

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



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EXECUTIVE SUMMARY

Drug treatment courts are effective programs designed to reduce drug abuse and criminality in nonviolent offenders. The first drug court was implemented in Florida in 1989. There were 2,147 drug courts as of December 2007, with drug courts operating or planned in all 50 states (including Native American Tribal Courts), the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam (NADCP 2007).

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

Administrative Judge Joseph Manck was key to the implementation of Anne Arundel County's Circuit Adult Drug Court (AACADC) program. In 2004, he approached Family Law Judge Michael Loney who has voluntarily served as the AACADC judge since then. Anne Arundel's Juvenile Drug Court Coordinator, Mr. John Fullmer, served as coordinator for the adult court until Ms. Paula Fish joined the team in November 2007. The first participant entered the program in November 2005.

The Anne Arundel County Adult Drug Court enrolled 80 participants from November 2005 through June 2008. During that period, a total of 15 participants graduated and 17 were released unsuccessfully from the program. With the addition of a second case manager in February 2008, the program has a capacity goal of 100 active participants and it continues to strive to achieve that number. At the end of June 2008, the program had 48 active participants. These participants work with substance abuse counselors from private

treatment agencies that work with the Anne Arundel County Department of Health. They attend both group and individual therapy and may also work with their families in counseling.

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

According to its *Policies and Procedures Manual*, AACADC's program goals are:

- To improve treatment outcomes for substance abusing offenders
- To reduce subsequent convictions among drug court participants
- To reduce the financial cost to the community and the state by providing an alternative to incarceration for probation violators who successfully graduate from the program
- Positive community involvement by participants.

Process Results

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

The AACADC 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. The program uses frequent alcohol/drug testing to monitor abstinence, has had a continuously sitting judge since its inception, and the judge is regarded with re-

spect by participants and perceived as caring about their progress. The program has fully implemented the SMART database system and uses data to inform program policy change. Finally, the team has forged a number of partnerships among community-based organizations in order to meet the needs of program participants.

There are several areas in which the AACADC should and can make program improvements. The team should discuss ways in which the team's health department representative can continue to play an instrumental role in expediting the placement of new participants into treatment; identify more opportunities to offer incentives to participants in order to encourage their continued involvement in the program; forge partnerships with local law enforcement and have a representative on the team to strengthen community support and offer a more comprehensive perspective; clarify its target population and identify how well the current participant population reflects that definition.

A summary of suggestions and recommendations that emerge from this evaluation include the following:

SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

The AACADC has developed many vital connections to community supporters. Team members are encouraged to generate ideas to improve employment prospects for drug court participants. The program is encouraged to seek involvement from local law enforcement and have a representative attend team meetings whenever possible. This could enhance community support and may serve as a link to untapped community resources and knowledge about the community.

SUMMARY OF AGENCY-LEVEL RECOMMENDATIONS

The AACADC should discuss ways in which the health department representative can facilitate participant placement into treatment. The team should either make sure that the parole/probation agent's responsibilities in the drug court are minimal or they should look into the possibility of minimizing the parole/probation agent's non-drug court caseload. Attorneys on the team are encouraged to approach the drug court process in a non-adversarial manner and with the understanding that the team goal is to reduce the participant's criminal justice involvement by addressing her/his substance abuse issues. The program may want to consider how results from drug tests conducted by parole/probation can be obtained more quickly; the team may want to discuss the feasibility of using rapid tests and sending only positive results for confirmation.

SUMMARY OF PROGRAM-LEVEL RECOMMENDATIONS

The program should have a conversation around the characteristics of their target population and how well they are reflected in the current participant population. The program is encouraged to conduct a review and analysis of case flow in order to determine where in the entry process time may be saved. Team members should identify more opportunities to acknowledge progress and offer incentives, while relying less on the imposition of sanctions.

BACKGROUND

In the last 18 years, one of the most dramatic developments in the movement to reduce substance abuse among the United States criminal justice population has been the spread of drug courts across the country. The first drug court was implemented in Florida in 1989. As of December 2007, there were 2,147 juvenile, adult and family drug courts, with drug courts operating or planned in all 50 states (including Native American Tribal Courts), the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam (NADCP 2007).

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 offenders and their families. Benefits to society take the form of reducing 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 of their traditional roles. The team typically includes a drug court coordinator, addiction treatment providers, prosecuting attorneys, defense attorneys, law enforcement officers, and parole and probation officers who work together to provide needed services to drug court partic-

ipants. Prosecuting attorneys and defense attorneys hold their usual adversarial positions in abeyance to support the treatment and supervision needs of program participants. Drug courts 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, 2004; 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, 2004; Crumpton, Brekhus, Weller, & Finigan, 2004; Carey et al., 2005).

