

Anne Arundel County Adult Drug Court (*District Court*) Process Evaluation

FINAL REPORT



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Submitted by:

**NPC Research
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(District Court)
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EXECUTIVE SUMMARY

Drug treatment courts are one of the fastest growing programs designed to reduce drug abuse and criminality in non-violent offenders in the United States. The first drug court was implemented in Miami, Florida, in 1989. As of 2006, there were at least 1,597 adult and juvenile drug courts operating in all 50 states, as well as the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam (BJA, 2006).

Drug courts use the coercive authority of the criminal justice system to offer treatment to non-violent addicts in lieu of incarceration. This model of linking the resources of the criminal justice system and substance treatment programs has proven to be effective for increasing treatment participation and decreasing criminal recidivism.

Frank R. Weathersbee, State's Attorney for Anne Arundel County, was instrumental in starting the Anne Arundel County Adult Drug Court (District Court) [AACADC—District] program, which began in 1997. Judge Joseph Manck was appointed the first Drug Court Judge. In 1998, he was replaced by Judge James Dryden, who had been the backup judge during the program's first year. Judge Dryden continues to be the Drug Court Judge today.

The AACADC—District enrolled 176 participants from January through June 2006. A total of 1,122 people have been enrolled since the program began in 1997, and 610 have graduated. There are four case managers, each managing between 30 and 40 people. Capacity increased from 145 to approximately 160 participants in August 2006, when the fourth case manager was hired. Also in 2006, AACADC—District received funding for a fifth case manager, who will be hired in Fall 2006.

In 2001, NPC Research ("NPC"), under contract with the Administrative Office of the

Courts of the State of Maryland, began cost studies of adult drug courts in Baltimore City and Anne Arundel County, Maryland. These studies were completed in 2003. Subsequently, NPC was hired to perform evaluations on 5 adult and 10 juvenile drug courts in Maryland, one of which is the AACADC—District. This report contains the process evaluation for the AACADC—District Court program.

Information was acquired for this process evaluation from several sources, including observations of court reviews and team meetings during site visits, key informant interviews, focus groups, and the drug court database. The methods used to gather this information from each source are described in detail in the main report.

According to its Procedures Manual, AACADC—District's program goals are to:

1. Reduce crime and recidivism
2. Enhance community safety
3. Reduce the impact of drug cases on criminal justice resources
4. Reduce substance use
5. Enable drug court participants to become responsible and productive members of the community

Process Evaluation Results

Using the 10 Key Components of Drug Courts (as described by the National Association of Drug Court Professionals in 1997) as a framework, NPC examined the practices of the AACADC—District program.

The Anne Arundel County Adult Drug Court (District Court) fulfills many of the 10 key components through its current policies and structure. It integrates alcohol and other drug treatment services with justice system case processing, uses a non-adversarial approach

between prosecution and defense counsel, provides a continuum of treatment services, uses frequent alcohol/drug testing to monitor abstinence, has a consistent structure for responding to participant compliance, has had a continuously sitting judge for many years, and has worked to develop partnerships with public and private community agencies and organizations.

There are several areas in which the AACADC—District should and can make program improvements. The program should consider analyzing the time between identification of participants and getting them into drug court. It should also consider working to reduce barriers to success for drug court participants (including transportation, childcare, and employment schedules) by identifying or developing community resources or increasing program flexibility. As the State implements its new SMART Management Information System (MIS), the program will be able to utilize electronic management information for program monitoring and evaluation purposes. The program should consider increasing frequency of contact between participants and the judge. Finally, AACADC—District should encourage/support additional training for team members.

Interpretation of the findings of this process evaluation is provided in an analytic framework that distinguishes among community, agency, and program level issues. Understanding the needs of drug court participants and the larger community, and the impacts of a person's environment on her/his behavior is crucial to establishing a program that best serves the population. Bringing the partner agencies to the table and ensuring consistent and thorough communication and coordinated planning will also enhance program quality. Finally, establishing consistent operational guidelines will provide an efficient and effective structure for service delivery.

SUMMARY OF COMMUNITY LEVEL RECOMMENDATIONS

- The drug court team should continue discussing possible community connections, resources, and ideas for generating outside support in order to enhance the program and to be responsive to changes in the environment and participant needs.
- AACADC—District should continue to be open to any new opportunities for accessing additional psychiatric services in order to address the unmet needs of some program participants.
- Participants requested additional flexibility in the times and days of the week that drug court reviews occur due to other demands on their time (e.g., employment and family responsibilities). AACADC—District already offers flexibility in the days and times that participants are asked to attend court sessions. Following the lead of some other drug courts, it may be worth considering holding court sessions in the evening or other off-hours to better meet the needs of participants who work during weekdays.
- Participants indicated that the program can be a financial burden because some of the services from supporting agencies require payment. The AACADC—District offers an Offender Treatment Fund that participants can access if they do not have health insurance. In addition, the program has worked out sliding scales and payment plans for participants and has written grants to cover treatment costs. The program should ensure that participants are aware of all the support and funding options and continue to assist them in taking advantage of these opportunities. In addition, the program should continue to work with community partners to help the associated agencies identify other resources and strategies that allow them to provide services at reduced fees for participants who find those

fees to be a barrier to successful participation.

- The program should continue to provide—and ensure participants are aware of—transportation assistance or support to drug court participants who do not have private vehicles. This will help maximize participant opportunities to be successful in the program. In addition to the current practices of providing bus tokens and cab vouchers, support could include coordinating required appointments so that they occur on the same day or in the same location. The program leadership could also consider discussing with community providers options such as ridesharing programs, volunteer drivers, or vehicle sharing programs.

SUMMARY OF AGENCY LEVEL RECOMMENDATIONS

- The program should continue to monitor communication between the judge and other team members to ensure that the structure provides adequate mechanisms for information sharing.
- One of the key components of drug courts is to identify potential participants early and place them promptly in the drug court program. Since 3 weeks from arrest to entry is pushing the limits of what should be considered as “promptly placed,” the AACADC—District partner agencies should monitor the time from identification to drug court entry to ensure this time period does not widen, and analyze where additional efficiencies may be possible. Discussions among members of the drug court team regarding how the timeline can be shortened may be in order.
- Aftercare is a clinical best practice for supporting individuals in their transition to a drug-free lifestyle. AACADC—District should consider requiring a minimal aftercare component or establish a policy for drug court staff to follow up on and encourage participants to participate in aftercare. Discussions need to occur regarding agency roles and responsibilities and how the program would facilitate coordination of this service within or outside of the judicial context.

SUMMARY OF PROGRAM LEVEL RECOMMENDATIONS

- Electronic drug court records facilitate program monitoring and evaluation, and have been used successfully in some drug court programs. To this end, the program should consider using the State’s new management information system (SMART) when it becomes available.
- The drug court team should continue to accumulate and analyze data about the drug court and its participants so they can use it for program reviews and planning. This could include informing the team about the types of participants who are most and least successful in this program.
- The program leadership should conduct an outcome study in the future to follow up on the 2003 cost study. The new evaluation should consider program effectiveness in light of continuing program maturation and the application of program improvements.
- The program should continue to ensure that all drug court staff receive training, both about drug courts in general and specific to their role in the program. They should also ensure that all staff have opportunities for refresher training and access to updated information in order to stay current in the field.
- The drug court team should consider the optimal program dosage and intensity required to maximize accountability and oversight, while promoting successful participation. It is important to maintain the positive aspects of frequent monitoring without creating an undue burden on participants.

BACKGROUND

In the past 17 years, one of the most dramatic developments in the movement to reduce substance abuse among the U.S. criminal justice population has been the spread of drug courts across the country. The first drug court was implemented in Florida, in 1989. There are now at least 1,597 adult and juvenile drug courts operating in all 50 states, as well as the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam (BJA, 2006).

Drug courts are designed to guide offenders identified as drug-addicted into treatment that will reduce drug dependence and improve the quality of life for the offenders and their families. Benefits to society take the form of reductions in crime committed by drug court participants, resulting in reduced costs to taxpayers and increased public safety.

In the typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives who operate outside their traditional roles. The team typically includes a drug court coordinator, addiction treatment providers, district/state's attorneys, public defenders, law enforcement officers, and parole and probation officers who work together to provide needed services to drug court participants. District/state's attorneys and public defenders hold their usual adversarial positions in abeyance in order to support the treatment and supervision needs of program participants. Drug court programs can be

viewed as blending resources, expertise, and interests of a variety of jurisdictions and agencies.

Drug courts have been shown to be effective in reducing recidivism (GAO, 2005) and in reducing taxpayer costs due to positive outcomes for drug court participants (Carey & Finigan, 2003; Carey, Finigan, Waller, Lucas, & Crumpton, 2005). Some drug courts have even been shown to cost less to operate than processing offenders through traditional ("business-as-usual") court processes (Carey & Finigan, 2003; Crumpton, Brekhus, Weller, & Finigan, 2004; Carey et al., 2005).

From 2001 to 2003, NPC, under contract with the Administrative Office of the Courts of the State of Maryland, conducted a cost study of adult drug courts in Baltimore City and Anne Arundel County, Maryland. Subsequently, NPC was hired to perform evaluations on 5 adult and 10 juvenile drug courts in Maryland, one of which is a process evaluation of Anne Arundel County's Adult Drug Court (District Court) [AACADC—District].

