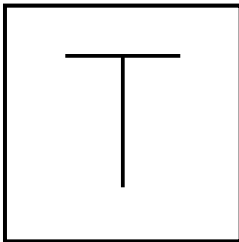
## Ongoing Development

Similar to the other systems discussed in this report, the Washington/Baltimore HATTS is a work in progress. Recent enhancements include

- A billing module.
- Expanded administrative reporting.
- Extensive inclusion of notes fields.
- An administrative oversight module being developed for State agencies.
- A juvenile system under development.

## IV.

# Brooklyn Treatment Court: Treatment Application



The Brooklyn Treatment Court (BTC) uses a custom information system called

the Treatment Application (TA). It was created and continues to be supported by the New York City-based Center for Court Innovation (CCI), in partnership with the New York State Unified Court System. The design of TA is an outgrowth of CCI's work that produced the award-winning technology used by the Manhattan Midtown Community Court (MMCC).

MMCC and BTC, though marked innovations in justice processing, have very different missions. MMCC's jurisdiction is limited to misdemeanors and relatively minor violations. Processing calls for quickly collecting a wide range of information, getting it before the judge, and quickly moving the defendant through the justice system. Emphasis is placed on immediate imposition of community-based treatment referral and community service as punishment.

BTC, in contrast, has jurisdiction over both felony and misdemeanor charges. It aims to quickly screen for program eligibility. Subsequent processing and verification of information is far more detailed. The focus is on a full psychosocial assessment to determine drug and alcohol treatment, health, housing, education, and employment needs and to provide a structure that helps meet those needs. The system closely tracks the client's progress while enrolled in one or more treatment programs.

Under the aegis of the New York State Office of Court Administration (OCA), TA has become the basis for standardized information collection and reporting by drug courts throughout the State. This is an ongoing process requiring consultation with each site and software modification. It is anticipated that eventually 30 or more drug courts will be using TA with minor variations. Outside New York State, TA has been operating in Birmingham, Alabama, since 1998, and in Philadelphia, Pennsylvania, since 2000.

A virtual tour of TA is available on the Drug Court Technology Web site (developed by CCI) at [www.drugcourttch.org/tours\\_1\\_2js.html](http://www.drugcourttch.org/tours_1_2js.html).

## **Acquisition Requirements and Costs**

CCI, in cooperation with the Fund for the City of New York, controls dissemination of TA. BTC software is publicly funded, and the source code is available to interested jurisdictions. OCA distributes a modified version of the software throughout New York State for use by drug courts.

TA is a complex, custom-made, client-server system. Implementation and support requires experienced and skilled technology staff. Any jurisdiction planning to implement the system should prepare a thorough analysis of its operation and available resources before beginning to modify the system. This should be followed by an implementation plan. CCI is available to assist with developing an understanding of the system or simply to provide a tour of its operation.

## **Contact Information**

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Fax: (212) 397-0985

## **Basic System Elements**

### **Operating System**

TA runs on Windows NT. It is designed to be deployed on either local- or wide-area networks. In BTC, it runs on Digital Alpha hardware and the UNIX operating system.

### **User Interface**

TA is coded in PowerBuilder 6.5 and is a 32-bit application.

### **Database**

The TA database is Sybase System 11. The application can operate on any SQL-compliant database management system.

### **Access**

TA has a large central database, which is designed with a focus on security and data protection. BTC is beginning to experiment with providing treatment providers with dial-up access to the system. Although it currently has dial-up capabilities, the system operates better through a more direct means of connection.

## **Basic Modules**

### **Assessment**

This module provides a custom clinical screening instrument that assists staff in determining the client's level of risk and needs.

### **Monitoring**

This module tracks client compliance with court-ordered obligations, such as treatment and drug testing.

### **Court**

This module tracks court dates and calendar parts. It provides a case lookup/search function by these variables.

### **System Administration**

This module contains TA's administrative functions, such as entering and deleting users, establishing security levels, entering new providers and codes, and changing "treatment band" requirements.



## Documentation

TA lacks a basic training manual for users. However, the database is well documented.

## System Description

### Intake

TA has a central intake function that can be used from any station in the system. The system automatically identifies the staff person recording the intake, the date and time, and other factors. The system is designed to receive referrals from many sources; this information is included in the demographic section of the assessment.

### Assessment

TA includes a custom, comprehensive assessment function that is typically completed by staff case managers but can be completed by anyone with access to the system. The assessment has approximately 20 screens, including

- Demographics.
- Residence.
- Identifications.
- Education.
- Family.
- Children.
- Family Court.
- Employment.
- Physical Health.
- Mental Health.
- Hospitalization.
- Medication.
- HIV.
- Substance Use.

- Treatment History.
- Treatment Barriers.
- Abuse.
- Service Needs.
- Criminal.
- Impressions.

The assessment yields two results. First, it helps staff place clients into *treatment bands* that have set supervision and treatment requirements at each level. All BTC clients have the same supervision requirements for the first 30 days; afterward, they are placed in their respective treatment bands based on the assessment. Although the requirements for each band are set in the system, they can be changed by a system administrator. There are four variables for each treatment band:

- Frequency of urine testing.
- Frequency of program attendance.
- Frequency of court appearances.
- Frequency of case management meetings.

The second result of the assessment is the selection of a treatment provider. The system helps determine the appropriate treatment provider based on the psychosocial assessment, treatment modality recommendation, client address, and other factors.

### Substance Abuse

The assessment function includes a comprehensive set of questions on client drug use and history as well as related health questions and identification of treatment barriers.

### Mental Health

The assessment includes a separate section on mental health. It provides a comprehensive screening tool and allows recording of diagnoses.

### **Psychological/Social History**

TA does not have a single psychosocial assessment; however, it provides for a comprehensive overview of the client and can identify most provider needs. In addition, the system offers separate sections on Family and Social Situation and Children.

### **Medical**

The system offers a medical screening that includes a Trauma section, which identifies severe negative experiences that have occurred in a client's life. This section also captures basic insurance company information.

### **Criminal Information**

TA contains criminal history information downloaded from New York State's criminal records repository, the Division of Criminal Justice Services. The criminal history information is downloaded as narrative and is not available as data that can be used in other parts of the system. The technical ability, policies, and statutory authority regarding online updating of criminal history information to a local drug court information system vary widely across the country. Many States prohibit sharing this information, either through secondary dissemination or by providing access to treatment providers and other agencies outside the criminal justice system.

TA includes a Criminal History Summary screen that records information such as the client's total number of arrests, drug arrests, misdemeanor and felony convictions, drug convictions, and probation and parole information. Case managers input this information.

### **Education**

The system collects a limited amount of data about the client's level of education and vocational education.

### **Capability To Add Assessment Instruments**

In addition to the built-in assessment tool, separate instruments can be used to conduct assessments. TA does not contain any fields that record the results of these other assessment instruments, but users can record results in narrative note fields.