This report contains the process evaluation for the Anne Arundel County Adult Drug (Circuit) Court (AACADC), a program for adults 18 years of age and older. The first section of this report is a description of the methods used to perform this process evaluation, including site visits, participant interviews and key stakeholder interviews. The second section contains the evaluation, including a detailed description of the drug court's process and recommendations based on the 10 key components of effective drug courts.

METHODS

Information for this process evaluation was acquired from several sources, including observations of court hearings and team meetings during site visits, key stakeholder interviews, participant interviews and program documents. The methods used to gather information from each source are described below.

Site Visits

NPC staff traveled to Anne Arundel County, Maryland, for site visits in October and December 2008. The visits included attendance at a drug court team meeting, observation of a drug court hearing and participant interviews. These observations and interviews provided information about the drug court's structure, procedures, and routines.

PARTICIPANT INTERVIEWS

NPC Research (NPC) conducted participant interviews in the offices of one of the program's contracted treatment providers in December 2008. Participant interviews were conducted with two program participants currently in Phase 2 and Phase 3. The interviews provided the participants with an opportunity to share their experiences and perceptions regarding the drug court process. See Appendix B of this report for a summary of results.

Key Stakeholder Interviews

Key stakeholder interviews, conducted by telephone, were a critical component of the AACADC process study. NPC staff interviewed eleven individuals involved in the administration of the drug court, including the judge, the program coordinator, the assistant public defender, and the assistant state's attorney. Other team members interviewed included the program manager of community treatment at the Anne Arundel County Department of Health, a private

treatment provider, two case managers employed by the circuit court, a parole/probation agent and a law clerk.

NPC has designed a *Drug Court Typology Interview Guide*,¹ 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 this particular drug court. The information gathered through the use of this guide assisted the evaluation team in focusing on the day-to-day operations as well as the most important and unique characteristics of the AACADC.

For the process interviews, key individuals involved with AACADC administration were asked questions from the *Typology Interview Guide* during telephone calls at several points in time. This approach allowed us to keep track of the changes in the drug court process from the beginning to the end of the project.

Document Review

In order to better understand the operations and practices of the drug court, the evaluation team reviewed the *Circuit Court for Anne Arundel County Adult Drug Court Policies and Procedures Manual* (herein referred to as the *Policies and Procedures Manual*) and the *Circuit Court for Anne Arundel County Client Handbook* (herein referred to as the *Participant Handbook*) for program information. Information contained

¹ The Typology Guide was originally developed by NPC Research under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. A description of the guide can be found in Appendix A, and a copy can be found on the NPC Research Web site at [www.npresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_\(copyrighted\).pdf](http://www.npresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_(copyrighted).pdf)

in these program manuals was compared to data obtained from other sources, to ensure

consistency and comprehension across the program.

RESULTS

Anne Arundel County Circuit Court Adult Drug Court Program Description

ANNE ARUNDEL COUNTY, MARYLAND

Anne Arundel County is located in the center of the state of Maryland. It lies west of the Chesapeake Bay and is considered a suburb of Baltimore City and Washington, DC. Annapolis is the county seat of Anne Arundel County and has a population of 36,408, according to the 2006 Census.² The population of Anne Arundel County is 509,300, with 76% of the population aged 18 or older and a median age of 38. Anne Arundel County's racial/ethnic composition is 79% White with 14% Black; 4% of the population identifies as Hispanic, and 1% are other ethnicities. The 2006 Census also found that the median family income is \$91,171, and the median household income is \$79,160; with 5% of individuals and 3% of people in families living below poverty level. The county's unemployment rate is 4.2% according to the US Department of Labor.³ The main industries of employment are educational services, health care, and social assistance.

ANNE ARUNDEL COUNTY DRUG COURT OVERVIEW

The Anne Arundel County (Circuit) Court Adult Drug Court (AACADC) is located in Annapolis, Maryland, with the program servicing the entire county. The program accepted its first participant in December 2005. A variety of local agencies comprise the drug court. The AACADC operations team is made up of the judge, program coor-

dinator, a parole/probation agent, two case managers, an assistant state's attorney, an assistant public defender, the program manager for community treatment, a counselor from the county health department and the law clerk. The AACADC serves adult offenders who have committed crimes as a result of their addiction. The program provides intensive supervision and treatment along with comprehensive judicial monitoring. Anne Arundel County also has a district adult drug court program, which began in 1997, and a juvenile drug court program, which began in 2003.