This report contains the process evaluation for the AACADC—District performed by NPC. The first section of the report is a description of the methods used to perform this process evaluation, including site visits and key stakeholder interviews. The second section of this report contains the evaluation, including a detailed description of the drug court's process.

METHODS

Information was acquired for the process evaluation from several sources: observations of court reviews and team meetings during site visits, key informant interviews, focus groups¹ and the drug court database (an Excel spreadsheet program that contains participant-specific information). The methods used to gather this information from each source are described below. Once this information was gathered, a detailed process description was written and sent to the Anne Arundel County Adult Drug Court (District Court) for feedback and corrections.

Site Visits

NPC evaluation staff traveled to Annapolis, Maryland, in July 2006, to observe an Anne Arundel Adult Drug Court (District Court) review, conduct a focus group of one current participant and one program graduate, and interview two drug court participants (both current and a graduate). These activities gave the researchers firsthand knowledge of the structure, procedures, and routines of the program.

Key Informant Interviews

Key informant interviews were a critical component of the process study. NPC staff interviewed seven individuals involved in the drug court, including the Drug Court Coordinator, Judge, Assistant State's Attorney, Assistant Public Defender, Case Manager, House Arrest Counselor, and the Drug Court Paralegal with the State's Attorney's Office.

NPC has designed and extensively utilized a Drug Court Typology Interview Guide²,

which provides a consistent method for collecting structure and process information from drug courts. In the interest of making this evaluation reflect local circumstances, this guide was modified to fit the purposes of this evaluation and of this particular drug court. The information gathered through the use of this guide assisted the evaluation team in focusing on the most significant and unique characteristics of the AACADC—District.

For the process interviews, key individuals involved with the AACADC—District were asked the questions in the Typology Interview Guide most relevant to their roles in the program.

Focus Groups and Participant Interviews

NPC's researchers conducted a focus group at the AACADC—District with one current participant and one graduate. They also conducted in-person interviews with one participant and one graduate. The focus group and interviews allowed the current and former participants to share with the evaluators their experiences and perceptions about the drug court process.

Document Review

The evaluation team reviewed the Anne Arundel Adult Drug Court (District Court) Procedures Manual, which, in addition to a description of the drug court's process and procedures, included copies of agreements, forms, and other information used in the operation of the drug court. Review of this documentation helped to further the evaluation team's understanding of the drug court's operations and practices.

¹ See Appendix A for summary of participant interviews and focus group responses.

² Under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. See Appendix B for Typology description.

ANNE ARUNDEL COUNTY ADULT DRUG COURT (DISTRICT COURT) PROCESS DESCRIPTION

The information that supports the process description was collected from interviews, a focus group, observation of the AACADC—District, and the drug court’s Procedures Manual. The majority of the information was gathered from one-on-one key stakeholder interviews. The evaluators have attempted to represent the information as it was provided.

Implementation

Frank R. Weathersbee, State’s Attorney for Anne Arundel County, was instrumental in starting the AACADC—District program, which began in 1997. Judge Joseph Manck was appointed the first Drug Court Judge. In 1998, he was replaced by Judge James Dryden, who had been the backup judge during the program’s first year. Judge Dryden continues to be the Drug Court Judge today.

Capacity and Enrollment

A total of 1,122 people were enrolled in AACADC—District since the program began in 1997, through June 30, 2006. Of these participants, 610 have graduated. From January 1 to June 30, 2006, 176 participants were enrolled in AACADC—District. Of those 176 participants, 70% were male and 30% were female; 70% were White, 29% were African American, and 1% were Latino. As reported in the U.S. Census Bureau’s 2000 Census, the population of Anne Arundel County is 80% White (not Hispanic/Latino), 14% African American, and 3% Hispanic/Latino.

The program’s four case managers each manage a caseload of 30 to 40 people. Program capacity increased from 145 to approximately 160 participants, when the fourth case manager was hired in August 2006. Further, in 2006, AACADC—District

received funding for a fifth case manager, who will be hired in Fall 2006.

Drug Court Goals

According to its Procedures Manual, AACADC—District’s program goals are to:

1. Reduce crime and recidivism
2. Enhance community safety
3. Reduce the impact of drug cases on criminal justice resources
4. Reduce substance use
5. Enable drug court participants to become responsible and productive members of the community

AACADC—District Program Eligibility

Criminal charges that qualify a participant for drug court include theft, possession of controlled substances, and prostitution. The Anne Arundel County District Court is a misdemeanor court, but it can also accept individuals charged with felony theft. However, individuals with a felony drug charge are not allowed to participate in the AACADC—District program.

Participants entering the AACADC—District must meet the following criteria:

- The charge cannot be a first offense, unless it is a theft or prostitution charge. For first offenses that are for possession, the offenders are sent to the County’s drug diversion program. Otherwise, in order to be eligible for drug court, charges must be at least the second offense.
- Individuals can have no other pending charges prior to entering AACADC—

District, unless those charges can be incorporated into the main charge that brought them to drug court. For example, possession of marijuana and an outstanding shoplifting charge may be combined. However, if the pending charge is a felony, it cannot be incorporated. If individuals have a pending charge in another county, but it was resolved and they come back to Anne Arundel County for trial, they may then be considered for drug court. This resolution (in the other county's court) could occur because cases come to trial and there is not enough evidence to convict, or they go to trial and defendants do not have extensive criminal histories. In such cases they go on the stet docket³, or individuals may be given findings of Probation Before Judgment (PBJ). AACADC—District will never roll charges from other counties into its program.

- Must be residents of Anne Arundel County.
- Must have histories of drug or alcohol abuse. (Drug and alcohol assessments are completed when prospective participants come in for the preliminary inquiries on Tuesdays.)
- Cannot have past convictions for violent crimes (murder, rape, etc.).

Originally, the AACADC—District barred anyone who was still on probation. However, the program gradually began to admit individuals who were on probation, and those numbers have increased over the last 2 years. Such individuals may be admitted to drug court as long as the judge who placed them on probation is willing to allow them to be supervised by the drug court program.

³ Stet docket: The case is placed on an inactive status for a period of time, provided that the defendants, or both parties, agree to abide by certain conditions, after which the case will be dismissed. If the defendant does not abide by those conditions, the case may be set for trial.

The step-by-step process for persons entering AACADC—District begins with an arrest. The responsible law enforcement officers bring the arrested individuals before Commissioners, who determine probable cause of a crime, and the arrested individuals are formally charged. Commissioners, who are judicial officers, consult a list of offenses acceptable for drug court acceptance. To eliminate individuals who do not meet the drug court's criteria for admission, an Assistant State's Attorney performs cursory checks of the subjects' criminal records, reviewing relevant background information.

Prospective participants then receive a pamphlet concerning how they may qualify for the drug court program. Commissioners set charges for preliminary inquiries according to a schedule, generally 3 to 4 weeks later. The subjects' files then go to the Court Clerk's office where court staff members enter the cases into their computers for the date when the cases will appear for preliminary inquiries.

The State's Attorney's Office receives copies of charges, completes thorough criminal background checks on candidate participants, and prepares cases for them. Case information is provided to the paralegal for the State's Attorney's Office, who determines eligibility, interviews prospective participants, and then informs them as to whether they are eligible for the program.

During preliminary inquiries, the paralegal provides the court with statements of cases—informing the court whether individuals are eligible for the diversion program or whether they have accepted or declined admission to drug court. Participants may also enter drug court if pending charges (other than those charges that qualified them for drug court) are resolved, and they return for trial. Assistant State's Attorneys provide this information to the paralegal, who then decides whether the individuals are eligible for AACADC—District.

By the time preliminary eligibility screenings are completed, if individuals indicate interest in the program, they are assessed for clinical appropriateness by Anne Arundel County Health Department staff.

When potential participants are found to be clinically and legally appropriate for drug court, program entry is offered to them. Those who accept entry into the program are required to plead guilty to the crimes that precipitated this process (this happens at the preliminary inquiry), and agreements among the State's Attorney's Office, the defendant, and the judge are signed. If defendants are represented by private counsel, those attorneys will also sign the agreements. Since drug court participants plead guilty prior to program entry, they are not placed on probation throughout their participation in the program. This means that they typically do not report to Maryland Parole and Probation agents.

After pleas are entered on behalf of the prospective participants, they are assigned to Clinical Care Monitors (CCM) and are informed of AACADC—District rules and requirements regarding participation. New participants return to court 2 weeks from the date of inquiry, to demonstrate whether they are on track or if any adjustments need to be made. Adjustments may include changes in treatment plans and/or scheduling. For example, during the first 2 weeks, it may be determined that the prospective participants need inpatient treatment or detoxification treatment, or there are mental health issues which need to be addressed. After this court date, participants will be expected to return to drug court every 3 weeks.

The interview respondents reported that the length of time from arrest to entrance into the drug court program is typically 3 weeks.

Incentives for Offenders to Enter (and Complete) the AACADC—District Program

The AACADC—District is a post-plea program. Depending on participants' past records, they may receive Probation Before Judgment (PBJ) findings after successfully completing the program. This means that there will be no "guilty" designations appearing on their records. Or, if their records contain more extensive criminal histories or they brought more serious charges to drug court, they may receive a "suspended sentence" from the court, which means that the offenders will not be incarcerated.