### **Client Information**

#### **Identifiers**

TA has a Client Identification screen and a regular Demographic screen. The two screens cover a wide range of client identifiers, including one set of aliases. Other identifiers include Social Security, Medicaid, passport, green card, and driver's license numbers as well as military history (the "dd214" form), employment history, and birth certificate.

#### **Search Parameters**

Users can search for a client by name and case numbers but cannot use combinations of these elements as search parameters. No other parameters are allowed, such as date of entry or other events that can be used to identify a client. The system does not allow searching on physical descriptions because that information is not collected.

#### **Aliases**

TA collects alias information for first, middle, and last names only. The system can search on those names.

#### **Addresses**

TA collects three addresses: the client's residential address, the client's mailing address, and a contact address. Multiple addresses cannot be added as a client moves from one place to the next while under supervision; users must instead record over existing information.

Addresses are kept in full format with fields for address, apartment, city, State, ZIP Code

and extension, and two telephone numbers. The database can mark the date of changes and can keep changed address information, but this function is not readily available to users.

#### **Other Contacts**

TA has fields for one additional contact and a contact person at the current address. Additional contacts can be entered only in note format. Family and significant others are not recorded separately in the database.

#### **Employment**

A separate screen collects current employment data that are useful for case management in the community (company name, address, telephone number, supervisor, and so forth). The screen also collects a few other data elements, including the longest duration of employment and income for the past year. The system does not collect past employment information, nor does it retain or retrieve details about client employment changes that occur while under supervision.

#### **Financial Information**

TA collects only a few basic data elements regarding the client's finances, including primary means of support, nonsalary earnings, and government assistance. More detailed financial information, such as property, real estate, and legal and financial obligations, is not collected for case management purposes. The latter information is used to develop financial plans and budgets with clients to help them pay their legal obligations, such as restitution, fines, and court costs. This information helps determine the client's eligibility for representation by the public defender and for many other government assistance programs. For example, eligibility is a key to BTC funding of onsite social services.

## **Case Management**

### **Provider/Treatment**

Treatment case management is carefully designed into TA, and BTC staff have access to all treatment agency events. The system has two levels of treatment monitoring corresponding to the following treatment scenarios:

1. **Treatment provided by treatment agencies.** Before client court dates, BTC case managers enter treatment information into the system after contacting the treatment agency to obtain compliance information. BTC intends to enable treatment agencies to access and update system information from their own sites.
2. **Onsite treatment provided by BTC.** BTC case managers enter treatment information, such as visits to the case manager, acupuncturist sessions, medical assistance, and other treatments occurring in the court building, at the time an event occurs.

### **Referrals**

TA includes a provider-referral process that is based on the assessment. The system automatically shows the case manager a list of providers based on the percentage of the client's needs that each can meet. This online Rolodex contains more than 100 providers. Staff can also select a program manually using nonautomated criteria.

### **Consents or Releases of Information**

The database is designed to ensure that treatment information disclosure is consistent with signed consent authorizations.

### **Court**

The court case management section is used primarily within the courtroom. It records case number, date, court division, and notes. TA can track cases by date. Operation is independent of the automated

statewide OCA system, which downloads limited information into TA. TA does not record details such as current arrest and charges or name of defense counsel or prosecutor, although users can enter this information in the notes.

### **Case Management in the Community (Compliance Tracking)**

An overall Compliance screen identifies the completion status of all court requirements and activities, including drug tests. A Summary screen summarizes almost all aspects of the client's personal situation and status: criminal history, housing, employment, education, drug use history, band level, treatment program, and compliance and treatment events. The system records this information extremely well and provides some attractive supervision monitoring screens that all system users can use. TA enables the case manager to enter data efficiently and allows all users to immediately obtain summary views of a client's performance in meeting court-ordered requirements.

Although TA allows staff to record both onsite and offsite activities, it does not allow staff to schedule a wide variety of criminal justice-related appointments. For example, TA does not have a calendar for tracking office visits, home visits, payments of different kinds, community service, or other events. Without the capability to track these events, the system cannot alert the case manager when activities fail to occur.

### **Drug Test Management**

TA records drug tests and presents the data in a very attractive and effective manner. Through the use of color-coding and intuitive screen designs, the screen quickly informs users how well clients are doing.

The system is not yet fully automated for capturing drug test results. Drug tests are conducted onsite. Staff enter all information regarding the test and its results. Were another jurisdiction to adopt TA, it is possible that drug test results could be automatically updated in the database.

### **Operations Management Information**

#### **Reports**

TA can generate a hard copy of the assessment and other documents. In terms of management information, however, no programmed reports are readily available. BTC research staff prepare specialized reports as necessary.

#### **Ad Hoc Reports**

TA offers a great deal of flexibility in creating reports but requires skilled staff to realize this benefit. A jurisdiction may choose to format its own reports, which can be created as needed by programmers competent in the use of PowerBuilder or knowledgeable in third-party software tools such as Crystal Reports.

### **Evaluation and Research Information**

Information is readily accessible using fairly common programmer tools. TA has very few preformatted reports. BTC has a highly qualified staff person who prepares reports as needed.

BTC has an advantage in New York State because client rap sheets can be downloaded from the State's criminal history records repository as a narrative document. The document does not provide the information in separate data elements, but there are tools that can cull the specific data from the narrative.

## Navigation and User Tool Screens

Navigation between screens is intuitive. Extensive training is not needed to begin to enter or retrieve data. TA uses summary screens that allow users to see an overview of activities and events. These screens are designed so that staff can look at a larger picture and immediately access details in any specific area of interest, such as court appearances or drug tests.

## Drug Court Role Screens

TA has several screens that drug court team members can use. The system's summary screens present "big picture" information and allow quick access to detail screens such as Compliance, Treatment Programs, Rap Sheet, and Appearance. Users can record details about court events in a Notes section. However, the system lacks fields for entering court data (for example, disposition of client appearances, charges, or cases); consequently, this information is not searchable. Future court dates cannot be scheduled or set to inform staff about an upcoming event.

## Treatment Case Manager

TA offers very good screens for viewing the client's treatment progress. Ease of use is often a matter of user preferences, but providers will likely find the BTC design of TA's screens pleasing. The system has a built-in capability for automatically selecting a provider from a list of service providers that meet the client's needs, as determined by the assessment.

## Supervision Case Manager

TA enables the supervision case manager to record referrals separately from those recorded in the treatment function. It allows for events to be recorded but not scheduled. Consequently, it cannot alert staff about obligations the client failed to complete.

## Assessment

The system uses a built-in assessment instrument that shares information with the rest of the application.

## Speed

Indicators suggest that the system performs adequately for its users associated with BTC.

## Security

The database security is designed to limit information access to authorized users, as dictated by consent agreements.

## Portability

Other jurisdictions considering adapting TA should carefully analyze it first. The system should require training for prospective users and, most importantly, technical support staff. A technical assistance agreement with CCI is advisable. The software requires special skills and resources to operate and revise. Many drug courts do not have ready access to the kinds of assets necessary to operate and maintain TA.

It is not clear how portable the software is outside New York State. In 1998, TA was exported to Birmingham, Alabama, to support the Break the Cycle Programs. A considerable amount of investment to redesign the system was necessary before it could be implemented. Subsequently, the Philadelphia Drug Court put TA into operation.

## Other Jurisdictions Using TA

The New York State OCA intends to provide all drug courts in the State with access to a modified version of TA to accommodate local needs. At least 14 drug courts are currently using TA in New York State. OCA will provide ongoing support and maintenance. A variation of TA is in

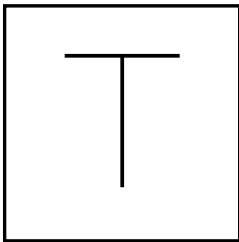
operation in Birmingham, Alabama, in conjunction with the Break the Cycle initiative, and in the Philadelphia, Pennsylvania, drug court.

### **Ongoing Development**

Like other software applications examined in this report, TA is a work in progress.

## V.

# South Florida High Intensity Drug Trafficking Area: Treatment Automated Referral System and Judicial Access Management System



The South Florida HIDTA's MIS was developed under contract by a commercial vendor to

track, quantify, and evaluate the effectiveness of drug treatment services. Subsequently, a coalition of State and local providers formed TARSJAMS.ORG, a nonprofit corporation to administer the system. The coalition hired MANTECH, Inc., to provide day-to-day technical support. Substantial financial support to operate the system is now provided by the Florida Department of Children and Family Services.

The software is actually two separate applications: the Treatment Automated Referral System (TARS) and the Judicial Access Management System (JAMS). TARS is the older and more completely developed of the two. JAMS, a newer addition, was implemented primarily to serve the Broward County Drug Court and more recently the Miami-Dade Drug Court.

TARS is an automated system designed for client intake and assessment as well as

automatic matching of treatment providers and clients based on patient needs and provider services. TARS allows some case tracking of the client and contains several assessment instruments: ASI, CAI, and the American Society of Addictions Medicine Supplemental Instrument (ASAM).

JAMS provides a criminal justice component. It allows for users to enter basic docket, court case, demographic, and client background information, and it enables case tracking of past supervision events. Users may also enter notes from judges, treatment counselors, the State's attorney, the public defender, and the State Department of Corrections.

In addition to the two drug courts in south Florida, more than 30 treatment providers, spanning approximately 60 sites, use the system.

A virtual tour of the South Florida HIDTA system is available on the Drug Court Technology Web site (developed by CCI) at [www.drugcourtech.org/tours\\_1\\_5.html](http://www.drugcourtech.org/tours_1_5.html).

## **Acquisition Requirements and Costs**

The TARSJAMS.ORG coalition controls any future development and dissemination of the software applications. All user agencies access the system on a central server. MANTECH personnel maintain the database and the software.

Jurisdictions may be permitted by TARSJAMS.ORG to acquire and operate the software as a system independent of the central server. Because the applications are complex, it is likely that initial technical installation support and training would be required. Any jurisdiction contemplating implementing the application(s) should prepare a requirements analysis to identify modifications necessary to tailor TARS/JAMS to local needs. This should be followed with an implementation plan and detailed coordination with MANTECH personnel.

Using this software outside the South Florida HIDTA network requires Microsoft SQL Server database management skills and Visual Basic programming services. In most cases, jurisdictions using the South Florida HIDTA system on their own server will also need a network manager.

## **Contact Information**

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## **Basic System Elements**

### **Operating System**

The application runs on Microsoft Windows 95/98 or NT.

### **User Interface**

The South Florida HIDTA system is written in Microsoft Visual Basic 5.0, a Windows-based, 32-bit, client-server software that has few limitations in terms of its generic capability. Microsoft Visual Basic 5.0 can be used for both small-scale and large applications and can operate on a single stand-alone computer or on local- and wide-area (LAN/WAN) networks.

### **Database**

The database is Microsoft SQL Server, a complex database that requires higher and more sophisticated levels of maintenance than smaller, less powerful databases. Jurisdictions adopting the South Florida HIDTA system will require the services of a database manager unless the jurisdiction is tied to the HIDTA network or other networks providing these services. Microsoft's SQL Server and Visual Basic are designed to work together.

### **Access**

TARSJAMS.ORG maintains a large central database that supports many jurisdictions. Access to data is restricted to authorized entities and consistent with executed consent agreements. Providers use different forms of LAN/WAN connections or use dial-up capabilities. Approximately 30 treatment providers spanning more than 60 sites are TARS users.



**Basic Modules: TARS****Intake**

This module is used to enter defendants into the database as either program candidates or treatment clients. Intake creates a unique client identification number.

**Assessment**

This module screens and evaluates client risks and needs using one of three assessment instruments associated with the application.

**Referrals to Providers**

This module aids staff in referring clients to appropriate provider organizations.

**Case Management**

This module tracks treatment requirements and activities.

**Provider Services**

This module collects and provides information about the different treatment providers.

**Drug Analysis Processing System**

This module tracks client drug tests.

**Billing**

This adaptable module offers sophisticated billing capabilities designed to meet the needs of Florida-based providers.

**State and Local Reporting**

This module provides preprogrammed reports on treatment services.

**System Administration**

This module is used to administer and maintain the application. The system administrator can enter and delete users, add and delete new treatment providers, and establish or change user security levels, among other tasks.

**Utilization Management**

This module was created at the request of a user to manage the care and services provided to clients.

**Basic Modules: JAMS****Docket**

This module is used for tracking cases by date.

**Pretrial**

This module provides intake functions for the drug court. It allows pretrial services staff to enter defendants into the system.

**Treatment**

This module records information about client attendance at treatment sessions and tracks urinalyses.

**Department of Corrections (Probation)**

This module tracks client attendance at appointments and scheduled urinalyses, including missed appointments.

**Judges Screen**

This overview screen provides information for the use of drug court judges.

**Reports**

This module provides preprogrammed reports regarding drug court activities.

**Documentation**

A thorough training manual is available. Quick reference guides are available for TARS, JAMS, and the Utilization Management module.

**System Description****Intake**

TARS and JAMS have separate intake processes, as the two systems operate independently, but data entered in one application are available through the other. Both applications are accessible from any station in the system. TARS records the location, staff person's name, and date and time of the intake. It also collects referral source information. Both employ the same unique identification number scheme

consisting of the client's gender, birth date, Social Security number (last four digits), and last name (first two letters). Intake involves entering a small amount of personal information, including name, race, ethnicity, identification numbers, two telephone contact numbers, and an address.

### **Assessment**

Users complete assessments in TARS by using commercially available instruments that State or local oversight agencies have approved. TARS has three assessment tools, which are completed separately, and assessment data are not exchanged with other parts of the application. For example, the same or similar questions may be asked in a TARS module and an assessment instrument. This requires repetitive data entry on the part of users.