Participants who have three or more past adjudicated charges, including violation of probation, may not be eligible to receive a PBJ after completing drug court. These determinations are made on an individual basis. Generally, if participants have done well enough to graduate, then they will probably receive a PBJ finding for a qualifying case. However, if Assistant State's Attorneys think that offender criminal histories are too extensive, they will probably receive suspended sentences after graduating from AACADC—District. About 90-95% of the people who graduate from drug court receive PBJ findings.

Further incentives for program entry and graduation for offenders include:

- Staying out of jail
- Opportunities to change destructive behaviors and live productive lives

Drug Court Program Phases

The AACADC—District program has four phases lasting from 6 to 12 weeks each. Drug court participants see private treatment providers for a minimum of 26 weeks, and County Health Department counselors throughout their participation in drug court (a minimum of 1 year). At the end of 6 months,

if they consistently maintain negative drug tests (urinalyses [UAs]), they are no longer required to participate in private treatment. In this case, for the next 45 days they will receive random UAs and County Health Department treatment. Drug assessments used by Clinical Case Managers (CCMs) include rapid UAs, oral tests, and full drug screens. Program staff members are considering future use of ETG (a test that detects alcohol for up to 4 days after consumption), as well. Currently, breathalyzers are used to test those participants who have received DUI-related charges. Tests are chosen based on the participant drug of choice. For example, participants who are marijuana users are given the oral test.

Participants appear in court every 3 weeks (every week for those who are not consistently following program rules). As participants successfully meet program requirements and approach graduation, they may be required to only appear in court every 5 or 6 weeks.

Drug court participants see their CCMs weekly until they have 6 consecutive weeks of clean UAs, or longer if it is deemed in their best interest. Following successful completion of this initial period, participants meet with CCMs at least every other week until graduation. Participants continue to appear for random drug testing throughout their participation in the drug court program.

PHASE I (6 WEEKS)

Requirements:

During Phase I, participants are required to complete 6 weeks of drug court without sanctions. Participant who are sanctioned during Phase I may be required to start this phase again from the beginning.

- Two drug tests per week
- Attend individualized treatment as outlined in the CCM Plan (a treatment plan that includes goals in substance abuse,

employment, educational, financial, family/social, legal, medical/health, and mental health/emotional areas)

- Contact CCMs as outlined in the CCM Plan

An incentive is given to participants who complete Phase I successfully.

PHASE II (8 WEEKS)

Requirements:

During Phase II, participants are required to complete 8 weeks of drug court without sanctions. Participants who are sanctioned during Phase II may be required to start this phase again from the beginning, or may be set back to Phase I.

- One drug test per week, minimum
- Attend individualized treatment as outlined in the CCM Plan
- Contact CCMs as outlined in the CCM Plan

Incentives are given to participants who complete Phase II successfully.

PHASE III (12 WEEKS)

Requirements:

During Phase III, participants are required to complete 12 weeks of drug court without sanctions. Participants who are sanctioned during Phase III may be required to start this phase again from the beginning, or may be set back to Phase II.

- Random urinalysis
- Continue with individualized treatment goals
- Progress toward completing CCM Plans
- Participate in aftercare until graduation requirements are met
- Complete and submit Graduation Applications

Incentives and Certificates of Drug Court Graduation are given to program participants upon completion of Phase III.

PHASE IV (12 WEEKS)

Continuing Care: Although it is not required, most treatment providers will allow drug court participants to return and attend groups at no charge following graduation. Graduates may also call drug court staff if they need help or have questions. Case managers and private treatment providers are involved in the aftercare process. Graduates are asked at their exit interviews or at graduation if they intend to continue involvement in treatment or seek some form of support (e.g., going to support group meetings, stopping by their private provider/clinical care monitor for support, or visiting the Drug Court Coordinator or the judge). Since it is not required by law, the drug court does not follow up to see if participants seek post-program support. Based upon their experience, drug court staff members believe that 26 weeks is not sufficient time to make long-term change among their program participants. As a result, participants generally stay in the program for 12 to 18 months.

Requirements:

Participants who are sanctioned during Phase IV may be required to start this phase again from the beginning, or may be set back to Phase III.

- Random urinalysis
- Other requirements at the court's discretion

Requirements to Change Phase

Participants may move from one phase to the next when they have met all of the requirements of a particular phase, including maintaining clean UAs and showing acceptable attendance records for appointments (counseling, court dates, etc.). The time spent in each phase varies according to how quickly

requirements are completed and how well drug court rules are followed.

Treatment Overview

When participants attend preliminary inquiry hearings and are informed about drug court, they also see the Court Assessor, who gives them a Rapid Clinical Assessment. This 20-question instrument is used to help determine appropriateness for the program, make treatment recommendations, and refer participants to the Clinical Care Monitoring (CCM) program. All drug court participants must go through the CCM program, which coordinates the services participants receive and provides treatment. Initial court assessments also determine whether participants will be required to attend Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) meetings. In situations where participants are finding it difficult to fit into the 12-step process (typically after participating in a few groups), the drug court program works with participants to find alternative treatment plans (e.g., increasing the number of weekly appointments with treatment providers).

When participants report to CCM, initially they receive more thorough (2 hour) assessments. Participants may be referred out for services not offered by the AACADC—District, such as Department of Vocation and Rehabilitation programs, Workforce Development programs, social services, etc. They also may be referred to residential treatment.

CCMs and private treatment providers are required to report to court staff on participant treatment progress and/or compliance. Information provided includes appointment attendance, drug screen results, and relevant anecdotal information. They also report on whether participants are attending NA or AA meetings and the levels of motivation regarding treatment. A standard report form is used that includes space for notes related to the above-mentioned participant responsibilities. There are about 20 different private providers

working with the drug court program, and their services range from weekly therapeutic sessions to detoxification services to inpatient treatment.

Other Drug Court Services

Ancillary services provided by the AACADC—District program include job-related assistance. This service may include resume preparation training, suggestions regarding job application completion, interview role playing, learning how to dress for interviews, and other suggestions to help participants gain employment. The drug court has also developed relationships with employers in the community who know about the program and are willing to hire participants. As noted above, participants are also referred to community-based programs through the Department of Vocation and Rehabilitation, Workforce Development, social services, and other agencies. Participants may also be referred to other services outside of drug court, such as parenting classes and HIV education.

Team Meetings

Drug court team meetings take place once per month and last from an hour to an hour and a half. Topics addressed are generally related to AACADC—District operation (not individual progress in drug court, which is discussed at the treatment team meeting).

Drug court team meeting attendees typically include representatives from the County Health Department, Clinical Case Monitoring, Maryland Parole/Probation, the Maryland Office of the Public Defender, private attorneys, private treatment providers, Anne Arundel County State’s Attorney’s Office, Anne Arundel County Detention Center, Anne Arundel County Executive’s Office, and the Drug Court Judge. The team discusses program problems, ideas, and relevant news related to the AACADC—District. In addition, they sometimes invite special guest speakers to discuss a variety of topics.

Provider and Team Communication with Court

Substance abuse treatment providers share information with the court, such as whether participants have reported for treatment, whether they attend NA or AA meetings, and their motivation level regarding treatment. This information is entered into a standard report form and faxed to the participant CCMs, who then combine the information with their reports and fax them to the AACADC—District Coordinator prior to drug court reviews (for all participants being seen on a given day). Case managers and treatment providers report to the court staff on treatment progress and compliance, including drug screen results, attendance at appointments and treatment sessions, and any other information related to drug court participation.

Drug Court Reviews

AACADC—District reviews are held once per week. In any given review session, 20 to 40 participants attend drug court, with approximately 15 individuals included on the morning docket, and another 15 individuals on the afternoon docket. In addition to defendants and the judge, Assistant Public Defenders, the Drug Court Coordinator, Assistant State’s Attorneys (if participants need to be sentenced), and (sometimes) treatment providers also attend drug court reviews. For treatment providers, attendance at the drug court reviews happens very rarely. If there are particularly challenging situations involving participants, private treatment providers may be asked to attend court reviews with case managers. Most often, though, the coordinator, case managers, and private treatment providers meet to discuss participants’ situations and progress. In addition, treatment providers will occasionally send new clinicians to drug court reviews to familiarize them with the program.

During drug court reviews, depending on the issues being addressed, participants may spend up to half an hour before the judge. Most participants attend drug court every 3 weeks.

The Drug Court Team

Judge. Judge Dryden, the District Court for Anne Arundel County's Administrative Judge, has presided over the drug court since November 1998. He began working with the drug court as a back-up judge for Judge Manck, the first Adult Drug Court Judge in Anne Arundel County. Other judges are available to substitute for Judge Dryden, though this rarely happens. Judge Dryden spends about 15% to 20% of his time on drug court-related activities and the rest on other judicial matters/cases. He spends most of every drug court review day working on AACADC—District-related activities. In addition, he is also involved for an hour or two each week conducting preliminary inquiries, wherein participants' cases are presented along with their eligibility for programs. Outside of the courtroom, Judge Dryden serves on the Drug Treatment Court Commission for Maryland (DTCC), a body set up by the judicial system to provide guidance for drug court programs statewide. He is the chair of a DTCC subcommittee. To ensure that the program runs smoothly, he also spends time out of court consulting with the Drug Court Coordinator.