The following assessment instruments are used in TARS and JAMS:

#### **Addictions Severity Index**

ASI assesses and scores the following client areas: medical, employment, alcohol, drug, legal, family/social, and psychiatric well-being.

#### **Client Assessment Instrument**

CAI collects and provides client information about substance abuse history, treatment history, education, employment, military service, criminal history, family composition, living arrangements, physical and mental health, case summary, and impressions.

#### **American Society of Addiction Medicine**

ASAM facilitates patient placement for the treatment of substance-related disorders.

#### **Substance Abuse**

CAI, ASI, and ASAM provide extensive and intensive assessments of substance use.

#### **Mental Health**

CAI and ASI contain sections focusing on current and past mental health, including past treatment and other information.

#### **Psychological/Social History**

CAI and ASI provide a psychological-social history and assessment. They include overviews of client background, which lead to an assessment of client degrees of risk and needs in many categories, such as education, employment, and level of danger to self and others.

#### **Medical**

CAI and ASI contain data on the client's current and past physical health.

#### **Criminal Information**

ASI and CAI collect general criminal history information. Neither, however, collects specific criminal history events, such as individual charges, location, dispositions, and sentences.

#### **Education**

ASI and CAI collect extensive education history information.

#### **Capability To Add Assessment Instruments**

The application is written in a well-known software development language. It is possible for jurisdictions to add assessment instruments.

#### **Billing**

TARS has a sophisticated billing system, which providers can use to bill different entities.

#### **Client Information Identifiers**

- Client ID (unique identifier constructed from intake data).
- Birth date.
- Social Security number.

- First name, last name.
- Alias.
- Fingerprint ID number.
- Judge.

#### **Search Parameters**

Users can search by combinations of the following elements:

##### JAMS Search Parameters

- Client ID.
- Names: last or first.
- Social Security number.
- Case number.
- Defendant number.
- Next appearance date.
- Docket number.
- Fingerprint ID number.
- Judge.

##### TARS Search Parameters

- Client ID.
- Names: last or first.
- Social Security number.
- Reports allow selecting clients by various criteria.

There are no other parameters, such as date of entry or other events that can be used to identify a client. The system does not allow searching based on physical descriptions, although a basic physical description is collected in JAMS.

#### **Aliases**

JAMS collects some alias information, and the application can search on those names. TARS does not collect aliases.

#### **Addresses**

The address fields include city, State, ZIP Code, and telephone number and extension. Users can record only one address, although users can update address information to reflect changes. Users cannot record previous or alternative addresses, such as a mailing address. The database marks the date any changes are made and keeps changed address information on file, but it is not available to users without the help of a programmer.

#### **Other Contacts**

TARS does not include information about other contacts. JAMS collects this information through a screen that captures multiple other contacts, including fields for names, addresses, telephone numbers, and each contact's relationship to the client.

#### **Employment**

TARS captures the type of employment information used to assess a client, such as employment periods, employment history, and skills. JAMS captures detailed information about the client's current employment, for example, employer name and address, supervisor, telephone numbers, job title, and more. This information is needed for criminal justice case management (supervising clients in the community).

#### **Financial Information**

The assessment instruments capture extensive general information about the client's current financial circumstances for assessment purposes. Specific financial information, such as client property, real estate, and legal and financial obligations, is not collected for case management purposes.

#### **Education**

ASI and CAI collect historical education data for assessment purposes, but for those clients that attend school, neither TARS nor JAMS collects much education information for case management purposes.

**Criminal History**

CAI and ASI collect extensive general criminal history information for assessment purposes. They do not provide a list of specific past criminal events, such as locations, dates, charges, and so forth, which are often needed for case management purposes.

**Case Management****Provider/Treatment**

The treatment case management functions in TARS are thorough and allow multiple agencies to work with a client when there is a referral from one agency to another. The application has a section for provider case management that allows case managers to record various treatment events. A summary screen shows all events. Treatment agency case managers can only enter, update, or view information about events involving their agency and other information they are permitted to access, such as drug tests.

TARS has screens that allow the case manager to track treatment notes and create a treatment plan that records goals and objectives by program phase.

**Referral (Needs Matching)**

TARS includes an automated provider referral feature. Users can enter specific information about a client's service needs and other limiting criteria, such as county of residence. Wide-ranging services information includes vocational/educational, medical, legal, social, mental health, and counseling services. The system matches client needs and criteria to provider services and presents a list of those providers that best suit the client. Users can enter additional criteria, such as gender-specific needs, juvenile status, treatment modality, and location. The system then displays a list of providers based on the percentage of the client's needs that each can meet.

Users can also select a program manually based on nonautomated criteria.

Assessment instruments do not share data with the needs-assessment checklist. Staff complete the checklist separately, at which time the matching of provider services and client needs can take place. Staff may use the system to set appointments with providers or to put clients on waiting lists, and the system can notify the provider of the referral. The referral system also allows the intake person to know what treatment space or beds are available with each provider. (Each bed in the inventory has a numeric identifier that is used when a bed is reserved.) The application also has a waiting-list analysis function that informs referral staff of clients who are on the waiting list for a given provider and the average wait time.

**Consents or Releases of Information**

The TARS/JAMS applications allow more than one agency to work with a particular client; however, releases of information are separate from the application process. The first provider must issue a referral to the second agency. It is assumed that when an agency provides a referral to another, authorization to share information has been given.

**Court**

JAMS is the court and criminal justice part of the system. Staff can track cases, check the docket, and follow a case from inception through disposition. JAMS is designed not to supplant a traditional court management system but to integrate court data with treatment and supervision data into one system. Jurisdictions can transfer information between JAMS and a court system several ways. The application records information such as arrest number, case number, docket number, and next appearance date. The JAMS Case Detail screen includes some basic arrest information:

case and docket number, judge, and defense attorney and prosecutor, along with the date of the initial appearance. A Status Conference screen updates the cases and records each court event. JAMS has a Disposition screen through which users can record many elements of the case disposition and sentence.

### **Case Management in the Community**

The Probation section of JAMS names the probation officer and tracks drug tests and attendance in a summary fashion.

### **Other Referrals**

The TARS application provides a function through which counselors can refer clients for nontreatment services, such as housing, employment, or legal services.

### **Criminal History**

Case history screens record the client's current offense(s) and as many previous cases as a jurisdiction chooses to enter.

### **Drug Test Management**

The Drug Analysis Processing System (DAPS) is a separate system that is integrated into TARS. Users can enter data and then track the data manually or automatically. The system also allows users to set and track appointments. The application can track the urine specimens (in batch) to ensure the chain of custody, and the results are provided in DAPS and TARS screens in both detailed and summary formats.

### **Operations Management Information**

#### **Reports**

TARS provides a variety of preformatted reports, including

- Active Caseload.
- ASI Forms.

- CAI Narrative.
- Case History.
- Case Inactivity.
- Client Needs.
- Client Roster.
- Counselor Caseload.
- Daily Residential Census.
- Cases by Source of Referral.
- Treatment Referrals by Modality.
- Provider Discharge.
- Referral Directions.
- Waiting List.
- Provider Admission.

TARS/JAMS prepares online and hard copies of both ASI and CAI evaluations. Specially prepared reports are available for different localities, and many reports can be downloaded for user alteration, if needed.

### **Ad Hoc Reports**

Jurisdictions that implement the South Florida HIDTA system may opt to use other commercially available reporting programs, such as Crystal Reports, to create customized, ad hoc reports.

### **Evaluation and Research Information**

Because data are maintained in a Microsoft SQL Server database, they are available for downloading and manipulation. As with ad hoc reports, the data are accessible via a number of commercially available and well-known research applications, such as SPSS and SAS.

## **Navigation and User Tool Screens**

Navigation is fairly intuitive; it does not require extensive training to become comfortable using the system. Navigation integrates traditional Windows tool bars.

Summary screens allow users to see an overview of activities or events to obtain a quick and comprehensive update of the client's progress while still being able to access details. For example, the Today's Cases screen provides summary court data that includes the case status and a list of clients, court dates, times, case numbers, docket numbers, and attorneys.

## **Drug Court Role Screens**

### **Court**

The system is designed to track court appearances and handle many other court issues well. Although the system is not intended to replace a court's MIS, it does have screens that allow users to schedule events and track court cases. Screens collect and present other relevant information, such as names of the prosecutor and defense attorney. A Judges screen is available that provides information in these four areas: TARS treatment summary, DAPS drug-testing results summary, court case summary, and arrest and charges.

### **Treatment Case Manager**

Screens allow treatment case managers to view a client's treatment progress in TARS and to record a client's treatment plan and progress notes.

### **Supervision Case Manager**

Case managers have a limited ability to record various forms of client contacts.

The system does not allow supervision events to be scheduled; thus, there is no automated mechanism to alert managers whether an event has occurred.

### **Assessment**

Assessment is a strong part of TARS; however, the various assessment instruments do not share information among themselves or with the larger application.

### **Speed**

The system works well but can be slow when it is accessed through regular telephone lines.

### **Security**

The application is designed with normal security in the database. All information about every provider is stored in the same database, but is protected first by provider number and then by subroutines. For example, in JAMS a user can be authorized at various levels of access depending on the screen in use.

### **Portability**

TARSJAMS.ORG has not been approached to export the system to other jurisdictions. Consequently, portability issues have not been explored.

### **Other Jurisdictions Using JAMS**

The system has not been transported outside south Florida.

# Appendix 1

Data Items From the  
Buffalo Drug Court's Database  
Management Information System

Field Name	Description
<b>Main Table</b>	
Abused	Physical, sexual, both, or no
Address	
Age	
AKA	Also known as
Annual Income	
Appt	
Arson	
Avg Age	
Baby Status	Were there any unusual conditions attributable to drug use?
City	
Comments	
Curdate	
Current School	
Day Treatment	
Date Treatment Where	
Date Entered	
Date Failure	
Date Schedule	
Days	
DOB	
Dr. Patchell	Drug court files transferred to Dr. Patchell for research purposes
Education Level	
Emergency Person	
Emergency Phone	
Employer	
Failed Schedule	
Failed To Contact	
First Name	
ID	
Incarceration	
Instructed Verification	
Insured	
Is Participant in School	
Last Name	



Field Name	Description
Lethality HX	
Lethality Present	
LOF	Letter on file
Marital Status	
Medical Insurance	
Medical Problems	
MH Agency	Mental health agency
MH Diagnosis	
MH Evaluation	
MH Hospitalization	
MH Hospitalization HL	
MH Medications	
Name of Agency	
No. of Children	
Occupation	
Other	
Other Medications	
PO Name	Probation officer name
PO Phone	Probation officer telephone number
Participant Phone #	
Photo	
Pregnant	
Prescribed Medications	
Primary Drug	Primary drug of choice
Primary Route	Preferred method of drug intake
Primary Amount	Amount of drug
Primary Frequency	Frequency of use
Primary Age Began	
Primary Last Usage	
Primary How Much	
Primary Physician	
Primary Provider	
Primary Therapist	
Primary Date	
Primary Time	

Field Name	Description
Primary Phone #	
Primary Extension	
Primary Location	
Primary Discharge Date	
Primary Discharge Reason	
Provider	
Race	
Read/Write PX	
Referred To	
Releases	
Reported Active Counseling	
R/S Appt	
RUS	Released under supervision
Scheduled Appt	
School Name	
Secondary Drug	
Secondary Route	
Secondary Amount	
Secondary Frequency	
Secondary Age Began	
Secondary Provider	
Secondary Therapist	
Secondary Date	
Secondary Time	
Secondary Phone #	
Secondary Extension	
Secondary Location	
Secondary Discharge Date	
Secondary Discharge Reason	
Sex	
Source of Income	
SS #	
State	
Tertiary Drug	
Tertiary Route	

Field Name	Description
Tertiary Amount	
Tertiary Frequency	
Tertiary Age Began	
Tertiary Last Usage	
Tertiary How Much	
Time Entered	
Total Arrest 24 Months	
VA	
Violent Crime	
What Counseling	
ZIP Code	

**Disposition Table**

Judges ID	
ID	
Contact Date	
RCD	Return court date
AM/PM	
Disposition	
Sentence	
Probation	
RC	Reserve calendar
WO	Warrant outstanding
Violations	

Field Name	Description
<b>Judges Information</b>	
Main ID	
ID	
Judge	
Docket	
Linkage Referred	Kind of referral (alcohol, drug, youth counseling, etc.)
Court Source	
Contract Date	
Condition	
Date Entered	
PO Origin	Judge making referral to specialized court
Charges	
Interviewer	
Status	
<b>Community Services</b>	
Comm Serv ID	
# of Hours	
Agency	
Phone	
Ext	
Contact	
To Be Completed By	
Were Completed On	
Judge	
Docket	
Comm Serv Status	
Date Entered	

Field Name	Description
<b>Comments</b>	
Main ID	
Date	
Comments	
<b>TX History</b>	
ID	
L Care	Type of care (outpatient, detoxification, residential, etc.)
Svces	Type of service (mental health, substance abuse, etc.)
Agency	
A-Date	Admission date
D-Date	Discharge date
Outcome	
<b>Tox Records</b>	
ID	
Tox Date	Date of drug test
Tox Result	Drug test result
Drugs	

# Appendix 2

List of Tables From the  
Washington/Baltimore High Intensity  
Drug Trafficking Area's Automated  
Treatment and Tracking System