In his role as Drug Court Judge, Judge Dryden is responsible for giving final approval for drug court entry. Having reviewed reports from treatment and monitoring agencies, he meets with participants at their reviews. At the progress review sessions he makes recommendations regarding appropriate responses to participant performance in the program. According to Judge Dryden, his philosophy is to be supportive and to encourage participants to stay involved in treatment and work on their individual goals. For example, if participants are in school, he talks with them about the courses they are taking.

Generally, he tries to get to know participants on a personal level.

Drug Court Coordinator. The Drug Court Coordinator is responsible for planning, organizing, coordinating, and monitoring the activities of the drug treatment court and driving under the influence (DUI) treatment court programs. She works with the State's Attorney's Office to determine who is eligible and who is not eligible for AACADC—District. Among other duties, she also coordinates all of the reviews, writes and monitors grants, collects data regarding drug court participants, maintains statistics, and manages the drug court budget. In addition, she coordinates and manages all courtroom activities (e.g., graduations, visits from other drug courts) and identifies program resources in the community.

Parole and Probation. The role of the Maryland Parole and Probation Division is minimal in this drug court, unless offenders are also on probation (most participants are not), and they are allowed to participate in drug court. Parole and Probation Agents can do home visits to check on participants.

Assistant State's Attorney. The role of the Assistant State's Attorney is to represent the prosecutorial interest of the State and the agency interest of the Anne Arundel County State's Attorney's Office regarding the progress of offenders assigned to drug court. At times, the Assistant State's Attorney is involved in the County's drug diversion program (for first time offenders who agree to participate in treatment), in cases where there are other charges besides a qualifying drug charge. The Assistant State's Attorney determines whether there is merit to such charges, and whether participants will be offered the drug diversion program (instead of drug court). If participants are in the AACADC—District program, plead guilty to drug court qualifying charges that got them there, and recommendations are for PBJ findings, these charges will not be considered

convictions. If participants' findings are for PBJ on such charges, after 3 years, participants may petition to have the charges expunged and the records sealed (but only if they successfully complete drug court).

Currently, the Assistant State's Attorney attends the drug court reviews when participants are sentenced, or if participants have committed new crimes while in the AACADC—District program, and decisions have been made to allow them to roll those charges into their drug court program charges.

Drug court differs from the traditional ("business as usual") court process in that public defenders and prosecutors are expected to suspend their adversarial positions. In drug court, the Assistant Public Defender and the Assistant State's Attorney are both interested in assisting individuals who need help with their addictions. This means that counsel for offenders and prosecutors are asked to adopt perspectives that are sometimes more therapeutic than adjudicative.

Prior to drug court entry, the State's Attorney's Office completes intense background checks on all potential participants, including a standard Maryland background check and an FBI check (includes entries and charges, but not dispositions), for arrests that may have occurred in other states.

Information gathered in these checks is provided to the State's Attorney's Office's paralegal assigned to drug court to assist in determining eligibility. Sometimes the paralegal brings record checks to the Assistant State's Attorney for help with deciphering the information (e.g., legal codes), which may assist in determining eligibility.

At times, offenders want to enter the drug court program but have pending cases in other counties. With the approval of the Assistant State's Attorney, the Assistant Public Defender or private attorney may approach the judge in Anne Arundel County and indi-

cate a participant's willingness to go through the AACDC program and request assistance from the judge in seeking to move such cases to Anne Arundel County. Such transfers require the cooperation of the court and attorneys in the corresponding counties.

Law enforcement. Law enforcement agencies in Anne Arundel County are not involved with the AACADC—District, other than their roles in making arrests that may lead to drug court-qualifying charges.

Assistant Public Defender. There are five attorneys in the Maryland Office of the Public Defender in Anne Arundel County who rotate monthly for weekly preliminary inquiries. Potential participants with charges that make them eligible for drug court attend these inquiries and are required to state whether they accept entry into drug court or not. Assistant Public Defenders ("APDs") also attend the weekly drug court reviews. If the lead APD for drug court is unable to attend a session, a substitute APD is assigned for the day. The lead APD is in charge of the Office of the Public Defender in Annapolis, MD. If a private attorney is retained for drug court participants, that individual will take the place of the APD for those cases.

The lead APD is also a member of the Offender Substance Abuse Treatment Services (OSATS) group, a subcommittee of the Maryland Criminal Justice Coordinating Council, which meets monthly to discuss drug court challenges and other program-related issues (funding, hiring staff, changes, etc.) and works on solutions for addressing those problems and issues.

In his drug court-related role, the APD reviews case files and, if it does not look as though the State can prove the charges at trial, he will not recommend drug court program participation to defendants. So, the APD maintains a traditional representational position until offenders enter the drug court. While there is generally not an adversarial relationship between the representatives of

prosecution and defense in drug court, the APD retains the role of legal advocate for participants. There are occasions when the coordinator (or other drug court staff) may request particular sanctions be levied or that participants be terminated from the program. The APD may determine that it is in the best interest of the offender to argue against such actions.

House Arrest Counselor (Correctional Program Specialist 2). This position is organizationally located in the Anne Arundel County Detention Center. The House Arrest Counselor's main responsibility is drug monitoring. The House Arrest Counselor performs daily urine testing of AACADC—District participants placed into the monitoring program (as a sanction). Participants who are monitored report to the Detention Center every day except Sunday. They provide their monitors with their daily itineraries, approximate time it will take them to go from “point A to point B” (between appointments), and information about mode of transportation. The monitors generally check up on participants who are working (contacting their places of employment). Participants on house arrest have a 10 p.m. curfew. The House Arrest Counselor also conducts home visits for participants on daily monitoring.

Drug screens take place at the Detention Center, located in Glen Burnie, MD, which is approximately 15 minutes from Annapolis. Trained officers screen for drugs on the same day that urine samples are taken. The next day participants are informed whether test results were positive or negative.

Drug court is held on Thursday, so UA collections take place Friday through Wednesday for the following court date. On Thursdays, reports are faxed to the judge stating whether or not participants reported for testing and the number of resultant positive UAs. Based on testing results, the judge may recommend continuing monitoring or incarceration for participants.

Monitors send participant status reports to court. Sometimes participants are on house arrest and are monitored with ankle bracelets. In such cases, participants are only allowed to leave home in order to report for UAs or to go to work, employment training/support, or court.

Paralegal. The paralegal assisting drug court is an employee of the Anne Arundel County State's Attorney's Office. The current paralegal has worked with the drug court since June 1999. She does not attend drug court reviews. She receives all of the cases scheduled for preliminary inquiries, and determines whether those persons are eligible for drug court or not. This activity takes 75% to 90% of her time, depending on the size of the docket. On Tuesdays, the day of the preliminary inquiries, she meets with participants to inform them of whether they are eligible for AACADC—District, explain the drug court process and procedures, and take them to the Health Assessor (for the rapid clinical assessment). She also assists in preparing the drug court contract, and sends it to the judge. If participants owe restitution (related to their qualifying charges), this information is included in drug court contracts, and the paralegal will be responsible for forwarding restitution payments to parties involved.

Program Coordinator, Clinical Care Monitoring Program. The Program Coordinator for the Clinical Care Monitoring Program provides primary management and coordination of treatment and rehabilitation services. In addition to supervising the three Clinical Care Monitors (case managers) who work with drug court participants, the Program Coordinator also carries a caseload of drug court participants. (See Treatment Overview for additional information about the CCM program.)

Drug Court Team Training

Members of the AACADC—District team have attended various drug court trainings, conferences, and workshops. In 2000, the

entire team attended an international drug court conference in San Francisco. The team also attended a national drug court conference in 2005. CCMs frequently attend workshops, and the County Health Department provides trainings for them as well. Case managers have also been trained to give drug tests.

Treatment Costs

There is no fee to participate in the AACADC—District program, but participants are asked to pay for treatment services, if they can afford it. For indigent participants there is a sliding fee arrangement, and supplementary funds are provided by the State of Maryland. For these participants, there still may be a \$5 co-pay requirement. A small number of people pay through insurance. For participants with transportation challenges, vouchers are provided (from a fund through the State Drug Treatment Court Commission and the Maryland Highway Safety Association) for a cab or a bus.

Participants do not pay the CCMs who give them the UA tests, nor for the tests themselves. If private providers perform UAs, there may be fees charged to participants. Treatment providers are required to perform UAs twice per week for participants who are in Phase I of the program. Anne Arundel County pays for all services at or related to the Detention Center (e.g., house arrests).

Drug Testing

The County Health Department, treatment providers, and the County Detention Center (if the participant is in the daily monitoring program as a sanction) are responsible for drug testing. Sometimes it is a random test (e.g., when they see their CCM), and at other times participants expect to be drug tested (e.g., when they see their House Arrest Counselor when on daily monitoring). Often, for those who are further along in the program (i.e., in higher Phases), there are “pure randoms” for which participants are called

and given 24 hours’ notice to appear for a UA. If participants say that they cannot report for 2 to 3 days to take a test, then program staff members generally suspect that the participants are not abstaining from use. Such incidents will be addressed in court, and offending participants most frequently are sanctioned for delaying tests. When participants appear to report for court reviews, they are also drug tested.

Tests that are used include:

- Rapid urine drug screen (results available in 5 minutes), which assesses for a variety of substances (cocaine, heroin, etc.), including Oxycontin
- Oral tests (for the above-mentioned substances, including marijuana), which are sent to the lab, with results available in 48 hours
- Breathalyzers, on all participants (regardless of presenting charge) when they see their case managers each week
- Full urine drug screen (for an even larger number of substances, including drug levels), which go out to a lab to be processed

UAs are observed by House Arrest Counselors or other staff members in the Anne Arundel County Detention Center office. Male staff members observe male participants and female staff members observe female participants.

Rewards and Sanctions

REWARDS

The AACADC—District rewards good behavior. Examples of good behavior include consistently keeping appointments with case managers, negative UAs, doing what is requested by drug court staff (including paying restitution, if ordered), and engaging in no new criminal activity. Rewards may include a 6-months-clean certificate, gifts, extending periods of time between court appearances,

and reducing the number of times that participants are required to see their monitors.

SANCTIONS

Sanctions may be given for non-complaint behaviors, such as not seeing the treatment provider as required, not participating in support groups, or having positive UAs. Sanctions are graduated and imposed very quickly following the negative behavior. Sanctions may include community service, house arrest, jail, or residential treatment.

The process for imposing sanctions begins with the treatment team, including CCMs, making recommendations, and all staff members providing reports to the judge. The coordinator reads both reports (from treatment and the CCM) and talks with both the private providers and CCMs about their participants. At times, there are additional agencies involved in participants' treatment (such as the Workforce Development Group), in which case there may be reports provided to the court from those groups as well. Sometimes community service is assigned as a sanction if participants are not doing well and need to be reminded to do better. There is also an option to put participants on house arrest (daily monitoring) as a more severe sanction.

The coordinator receives reports on all participant activities ordered by the drug court and coordinates them with other information the day before drug court meets. The coordinator reviews reports, noting discrepancies among reports (i.e., one provider saying the participant is doing well and another reporting difficulties).

During drug court reviews, the judge receives all reports from AACADC—District staff, speaks with defendants about the information provided by the treatment team and what it means, and asks participants about their perspectives related to the reports. The judge then decides the disposition of the case, weighing all of the information provided.

Although his decisions are usually consistent with treatment team recommendations, the judge demonstrates independent judgment in determining how to proceed.

Generally, participants are allowed four or five mistakes, such as positive UAs, before sanctions are imposed. If drug screens are positive during initial weeks of program participation, participants are generally not sanctioned because early relapses are expected in the program and demonstrate the need for participation in the program. Participants may be in the process of detoxifying and may still have measurable levels of drugs remaining in their systems. However, if participants have positive results subsequent to negative tests, sanctions may be levied.

Graduated sanctions are imposed as follows:

1. Increased treatment
2. One day in jail (at the Detention Center)
3. Weekend in jail (at the Detention Center)
4. Daily monitoring (at the Detention Center) and leave a urine sample

If participants are not compliant with drug court requirements, the court can respond in a variety of ways. However, prior to any action, participants may be asked whether they wish to stay in the program. If they respond, "Yes," then sanctions must be levied. Participants may then be allowed to continue in the program. Sometimes the sanction is enough to get them back on track with the program. If there are two infractions, participants may receive the next level of sanction from the graduated scale. If participants commit petty crimes, but accomplish other things that are required as drug court participants, they may be allowed to remain in the program and not be subjected to prosecution on the new cases.

Unsuccessful Completion (Termination)

If participants continue to use drugs or alcohol and/or refuse to go to treatment, and sanctions have not helped, then they may be removed from the AACADC—District program. Often participants effectively take themselves out of the program by not reporting to treatment or monitoring. When this happens, bench warrants are issued for participants' arrest, without the availability of bond. If, for example, it is decided on a Thursday to remove participants from the program, they may be sentenced the same day.

Essentially, every court review can become a violation of probation hearing, if participants have missed at least one appointment (for counseling, UA test, court session, etc.) and the agreement upon entering drug court is that they are required to attend every appointment. The sentence (following termination) depends on how long participants have been in drug court and what they have and have not done. The judge decides whether or not to send participants to jail—he does not send them to Parole and Probation.

Graduation

Requirements for graduation from AACADC—District are:

- Participation in the program for 1 year
- Clean for 6 months
- Affirmative recommendations of treatment providers and case managers for graduation

When drug court staff members feel that participants are ready for graduation, they make recommendations to the court to that effect. Generally, because the team meets frequently to talk about participants, the team members will all agree with recommendations.

There are three formal graduations held every year. Participants may graduate between those ceremonies on any Thursday docket if they do not want to wait to graduate with their peers. Formal graduations take place on the afternoon docket. They represent the only activities held on those afternoons. There are usually six to eight graduates in each graduation ceremony.

At graduation, participants come up to the trial table with their families, legal representatives, and the available members of the treatment team. Graduates receive framed graduation certificates, and they have their pictures taken with the judge. They also receive gift certificates and participate in a raffle. Punch and cookies are served to all in attendance.

Data Collected by the Drug Court for Tracking and Evaluation Purposes

The AACADC—District collects data regarding everyone who participates in drug court. At the preliminary inquiries, whoever pleads guilty is entered into the drug court database, and the coordinator retains information on participant age, racial/ethnic background, and other demographic information. All of the information is collected in a paper file; it is later entered into a database by the Drug Court Coordinator. Data are gathered on an individual participant basis. Results of each drug court session docket are also entered into the database.

Drug Court Funding

The AACADC—District is funded by Maryland's Drug Treatment Court Commission, and through funds from the Maryland Highway Safety Office, the Department of Justice and Attorney General (DJAG - a new federal grant that comes to the County), and the Bureau of Justice Assistance (BJA).

AACADC—District has found it difficult to find funding for mental health professionals

to do intensive psychological testing for those who need it. The drug court has received some volunteer help from organizations for this service, and the program is always looking for funding. Members of the drug court team try to deal with the problem

through use of intensive outpatient treatment, because they have funding for these services.

The private treatment providers' services are funded through the Offender Treatment Fund (from the County), if participants do not have insurance and cannot afford a private pay arrangement.

ANNE ARUNDEL COUNTY ADULT DRUG COURT (DISTRICT COURT) COMPARED TO 10 KEY COMPONENTS OF DRUG COURTS

The National Association of Drug Court Professionals (NADCP, 1997) has defined drug courts as consisting of 10 Key Components. This section lists these 10 Key Components, as well as research questions developed by NPC for evaluation purposes. The research questions were designed to determine whether and how well each key component is demonstrated by the drug court. Within each Key Component, drug courts must establish local policies and procedures to fit their local needs and contexts. There are currently no research-based benchmarks for any of these key components, as researchers are still in the process of establishing an evidence base for how each of these components should be implemented. However, preliminary research by NPC connects certain practices within some of these key components with positive outcomes for drug court participants. Additional work in progress will contribute to our understanding of these areas.

The descriptions of each Key Component that follow include local information about the AACADC—District, existing research that supports promising practices, and relevant comparisons to other drug courts. Comparison data come from the National Drug Court Survey performed by Caroline Cooper at American University (2000), and are used for illustrative purposes.

Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing.

Research Question: Has an integrated drug court team emerged?

The County Health Department, Clinical Case Monitoring program, Maryland Divi-

sion of Parole and Probation, Maryland Office of the Public Defender, Anne Arundel County State's Attorney's Office, private attorneys, private treatment providers, Anne Arundel County Detention Center, Anne Arundel County Executive's Office, and the Drug Court Coordinator all participate in drug court team meetings. These meetings take place once per month and cover policy and programmatic issues. The list of agency contributors is comprehensive—it includes both treatment and justice system partners. The partner agencies seem to work well together; respondents indicated that decisions about the drug court are made collaboratively and by consensus.

Previous research (Carey et al., 2005) has indicated that greater representation of team members from collaborating agencies (e.g., prosecuting attorney, defense attorney, treatment) at team meetings and court sessions is correlated with positive outcomes for clients, including reduced recidivism and, consequently, reduced costs at follow-up.

Substance abuse treatment providers share information with the court through a standard report form that is combined with the CCM's report and sent to the coordinator prior to each drug court review. Reports include information about program participant progress and compliance, drug screen results, attendance at appointments and treatment sessions, and other information related to participation in the program.

The judge does not participate in treatment team meetings, but prefers to hear the information and discuss it with the defendant during the court review. This model is unusual; the judge is generally seen as a key partner who plays a central role in the drug court program where much of the action, planning,

and decision-making occurs behind the scenes. Inclusion of the judge and more frequent meetings could enhance communication and information flow. However, the interview respondents did not indicate that communication was a problem. The written reports provided by each partner supplement communication and may be mediating any risk that the other structural components of the program impose.

The drug court team has the cooperation of all the entities involved with the drug court, and they have found when attending national meetings that this is unusual. The team believes it is the cooperation of the various stakeholders and partner agencies and the commitment of the people in them that is one of the greatest strengths of this drug court.