Table Name	Description
ALTONO_TYPES	Reference for alternate numbers
ASI	Client information—evaluation <ul style="list-style-type: none"> <li>■ Interview information</li> <li>■ Demographics</li> <li>■ Address</li> <li>■ Medical</li> <li>■ Limited psychological information</li> <li>■ Education</li> <li>■ Job skills</li> <li>■ Employment</li> <li>■ Finances</li> <li>■ Substance use</li> <li>■ Treatment history</li> <li>■ Criminal past (general)</li> <li>■ Relations</li> </ul>
ASI2	Client information—evaluation <ul style="list-style-type: none"> <li>■ Psychological</li> <li>■ Test scores</li> <li>■ Drug test results</li> </ul>
ASI3	Client information—evaluation <ul style="list-style-type: none"> <li>■ ASI comments</li> </ul>
ASI4	Client information—evaluation <ul style="list-style-type: none"> <li>■ ASI comments</li> </ul>
BEHAVIOR CODE	Code of client behaviors
BPRS	Instrument—psychological review rating by rater
CAI 1	CAI assessment instrument <ul style="list-style-type: none"> <li>■ Demographic information</li> <li>■ Substance use and history</li> <li>■ Treatment history</li> <li>■ Education and employment history</li> </ul>
CAI 2	CAI assessment instrument <ul style="list-style-type: none"> <li>■ Some criminal history</li> <li>■ Residence and relations</li> <li>■ Medical</li> <li>■ Treatment</li> </ul>
CAI 3	CAI assessment instrument <ul style="list-style-type: none"> <li>■ Psychological background</li> <li>■ Treatment history</li> </ul>
CAS	Assessments completed
CASE_HISTORY	Basic client/HIDTA system information
CASE_MANAGEMENT	Case management tracking
CASE_MANAGEMENT ACTIVITY	Events tracking—more detail
CLIENT	Client information—very basic
CLIENT_ALIAS	Alias by provider

Table Name	Description
CLIENT_ALTNO	Alias or alternate number(s) by provider
CLIENT_CONTACT	Address and telephone numbers
CLIENT_NARRATIVE	Narrative assessments
CLIENT_NEEDS	Client needs for matching with provider services (long checklist of needs)
CLIENT_POP LIST	Reference list of codes for special populations
CLIENT_RECONCILES	List of clients with multiple files to be reconciled (internal to system)
Consent Info	Consent agreements between clients and agencies
County	County list
CRIMJUST	Criminal justice history—summary elements
DEFAULT_ADMITDC	Admission information for DC
DEFAULT_ADMITMD	Admission information for MD
DEFAULT_ADMITMD_OLD	Old admission information for MD
DEFAULT_ADMITVA	Admission information for VA
DEFAULT_DISCHDC	Discharge information for DC
DEFAULT_DISCHMD	Discharge information for MD
DEFAULT_DISCHMDOLD	Old discharge information for MD
DEFAULT_DISCHVA	Discharge information for VA
DEFAULT_PROVIDER	Provider information—information about who is served
DEFAULT_SUBSTANCE	Substance abuse elements, DC admission/discharge
DEFAULT_SUBSTANCE_MD	Substance abuse elements, MD and VA admission/discharge
DEFAULT_SUBSTANCE_MD_OLD	Old substance abuse elements, MD and VA
DOWNLOAD	List of available HATTS.exe downloads
DSM_AXIS1	DSM–IV Axis 1 diagnosis code—mental health substance abuse
DSM_AXIS2	DSM–IV Axis 2 diagnosis code—mental health substance abuse
DSM_AXIS3	DSM–IV Axis 3 diagnosis code—mental health substance abuse
DSM1	DSM–IV Axis 1–2 data—mental health substance abuse
DSM2	DSM–IV Axis 3–5 data—mental health substance abuse
DTMS_ACTIVITY	HATTS drug-testing data—set of tables that operate all aspects of DTMS (clients, tests, schedules, etc.)
ETHNICITY	Ethnicity codes, defaults for DC, MD, and VA
ETHNICITY ASSESSMENT	Mappings among ASI, CAI, and normalized ethnicity value
GRAD_SANC	Data from graduated sanctions screen



Table Name	Description
HATTS_ERRORS	Record of HATTS errors coded automatically
HATTS_RESOURCE	Editable constants for preload
HATTS_VARIABLES	HATTS system variables
HIV	Public health assessment and history (simple) for HIV, TB, hepatitis, and sexually transmitted diseases (MD Department of Health form)
INTAKE	Record of all client intakes
LOG	Log of consent form overrides from referral screen
LOGIN	User login history
MECE	Staff-completed medical evaluation for clients showing immediate signs of impairment
MECN	Staff-completed medical evaluation for clients showing no immediate signs of impairment
MODALITY	Modality codes
OFFENSE	Criminal justice offense codes and descriptions used in the criminal history
PROB_ACTION_CODE	Probation/Treatment Accountability for Safer Communities (TASC) drug test screen codes
PROBTASC_CLIENT_DRUG_TEST	Drug test results for TASC screen
PROBTASC_CLIENT_REC	Client supervision (kinds of contacts) for probation/TASC supervision screen
PROBTASC_CLIENT_REFERRAL	Probation/TASC client referral screen data
PROBTASC_CLIENT_SERVICES	Probation/TASC supervision events data
PROBTASC_DRUG_RESULT_CODE	Drug test results codes
PROBTASC_REFERRAL_CODE	List (simple) of probation/TASC referral types
PROBTASC_SERVICES_CODE	Service codes for probation/TASC supervision screen
PROBTASC_SOURCE_CODE	Referral codes for services
PROGRESS_TRACKING	Data from the progress tracking screen
ProInfo1	Provider contact information (screen 1)
ProInfo2	Provider data (screen 2)
ProInfo3	Provider schedule information (screen 3)
ProInfo4	Provider treatment and other data (screen 4)
ProInfo5	Provider information (screen 5)
ProInfo6	Provider information (screen 6)
ProInfo7	Provider information (screen 7)
PROINFO_CB02	Provider information—treatment approach
Provider_Services_1	Kinds of counseling provided
Provider_Services_2	Kinds of addictions treatment
Provider_Services_3	Kinds of vocation and education counseling

Table Name	Description
Provider_Services_4	Kinds of medical services
Provider_Services_5	Kinds of legal/social services
Provider_Services_6	Kinds of mental health/detoxification services
Provider_Services_7	Provider case management, special populations, and comments
QOL	Assessment (simple, client-completed) of overall quality of life
RACE	Client-race codes—admission screen translation
RACE_ASSESSMENT	Partial mappings between “race” by ASI, CAI
RACE_ETHNICITY_VALID	List of valid, normalized race-ethnicity combinations
REF_APPOINT	Referral and appointment information for providers
REFERRAL	Referral information record
REFERRAL_HISTORY	Referral history
REFERRAL_SOURCE	Referral source codes
REPORTS	Reports data table
REPORT_PARAMS	Additional parameters to report
REPORT_TABLES	Add table to report table
REPOSE_CODE	Graduated sanctions response codes
RTCD (Readiness to Change – D)	Alcohol assessment (client-simple); Likert scale
SAA	Assessment (client-simple); Likert scale
SECURITY	Counselor/staff information and security
SCL (St. Louis Symptom Checklist)	Psychopathology assessment (client-simple); 98-item ordinal list
SCREENS	Screen reference table
SISAR_ADMISSION	Client information collected for admission in DC, MD, VA—6 pages of personal data and background, including substance use, treatment history, and assessment
SISAR_ADMISSION_OLD	Same
SISAR_DISCHARGE	Discharge from facility in DC, MD, VA—4 pages of data
SISAR_DISCHARGE_OLD	Similar to SISAR_DISCHARGE
STATE	State codes reference table
SUBSTANCE	Substance use information used in admissions and discharge
SUBSTANCE_OLD	Same
TEMPMATCH	Not used
TEMPTABLE	Not used
USER SCREENS	User screen and security accesses
WAIT_LIST_ENTRY	Not used
WAIT_REMOVAL	Records reason for removal from waiting list
WAIT_REMOVAL_STATS	Not used