Suggestions/recommendations:

- Continue to monitor communication between the judge and other team members to ensure that the structure provides adequate mechanisms for information sharing.

Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

Research Question: Are the Office of the Public Defender and the State's Attorney satisfied that the mission of each has not been compromised by drug court?

Respondents indicated that all the entities involved in this drug court are fully committed to it. The State's Attorney's Office and Office of Public Defender decided to embark on this project together at its inception, so there is a history of cooperation between these critically important contributors to the program. The Assistant Public Defender participating in the program retains the role of advocate, but cooperates with the other part-

ners for what seems to be the participant's best interest.

The Assistant State's Attorney and the Assistant Public Defender are both looking for prospective program participants that they can help, rather than convict and send to correctional facilities. Consistent with the national drug court model, the prosecutors and defenders in this program have embraced alternative, non-adversarial roles built on cooperation and communication.

Key Component #3: Eligible participants are identified early and promptly placed in the drug court program.

Research Question: Are the eligibility requirements being implemented successfully? Is the original target population being served?

After a prospective drug court participant has been identified by the Commissioner and his/her criminal background checked by the State's Attorney's Office, the individual's charges are set for a preliminary inquiry, generally 3 to 4 weeks later. During this time, the court is informed about whether the defendant is eligible for drug court, and whether the individual accepted or declined to participate. The time from arrest to entry into the drug court program is approximately 3 weeks. The quicker this placement can happen, the better, as immediate responses to behavior are most effective and the sooner participants can begin treatment the better. Contacts with law enforcement and the criminal justice system are often viewed by the offender as an awakening and provide an opportunity to make potentially life-changing decisions, such as entering treatment.

Suggestions/recommendations:

- Since 3 weeks from arrest to entry is pushing the limits of what should be considered as “promptly placed,” the AACADC—District partner agencies should monitor the time from identification to drug court entry to ensure this time period does not widen; and continue to analyze where additional efficiencies may be possible. Discussions among partner agencies regarding how the timeline can be shortened may be in order.

Key Component #4: Drug courts provide access to a continuum of alcohol, drug, and other treatment and rehabilitation service.

Research Question: Are diverse specialized treatment services available?

The AACADC—District works with 20 different private treatment providers who are available to provide services appropriate for each individual, depending upon where participants live and their needs. Services include weekly therapeutic (outpatient) sessions, detoxification services, and inpatient treatment. These treatment providers and the Clinical Case Monitors report to court staff on treatment progress and compliance. The drug court also provides ancillary services, such as job-related assistance, and referrals to community-based programs (e.g., Workforce Development, social services, parenting classes, and HIV education) as needed. These services will help participants function better in the community once they have completed the program.

Mental health issues are not exclusion criteria for drug court participation. If a staff member discovers that someone in the program has a mental health problem, the drug court will work with that person and try to address the issue or need. If the problem is insurmountable, then the participant may be

dropped from the drug court program, due to a lack of financial resources to address the deeper mental health needs of some individuals.

AACADC—District has four phases, which allows the participants to experience a feeling of progress and accomplishment over time, and to begin to take responsibility for structuring their own lives while still under supervision. Continuing care with the treatment providers is available to drug court graduates, though not required. The case managers and private providers are involved in the aftercare process.

The County is geographically large, and has poor public transportation (no rapid transit and a limited bus system). Many participants do not have cars, but are required by the drug court to be two or three places at different times each week. Some participants fail because they cannot get to where they are required to be.

The American University National Drug Court Survey (Cooper, 2000) shows that most drug courts have a single provider. NPC research, in a study of drug courts in California (Carey et al., 2005), found that having a single provider or an agency that oversees all the providers is correlated with more positive participants outcomes, including lower recidivism and lower cost at follow-up.

Additionally, clients who participated in group treatment sessions two to three times per week have better outcomes (Carey et al., 2005). Programs that require more than three treatment sessions per week may create hardship for clients, and may lead to clients having difficulty meeting program requirements. Conversely, it appears that one or fewer sessions per week is too little service to demonstrate positive outcomes. Individual treatment sessions, used as needed, can augment group sessions and may contribute to better outcomes, even if the total number of treatment sessions in a given week exceeds three.

Suggestions/recommendations:

- Aftercare is a clinical best practice, supporting individuals in their transition to a drug-free lifestyle. Consider requiring a minimal aftercare component or establish a policy for drug court staff to follow up on and encourage participants to participate in aftercare.
- The program should continue to provide—and ensure participants are aware of—transportation assistance or support to drug court participants who do not have private vehicles, to maximize participant opportunities to be successful in the program. In addition to the current practices of providing bus tokens and cab vouchers, support could include coordinating required appointments so that they occur on the same day or in the same location. The program leadership could also consider discussing with community providers options such as ridesharing programs, volunteer drivers, or vehicle sharing programs.

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing.

Research Question: Compared to other drug courts, does this court test frequently?

Research on drug courts in California (Carey et al., 2005) found that drug testing that occurs randomly, at least three times per week is the most effective model. If testing occurs more frequently (that is, three times per week or more), the random component becomes less important.

Programs that tested more frequently than three times per week did not have any better or worse outcomes than those that tested three times per week. Less frequent testing resulted in less positive outcomes.

It is still unclear whether the important component of this process is taking the urine sample (having clients know they may or will be tested) or actually conducting the test, as some programs take multiple urine samples and then select only some of the samples to test. Further research will help answer this question.

As with most drug courts, AACADC—District’s drug testing is more frequent in the beginning of the program, and gradually tapers off toward the end of the program. However, participants who are suspected of using drugs or alcohol (e.g., saying they cannot come in within 24 hours of being notified of a random urinalysis [UA]), may be sanctioned, and will be tested when coming in to court. This drug court utilizes breathalyzers on all clients, regardless of presenting charge, whenever they see their case managers (once per week). Rapid urine drug screens, oral tests, and full urine drug screens are also used to test for drug use. UAs are observed by the House Arrest Counselor or another staff person of the same gender as the person whose test is being observed.

Results from the American University National Drug Court Survey (Cooper, 2000) show that the number of urinalyses (UAs) given by the large majority of drug courts nationally during the first two phases is two to three per week. The AACADC—District tests slightly less frequently than the average adult drug court: twice a week during Phase I, and once a week (minimum) during Phase II. Drug tests are given randomly, but less frequently, in Phases III and IV. As a result, AACADC—District leadership and agency partners may want to consider adjusting the frequency of testing.

Key Component #6: A coordinated strategy governs drug court responses to participants' compliance.

Research Questions: Do the partner agencies in this program work together as a team to determine sanctions and rewards? Are there standard or specific sanctions and rewards for particular behaviors? Is there a written policy on how sanctions and rewards work?

The intent of sanctions and rewards should always be to reinforce desired behavior (e.g., abstinence) and minimize undesirable behavior (e.g., missing sessions). Sanctions and rewards should be examined to ensure they do not interfere with the ability of participants to be successful. For example, removing transportation assistance as a sanction could inadvertently contribute to missing required appointments or lengthy time in jail could lead a participant to lose employment. In addition, the *process* for giving sanctions and rewards should be examined to ensure that the intended lesson is clear and effective. For example, an immediate response to poor behavior is generally much more effective than a delayed response.

Participants have clear incentives to complete the drug court program, including dismissal of the criminal charge bringing them into drug court, and/or a "suspended sentence" pending completion of the drug court program, which means that the participants with more extensive criminal histories can avoid incarceration.

A variety of rewards and sanctions are used with drug court participants during the program. Sanctions are graduated (the severity of the sanction increases with more frequent or more serious infractions), which is recommended practice throughout criminal justice programming. Sanctions may include community service hours, house arrest, jail time or residential treatment. Examples of

rewards include extending the time before the participant needs to return to court, decreasing the number of times the participant must see her/his monitor, or certificates recognizing 6 months drug-free.

The AACADC—District has a Procedures Manual with clear guidelines for determination and use of rewards and sanctions. The Drug Court Coordinator receives reports regarding non-compliant behaviors from the treatment team (providers and CCMs). She talks with the treatment team and any other agencies involved with the participant's treatment (such as Workforce Development) to gain an overall understanding of the situation. The coordinator provides the information to the judge at the drug court review.

The judge looks at all reports and speaks with the participant during court before making a decision about a sanction, although those decisions are usually consistent with the treatment team's recommendation. That process is consistent with the most common process nationally, which is for the judge to make the final decision regarding rewards and sanctions based on input from the team.

During the focus group and interviews, drug court participants reported the major challenges with the program to be the time commitment and financial cost. Participants would prefer more flexibility in times and days of the week when the drug court reviews take place, and felt that leniency for compliant participants with children or jobs would help them be more successful in the program. Participants felt the financial cost was sometimes a disincentive to attend, if they did not have the money to pay their fees. Program leadership should consider these challenges and the potential for making adjustments to address them.

Suggestions/recommendations:

- Consider offering additional flexibility in the times and days of the week that drug court reviews take place.
- Consider offering additional flexibility in scheduling for compliant participants who have other demands on their time, including children or jobs.
- Continue working with community partners to identify resources and strategies to allow reduced fees for participants who need financial assistance.

Key Component #7: Ongoing judicial interaction with each participant is essential.

Research Question: Compared to other drug courts, does this court’s participants have frequent contact with the judge? What is the nature of this contact?

Research in California and Oregon (Carey et al., 2005) demonstrated that participants have the most positive outcomes if they attend at least one court session every 2 to 3 weeks in the first phase of their involvement in the program. In addition, programs where judges participated in drug court voluntarily and remained with the program at least 2 years had the most positive participant outcomes. It is recommended that drug courts not impose fixed terms on judges, as experience and longevity is correlated with cost savings (Carey et al., 2005; Finigan, Carey, & Cox, 2006).

Judge Dryden has been presiding over the AACADC—District since 1998. Drug courts with judges who preside for at least 2 years and/or who rotate through more than once have better outcomes than drug courts with regular rotations of less than 2 years (Carey et al., 2005; Finigan, Carey, & Cox, 2006).

The AACADC—District judge learns about the participant during the drug court review, both from written reports and through discus-

sions with the participants. This process brings each participant’s situation to the judge’s attention in a personal, interactive way that helps build the relationship that the judge has with each participant.

Nationally, the American University Drug Court Survey (Cooper, 2000) reported that most drug court programs require weekly contact with the judge in Phase I, contact every 2 weeks in Phase II, and monthly contact in Phase III. So, the amount of contact decreases for each successive Phase. Although most drug courts followed the above model, a good percentage had less court contact (e.g., every 2 weeks in Phase I, monthly in Phases II and III.)

In the AACADC—District program, participants appear in court every 3 weeks (every week for those not consistently following program rules). As participants who are satisfying program requirements near graduation, they may only be required to appear in court every 5 or 6 weeks. Therefore, participants in AACADC—District appear in court less frequently than participants in most drug courts nationally. Again, program leadership may wish to consider the advantages to be realized by bringing its practices in line with national practice.

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

Research Question: Is evaluation and monitoring integral to the program?

The AACADC—District collects data regarding every drug court participant, starting with the guilty plea during preliminary inquiries, and continuing through program completion. Data are collected in paper files, though participant data are also entered into an electronic database by the Drug Court Coordinator, along with results of each court

review's docket and other basic information about participants.

The drug court program reports some of the data they collect (e.g., age, ethnicity, arrests while in drug court) to the Maryland Drug Treatment Court Commission and to the Health Department. The State's Attorney's Office also generates a weekly report which includes results of preliminary inquiries, and is used to look at capacity and other aspects of the drug court.

The drug court staff has common goals for the program, and they are listed in the AACADC—District Procedures Manual, which is available to all staff.

Suggestions/recommendations:

- Electronic drug court records facilitate program monitoring and evaluation and have been used successfully in some drug court programs. To this end, the program should consider using the State's new drug court management information system ("SMART") when it becomes available.
- The drug court team should continue to accumulate and analyze data about the drug court and its participants and use it for program reviews and planning, such as to inform the team about the types of participants who are most and least successful in this program.
- The program leadership should conduct an outcome study in the future to follow up on the 2003 cost study. The new evaluation should consider program effectiveness in light of continuing program maturation and the application of program improvements.

Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

Research Question: Is this program continuing to advance its staff members' training and knowledge?

The drug court team attended an international drug court conference in 2000 (with Judge Manck, the first judge for this Drug Court). Case managers were trained to give drug tests. Team members have attended various drug court trainings, workshops, and conferences.

Drug court team members also receive ongoing training. Health Department employees working with the Drug Court are trained in assessing individuals to see whether they are clinically appropriate for drug court.

Suggestions/recommendations:

- The program should continue to ensure that all drug court staff receive training, both about drug courts in general and specific to their role in the program, and that all staff have opportunities for refresher training and updated information to stay current in the field.

Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

Research Question: Compared to other drug courts, has this court developed effective partnerships across the community?

Responses to Caroline Cooper's National Survey showed that most drug courts are working closely with community groups to provide support services for their drug court

participants. Examples of community organizations that drug courts are connected with include self-help groups like AA or NA, medical providers, local education systems, employment services, faith communities, and Chambers of Commerce.

AACADC—District participants are required to attend NA or AA, or some other appropriate activity approved by the program. The drug court works with the Workforce Development program to help participants become employed. Other agencies the program refers participants to include the Department of Vocation and Rehabilitation, social services, and residential treatment. Engaging the business community can be beneficial as well; outside corporations have made donations to the AACADC—District.

Suggestions/recommendations:

- The drug court team should continue discussing possible community connections and resources, and ideas for generating outside support to enhance the program and to be responsive to changes in the environment and participant needs.
- AACADC—District should continue to be open to any new opportunities for accessing additional psychiatric services to address the unmet needs of some program participants.

Participant Monitoring and Supervision

Many participant comments in the focus groups and interviews related to the intensity of the time commitment and financial burden of participating in the drug court. Current and former program participants reported that the program is intense and involves keeping track of and coordinating a lot of details, which can be overwhelming.

While participants found this level of oversight and intensity difficult and sometimes contributing to participant failure, some staff

saw these structural features of the program as strengths.

The program increases contact with participants who are having difficulty successfully meeting program requirements, such as those with more extensive drug problems. If they have support in their home environment and are able to get to the detention center each day, they can sometimes avoid going to inpatient treatment. One staff member commented regarding this daily monitoring program and its uniqueness:

We see the person every day except for Sunday; we take UAs almost every day; we check every day to make sure their schedule of work and treatment and home is all taken care of. We can do the electronic monitoring with the ankle bracelet to make sure they're at home when they ought to be; I'm not sure many other jurisdictions have that capability.

Suggestions/Recommendations:

- Consider the optimal program dosage and intensity required to maximize accountability and oversight, while promoting successful participation. It is important to maintain the positive aspects of frequent monitoring without creating an undue burden on participants. The purpose of this program is to engage and retain individuals in treatment and help them adjust to a new lifestyle, free of drugs and criminal behavior. These efforts and subsequent changes are incredibly difficult work for the participants.
- It is appropriate to provide flexibility of program requirements as an incentive for participants who are demonstrating a positive intent to change their behavior and who are making progress toward those changes.

ANNE ARUNDEL COUNTY ADULT DRUG COURT (DISTRICT COURT): A SYSTEMS FRAMEWORK FOR PROGRAM IMPROVEMENT

Drug courts are complex programs designed to deal with some of the most challenging problems that communities face. Drug courts bring together multiple—traditionally adversarial—roles and stakeholders from different systems with different training, professional language, and approaches. They take on groups of clients that frequently have serious substance abuse treatment needs.

The challenges and strengths found in the AACADC—District can be categorized into community, agency, and program level issues. By addressing issues at the appropriate level, change is more likely to occur and be sustained. In this section of the report, we provide an analytic framework for the recommendations included in the prior section.

Community Level

Adults with substance abuse issues involved in the criminal justice system must be seen within an ecological context; that is, within the environment that has contributed to their attitudes and behaviors. This environment includes their neighborhoods, families, friends, and formal or informal economies through which they support themselves. We must understand the various social, economic, and cultural factors that affect them.

Social service and criminal justice systems respond to community needs. However, to be most effective, they need to clearly understand those needs. They must analyze and agree on the problem to be solved, what the contributing factors are, who is most affected, and what strategies are likely to be most successful at addressing the problem. An analysis of need helps define what programs and services should look like, what

stakeholders exist, and what role each will play. The key agency partners involved in the AACADC—District seem to agree on and have a clear understanding of their service population. However, feedback from participants indicates that the program could be more responsive to the social and economic demands facing them. While the suggestions offered by participants relate to specific program level changes, they reflect community level factors that affect the participants' opportunities for success in the drug court program.

SUMMARY OF COMMUNITY LEVEL RECOMMENDATIONS

- The drug court team should continue discussing possible community connections and resources, and ideas for generating outside support to enhance the program and to be responsive to changes in the environment and participant needs.
- AACADC—District should continue to be open to any new opportunities for accessing additional psychiatric services to address the unmet needs of some program participants.
- Participants requested additional flexibility in the times and days of the week that drug court reviews occur, due to other demands on their time (e.g., employment and family responsibilities). AACADC—District already offers flexibility in the days and times that participants are asked to attend court sessions. Following the lead of some other drug courts, it may be worth considering holding court sessions in the evening or other off-hours to better meet the needs of participants who work during weekdays.

- Participants indicated that the program can be a financial burden, because some of the services from supporting agencies require payment. The AACADC—District offers an Offender Treatment Fund that participants can access if they do not have health insurance. In addition, the program has worked out sliding scales and payment plans for participants and has written grants to cover treatment costs. The program should ensure that participants are aware of all the support and funding options and continue to assist them in taking advantage of these opportunities. In addition, the program should continue to work with community partners to help the associated agencies identify other resources and strategies to allow them to provide services at reduced fees for participants who find fees to be a barrier to successful participation.
- The program should continue to provide—and ensure participants are aware of—transportation assistance or support to drug court participants who do not have private vehicles, to maximize participant opportunities to be successful in the program. In addition to the current practices of providing bus tokens and cab vouchers, support could include coordinating required appointments so that they occur on the same day or in the same location. The program leadership could also consider discussing with community providers options such as ridesharing programs, volunteer drivers, or vehicle sharing programs.