# Appendix 3

List of Tables From the  
Brooklyn Treatment Court's  
Treatment Application

Table Name	Description
ABUSE	Records history of different forms of abuse
ALCOHOL_USE	Records alcohol use and feeling about use
ANSWER	Provides different kinds of answers for generic use
ASSESS_SCORE	Scores for various areas of the assessment: <ul style="list-style-type: none"> <li>■ Drug use</li> <li>■ Home</li> <li>■ Education</li> <li>■ Family</li> <li>■ Work</li> <li>■ Psychological</li> <li>■ Treatment</li> <li>■ Motivational</li> <li>■ Impressions</li> <li>■ Criminal</li> </ul>
ASSESS_TRANS	Assessment management
ASSESS_TRANS_CHANGE_LOG	Log of changes
ASSESS_ENTRY_DATE	Tracks attendance
CLIENT_ADDRESS	
COURT_TX_XREF	Criminal and treatment reference numbers
CIM_JUST_HISTORY	Criminal justice history summary
DICT_TRP	
DICT_TRP_SESSION	
DICT_ZONE	
DRUG_TEST	Drug test management
DRUG_TX_HISTORY	Drug treatment history
DRUG_USE_HISTORY	
DRUG_USE_SPECIFIC	
DTPROPERTIES	
EMPLOYMENT	Current employment information
EVENT_TO_RESPONSE	Response to client event
FAMILY	Immediate family/children information
FAMILY_COURT	Family court information, including caseworkers, attorneys, and status
FIN_ASSIST	Support information
HEALTH_MENTAL	Brief mental health history
HEALTH_PHYSICAL	Brief physical health history
HIV_TEST	T-cell counts and dates
HOSPITALIZATION	
IDENTIFICATION	Collects various identifications (passport, green card, Medicaid card, military dd214 form, driver's license, birth certificate, Social Security, and other)

Table Name	Description
IMPRESSION_BARRIER_TX	Listing of barriers
IMPRESSION_MOTIVATION	Rate of motivation
INTERVIEW_TABS	Interview management
KEY_STATUS	Key indicators
LANGUAGE	Ability to use English and preferred languages
LOG_TABLE	Administrations
LOOKUP_ADMIT_DRUG_USE	
LOOKUP_ALCOHOL_TYPE	
LOOKUP_APPARATUS_TYPE	
LOOKUP_ARRANG_DURATION	
LOOKUP_ASSESS_INCOMPLETE	
LOOKUP_BAND	
LOOKUP_BAND_FREQ_PERIOD	
LOOKUP_BIRTH_PLACE	
LOOKUP_CJ_RECENT_INCAR	
LOOKUP_CJ_RECENT_SENT	
LOOKUP_CJ_TIME_SERVED	
LOOKUP_CJ_TIMES	
LOOKUP_CLIENT_REF_SRC	
LOOKUP_CLOSED_DESCRIP	
LOOKUP_COOPERATION	
LOOKUP_CUSTODY_IMPORTANCE	
LOOKUP_DRUG_AVAIL	
LOOKUP_DRUG_INDICATORS	
LOOKUP_DRUG_LAST_USED	
LOOKUP_DRUG_MONEY_SPENT	
LOOKUP_DRUG_ROUTE	
LOOKUP_DRUG_TIME_USED	
LOOKUP_DRUG_TX_DURATION	
LOOKUP_DRUG_TX_MODALITY	
LOOKUP_DRUG_TYPE	
LOOKUP_DRUG_USE_FREQ	
LOOKUP_EDUC_STATUS	
LOOKUP_EDUC_TYPE	
LOOKUP_EMPLOY_DURATION	

Table Name	Description
LOOKUP_EMPLOY_EARNING	
LOOKUP_EMPLOY_STATUS	
LOOKUP_ENGLISH_ABILITY	
LOOKUP_ETHNICITY	
LOOKUP_ETHNICITY_HISPANIC	
LOOKUP_EVENT_RESPONSE	
LOOKUP_FACILITY_TYPE	
LOOKUP_FIN_SUPPORT	
LOOKUP_FLOW_STATUS	
LOOKUP_FLOW_STATUS	
LOOKUP_GENDER	
LOOKUP_HIGH_GRADE	
LOOKUP_KIDS_LOCATION	
LOOKUP_LANGUAGE	
LOOKUP_LIVE_WITH_REL	
LOOKUP_LOST_CUSTODY_REASON	
LOOKUP_MARITAL_STATUS	
LOOKUP_MED_INSURANCE	
LOOKUP_MEDICAL_CONDITION	
LOOKUP_MOTIVATED_FOR_TX	
LOOKUP_NOT_COLLECTED_REASON	
LOOKUP_MARITAL_STATUS	
LOOKUP_MED INSURANCE	
LOOKUP_MEDICAL_CONDITION	
LOOKUP_MOTIVATED_FOR_TX	
LOOKUP_NOT_COLLECTED_REASON	
LOOKUP_NUM_DRINK	
LOOKUP_NUM_TX_EPISODE	
LOOKUP_NUMBER_CHILDREN	
LOOKUP_PARTNER_SOCIAL	
LOOKUP_PREGNANCY_STATUS	
LOOKUP_PROF_MENTAL	
LOOKUP_PROG_INACTIVE_REASON	
LOOKUP_PROGRAM_DESIRED	
LOOKUP_PROGRAM_SERVICE	

Table Name	Description
LOOKUP_PROGRAM_TX_MODALITY	
LOOKUP_QUEST_RESPONSE	
LOOKUP_QUESTION	
LOOKUP_RELATIONSHIP	
LOOKUP_RELATIONSHIP_CHILD	
LOOKUP_RESIDENCE_DURATION	
LOOKUP_RESIDENCE_TYPE	
LOOKUP_SAFETY	
LOOKUP_SANCTION_TYPE	
LOOKUP_SERVICE_NEED	
LOOKUP_SEXUAL_PREF	
LOOKUP_SPECIAL_NATURE	
LOOKUP_STATUS	
LOOKUP_STATUS_DESCRIP	
LOOKUP_TREATMENT_RECOMMEND	
LOOKUP_TX_BARRIER	
LOOKUP_TX_DEFINING_FACTORS	
LOOKUP_TX_LONGEST_DUR	
LOOKUP_TX_MODALITY	
LOOKUP_UNDERSTANDING	
LOOKUP_VERIFIED	
MEDICAL_CONDITIONS	List of medical conditions
MEDICATIONS_CURRENT	
PREGNANCY	Pregnancy history
PROGRAM_DICT	Provider program descriptions and services
PROGRAM_MANAGER	Provider program manager information
PROGRAM_SERVICES	Provider codes and identification
PROGRAM_TX_MODALITY	Method of treatment
QUESTION	New questions development
SECOND_CONTACT_PERSON	
SECURITY	Security administration
SOCIAL_SERVICE_NEEDS	
SOCIAL_SITUATION	Brief information about live-ins and friends
TC_ATTENDANCE	
TC_PROVIDERS_DIC	

Table Name	Description
TRP_CASE	Case management—days required, date in/out
TRP_CASE_ATTEND	Case management—attendance
TRP_LETTER	Case management
TX_BARRIER	Treatment barriers
TX_CASE	Case identification
TX_CASE_ADMIN	Case management—eligibility and progress
TX_CASE_BAND_LOG	Log of required “band” activities by activity
TX_CASE_BAND_LOG_BACKUP	
TX_CASE_NOTES	
TX_CASE_PROG	Administration
TX_CASE_PROG_ATTEND	Attendance
TX_CASE_PROG_SERVICE	Services provided
TX_CASE_READY	Flag—case ready for court
TX_CASE_STATUS	
TX_CLIENT	Client demographics
TX_EVENT_RESPONSE	Treatment negative event response
TX_FLOW_STATUS	
TX_GROUPS	Treatment group name
TX_JAIL_STATUS	
TX_JUDGE_DATA	Brief court and treatment information for judge
TX_NEXT_KEY	
TX_PRIVILEGES	Application administration
TX_TRANS	Treatment transaction
TX-TRANS_CHANGELOG	
TX-USER	User administration
TX_WEEKLY_COMPLIANCE	Treatment attendance
VOC_EDUC	Brief vocational/educational information



# Appendix 4

List of Tables From the  
South Florida High Intensity  
Drug Trafficking Area's  
Treatment Automated Referral System

Table Name	Description
<b>Active Client Needs</b>	<b>Not Used</b>
ASI	ASI questionnaire, responses, and scores <ul style="list-style-type: none"> <li>■ Interview information</li> <li>■ Demographics</li> <li>■ Address</li> <li>■ Medical</li> <li>■ Limited psychological information</li> <li>■ Education</li> <li>■ Job skills</li> <li>■ Employment</li> <li>■ Finances</li> <li>■ Substance use</li> <li>■ Treatment history</li> <li>■ Criminal past (general) relations</li> </ul>
ASI 2	Client information—evaluation <ul style="list-style-type: none"> <li>■ Psychological</li> <li>■ Test scores</li> <li>■ Drug test results</li> </ul>
CAI	CAI <ul style="list-style-type: none"> <li>■ Demographic information</li> <li>■ Substance use and history</li> <li>■ Treatment history</li> <li>■ Education and employment history</li> </ul>
CAI 2	CAI <ul style="list-style-type: none"> <li>■ Some criminal history</li> <li>■ Residence and relations</li> <li>■ Medical treatment</li> </ul>
CAI 3	CAI <ul style="list-style-type: none"> <li>■ Psychological background treatment history</li> </ul>
Case History	Intake and discharge information
Case Management Activity	Treatment events recorded by providers
Case Transfer	Not used
Client	Basic client intake information
Client ADM	Not used
Client Discharge	Not used
Client Needs	Client needs—used to match with providers
Client Referrals	Not used
Client Transfers	Not used
Counselor	Not used
CSAT Providers	Not used
dbo Provider Services 2	Not used
DT Appointments	Drug test appointments management
DT Batch	Drug test specimen management by batch
DT Client Contacts	Client contact types

Table Name	Description
DT Messages	Records messages or events
DT Preferences	Records drug preferences
DT Results	Records drug test results
DT Security	Drug test security
DT Specimens	Drug specimen collection management
Match	Matching client with provider management
Provider Services 1	Services offered by providers
Provider Services 2	More of the above
Referral	Referrals management
Referral Appointment	Same
SDU Information	Information about provider agencies
Security	System security management
SISAR Admission	SISAR admission information
SISAR Discharge	SISAR discharge information
Span Admission	Spanish version of admission information
Span Discharge	Spanish version of discharge information
Span Family	Spanish version of background information
Substance	Washington, DC, system information about drug use
VI Admission	Virgin Islands version of admission information
VI Discharge	Virgin Islands version of discharge information
Wait Active Stats	Waiting-list inquiry information
Wait List Entry	Information to wait list a client
Wait Removal	Information to remove a client from list
Wait Removal Stats	Waiting-list removal inquiry information

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# Notes

1. Public domain MISs are available without cost for installation and modification by drug courts. However, the drug court can expect to incur expenses for hardware, possibly the purchase of software licenses, maintenance, customization to tailor the software to the needs of the adopting jurisdiction, and possibly other costs (for example, data communication costs) that should be carefully determined before attempting to implement any software program.
2. The software systems described in this report were reviewed several years ago and may have changed since then.
3. 42 U.S.C. § 290dd-2; and 42 C.F.R. pt.2.
4. For further information on confidentiality, see Rebecca Holland, *Practical Guide for Applying Federal Confidentiality Laws to Drug Court Operations*, NCJ 176977 (Washington, DC: U.S. Department of Justice, Drug Courts Program Office, June 1999); and Jeffrey Tauber, Susan Weinstein, and David Taube, *Federal Confidentiality Laws and How They Affect Drug Court Practitioners* (Alexandria, VA: National Drug Court Institute, April 1999).
5. That is, the State law bars disclosure of information that otherwise would be permitted under the Federal regulations.

# Bureau of Justice Assistance Information

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For more indepth information about BJA, its programs, and its funding opportunities, requesters can call the BJA Clearinghouse. The BJA Clearinghouse, a component of the National Criminal Justice Reference Service (NCJRS), shares BJA program information with state and local agencies and community groups across the country. Information specialists are available to provide reference and referral services, publication distribution, participation and support for conferences, and other networking and outreach activities. The Clearinghouse can be reached by:

- Mail**  
P.O. Box 6000  
Rockville, MD 20849-6000
- Visit**  
2277 Research Boulevard  
Rockville, MD 20850
- Telephone**  
1-800-688-4252  
Monday through Friday  
8:30 a.m. to 7 p.m.  
eastern time
- Fax**  
301-519-5212
- BJA Home Page**  
[www.ojp.usdoj.gov/BJA](http://www.ojp.usdoj.gov/BJA)
- NCJRS Home Page**  
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