Agency Level

Once community and participant needs are clearly defined and the stakeholders identified, the next step is to organize and apply resources to meet the needs. No social service agency or system can solve complicated community problems alone. Social issues—compounded by community level factors, such as unemployment, poverty, substance

abuse, and limited education—can only be effectively addressed by agencies working together to solve problems holistically. Each agency has resources of staff time and expertise to contribute. At this level, partner agencies must come together in a common understanding of each other’s roles and contributions. They must each make a commitment to the common goals.

This level of analysis is a place to be strategic, engage partners and advocates, leverage resources, establish communication systems (both with each other and with external stakeholders, including funders), and create review and feedback loop systems (for program monitoring and quality improvement activities). Discussions at this level can solidify a process for establishing workable structures for programs and services, as well as identify key individuals who will have ongoing relationships with the resulting program and with the other participating agencies and key stakeholders.

SUMMARY OF AGENCY LEVEL RECOMMENDATIONS

- The program should continue to monitor communication between the judge and other team members to ensure that the structure provides adequate mechanisms for information sharing.
- Since 3 weeks from arrest to entry is pushing the limits of what should be considered as “promptly placed,” the AACADC—District partner agencies should monitor the time from identification to drug court entry to ensure this time period does not widen and analyze where additional efficiencies may be possible. Discussions among members of the drug court team regarding how the timeline can be shortened may be in order.
- Aftercare is a clinical best practice, supporting individuals in their transition to a drug-free lifestyle. AACADC—District should consider requiring a minimal af-

tercare component or establish a policy for Drug Court staff to follow up on and encourage participants to participate in aftercare. Discussions need to occur regarding agency roles and responsibilities and how the program would facilitate coordination of this service within or outside of the judicial context.

Program Level

Once a common understanding of need exists and partner agencies and associated resources are at the table, programs and services can be developed. The services that are brought together, or created, in this manner can make more efficient use of public funds. They will also be most likely to have a positive impact on the issues being addressed. Organizational and procedural decisions can then be made, tested, and refined, to arrive at a flow of services and set of daily operations that work best for the community.

The recommendations provided at the community and agency levels already have program level implications; however, there are a few additional areas where program specific adjustments might be considered.

SUMMARY OF PROGRAM LEVEL RECOMMENDATIONS

- Electronic drug court records facilitate program monitoring and evaluation and have been used successfully in some drug court programs. To this end, the program
- should consider using the State's new SMART MIS when it becomes available.
- The drug court team should continue to accumulate and analyze data about the drug court and its participants and use it for program reviews and planning, such as to inform the team about the types of participants who are most and least successful in this program.
- The program leadership should conduct an outcome study in the future to follow up on the 2003 cost study. The new evaluation should consider program effectiveness in light of continuing program maturation and the application of program improvements. The program should continue to ensure that any new drug court staff receive training, both about drug courts in general and specific to their role in the program, and that all staff have opportunities for refresher training and updated information to stay current in the field.
- The drug court team should consider the optimal program dosage and intensity required to maximize accountability and oversight, while promoting successful participation. It is important to maintain the positive aspects of frequent monitoring without creating an undue burden on participants.

SUMMARY AND CONCLUSIONS

The Anne Arundel County Adult Drug Court (District Court) has many characteristics that closely follow the 10 key components of drug courts. The team is composed of partners from many different agencies. The two roles that are traditionally adversarial—prosecutors and defenders—work well, closely, and collaboratively with each other. Participants have access to a wide array of treatment and ancillary services.

In other areas, this drug court has adapted their local operations to reflect the community context, target population, or staff philosophies. The frequency of team meetings, judicial reviews, and urine testing were less than the national averages. It will remain to be seen in future outcome evaluation whether these modifications have any impact on participant success.

As with many other drug court programs, the AACADC—District struggles with identifying and securing adequate resources to address mental health concerns among clients. Additional funding for psychiatric and other mental health treatment may improve client stability and success. As well, the transition from an intense program of monitoring to

freedom from program oversight can be challenging for some participants. The aftercare component of this program is crucial and merits increased attention. The drug court team may want to engage in conversations about how to increase the effectiveness of this program component.

While the program supports staff training, it is beneficial to the team if all members participate. Ongoing professional development increases staff skills and contributes to enhanced program quality.

The drug court will also benefit from continuing discussions related to community connections and linkages with other community services and organizations.

The program may want to expand program monitoring and evaluation, and integrate this work into its operations in more concrete and specific ways. For example, ensure that on a regular basis staff review program data on engagement, retention, dosage, and participant outcomes, and bring this information to the drug court team for discussion and future planning. It will be useful to ensure that the program is collecting key data for future outcome and cost-benefit studies.

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APPENDIX A: PARTICIPANT FEEDBACK FROM FOCUS GROUP AND INTERVIEWS

Participant Feedback from Focus Group and Interviews

A focus group was facilitated by NPC Research in July 2006, with 2 people: 1 graduate and 1 participant. Interviews were completed, also in July, with 1 graduate and 1 participant. Those interviews took place as people finished with their drug court session—these people were unable to stay for the focus group, so were interviewed individually.

What worked/helped?

- Janet [Coordinator], Judge, lawyer, Mark (CCM), ADI (Alcohol & drug intervention) all these people helped me a lot. They put up with my [xxxx] and never gave up. They had interest in my well-being and my ongoing process.
- Things that helped the most is wanting to help yourself.
- I needed to get a sponsor and go to NA meetings. It was required. He helped me with my step work.
- No one said, “You can’t stay clean, you can’t follow directions.” They were all supportive.
- My CCM gave me advice and I was open to that.
- I learned a lot from ADI.
- I was inpatient 4 months. That was one of the best things. I learned so much about my behavior and myself.
- It is the best thing that has EVER happened to me.
- The overwhelming positive is that everyone is very nice. The judge is great and gets personally involved with your life and what’s going on as far as family life and your job and transportation or family issues. That makes a big difference. Going into court, he is very down to earth and easy going so you don’t really dread it even if there is a problem.
- It is overwhelming in the beginning. Nine times out of 10 you are dealing with people that don’t have any organization in their lives, and so much can happen between one session and the next. So they put things in place like your counselor, but it is a very overwhelming program.
- The groups are really good.
- Having a good long while to scare me straight. They don’t let you forget. It is good to be reminded what can happen, and they engrain it into your mind. It will be stuck with me for quite a while—to be damn careful.
- The groups are good.

What could be improved?

- Nothing about the drug court could have been better. Every chance I was given, down to no more chances, that was the best thing.
- There are two major issues: money and time.

- I think it discourages people from attending if they don't have money that week. But if I come in with \$10, they will say, "Okay." They are good about that.
- It is hard to do everything they want you to do even when you aren't addicted, and can't imagine how you could do it if you were.
- It is a lot to remember and coordinate.
- It is overwhelming for a lot of people and that is why they fail.
- If you get a breathalyzer in the car and you pay your \$40 a week, that is a lot of money.
- It is tough. I think about the cost and the time.
- Everybody's story is different, so it has to be on an individual basis.
- My only complaint is about the New Way clinic. People running it don't really know what to do. I think 45 minutes would be better [for group] than an hour.
- If you are trying to help someone, you don't want them to feel tortured [this person had to wait for a late counselor to arrive before group could start, and didn't like that]
- The monitor gives you 10-15 minutes of "How's everything going," and UA. She thinks it is counseling.

Were you treated fairly?

- I got a lot of sanctions but they were fair and it helped me. I didn't have any family or friends to get me through. I built my life now. Me and everyone who helped me.
- Very fair.

Suggestions for improving the Drug Court program

- Have some type of thing where they would have a special judge review for people who find jobs and can't come during those hours. Or have daycare problems or work at night.
- Even if once a month they had a lunch time session or change from a.m. to p.m., or 4-6 p.m. Something that gave some leeway. Even if it's only available to people who are doing well in the program.
- There are times when I am in and out [of court] in 10 minutes. [Judge] spends sometimes 20 minutes with a person, and I am waiting 2 hours. If I tell them ahead, they will try to work me in sooner.
- Hours.

Other

- Today I have two cars and a place to live and a good job. I have people I can truly call my friends. Some of my family is talking to me again. I am helping other people and taking them to meetings and giving the advice and talking to them.

APPENDIX B: DRUG COURT TYPOLOGY INTERVIEW GUIDE

Drug Court Typology Interview Guide

The topic/subject areas in the Typology Interview Guide were chosen from three main sources: the evaluation team's extensive experience with drug courts, the American University Drug Court Survey, and a paper by Longshore et al. (2001), which lays out a conceptual framework for drug courts. The typology interview covers a number of areas—including specific drug court characteristics, structural components, processes, and organizational characteristics—that contribute to a more comprehensive understanding of the drug court being evaluated. Topics in the Typology Interview Guide also include questions related to eligibility guidelines, specific drug court program processes (e.g., phases, treatment providers, urinalyses, fee structure, rewards/sanctions), graduation, aftercare, termination, non-drug court processes (e.g., regular probation), identification of drug court team members and their roles, and a description of drug court participants (e.g., general demographics, drugs of use).