IMPLEMENTATION

In 2004, Anne Arundel County's Administrative Judge approached Family Law Judge Michael Loney about implementing an adult drug court program at the circuit level. John Fullmer, who was the program coordinator for the Anne Arundel County Juvenile Drug Court, served as the adult drug court's first coordinator. Judge Loney convened a planning team which included representatives from the State's Attorney's Office (SAO), the Office of the Public Defender (OPD), the Maryland Department of Public Safety and Correctional Services, Division of Parole and Probation (hereafter referred to as parole/probation), the Anne Arundel County Department of Health (AACDH) and the coordinator. The planning team attended a series of drug court implementation trainings put on by the National Drug Court Institute (NDCI) throughout 2005. They were also responsible for creating the first version of the program's participant handbook and policy manual.

Judge Loney has been with the AACADC since its inception, and Judge Mulford has served as the court's backup judge. The current coordinator, Paula Fish, replaced Mr. Fullmer in November 2007. The coordina-

² Demographic data were retrieved from the U.S. Census Bureau at www.census.gov in August 2008.

³ Information was retrieved from www.bls.gov and represents data for July 2008.

tor's position and 1.5 case manager positions were initially funded through the Governor's Office of Crime Control and Prevention through June 2008, with the county funding half of a case manager position and half of the substance abuse assessor's position through part of a Byrne Justice Grant.

PARTICIPANT POPULATION AND PROGRAM CAPACITY

At capacity, the AACADC program is currently designed to serve 100 active participants. Since the drug court program has been operational, it has been able to accommodate all eligible participants. As of July 2008, 80 individuals had entered the drug court since the program's inception; 15 of these participants had graduated, 17 were unsuccessful at completing the program, and 48 are active participants.

Of the 80 individuals who have participated in the drug court program, 24% are female, 56% are White, 40% are Black, and 4% are Hispanic/Latino. The average age of program participants is 34 years, with ages ranging from 21 to 62 years. Twenty-eight percent of participants are ages 20 to 25, 26% are 26 to 35 years old, 31% are 36 to 45 years old and 14% are over 45 years old (total does not equal 100% due to rounding). According to team members, the main drugs of choice for participants of the AACADC program are marijuana, heroin and cocaine.

DRUG COURT GOALS

The AACADC program works to reduce criminal behavior and substance abuse by participants. Currently, the program has four specific goals listed in its *Policies and Procedures Manual*:

- To improve treatment outcomes for substance abusing offenders
- To reduce subsequent convictions among drug court participants

- To reduce the financial cost to the community and the state by providing an alternative to incarceration for probation violators who successfully graduate from the program
- Drug court participants will have positive community involvement

The AACADC staff's goals for the program, as reported during the key stakeholder interviews, are in line with those listed in the *Policies and Procedures Manual*. An additional reported program goal included increasing public safety by helping individuals with their addictions.

ELIGIBILITY CRITERIA

The AACADC eligibility criteria are listed in the *Policies and Procedures Manual*. Prospective participants to the program must be residents of Anne Arundel County and be 18 years of age or older. In addition, prospective participants must:

- be in violation of current probation conditions
- have received a minimum 12-month incarceration sentence
- not have any convictions for violent offenses
- accept that s/he has a substance abuse issue related to original violation

Key stakeholder interviews confirmed that these are the operational eligibility criteria for the program. Generally, prospective drug court participants have not responded to regular probation and outpatient treatment. Although felony charges are targeted, misdemeanor charges are also accepted. Violations must be due to the offender's substance abuse but no longer have to be directly drug related. Charges and behaviors that preclude an individual's entry into the program are violent offenses as stipulated in

federal regulations.⁴ The team has recently decided to look at low-level assault charges for program entry consideration. In addition, the program will now consider individuals with co-occurring disorders and those with pending charges. The team has been able to work with the State's Attorney's Office (SAO) to have district court-level pending charges made inactive as long as the individual is an active participant of the drug court program. They have also worked with judges from other jurisdictions who have ordered successful completion of the AACADC as a condition of probation for pending charges.

DRUG COURT PROGRAM SCREENING AND ENTRY PROCESS

The following description explains the process that prospective AACADC participants go through before entering the program.

An offender with a violation of probation is generally referred to the AACADC by the State's Attorney's Office or parole/probation. However, referrals also come from the Office of the Public Defender, Anne Arundel County Detention Center, the defense bar and circuit court judges. Team members indicated that not all eligible candidates were being referred to the program. Possible reasons mentioned included a sense of caseload ownership by non-drug court parole and probation agents and a lack of confidence in the program from judges not involved in drug court.

Violation of Probation (VOP) hearings can be set from 1 to 6 months after the violation occurs; they are usually held in 2 to 3 months. Individuals can be referred to the

program any time between the actual violation and the VOP hearing. Thus, VOP to referral time can take up to 6 months. However, once a referral is made at the VOP hearing, time to program entry time is generally 2 weeks. Interviews with team members indicated that approximately half of the current participants' originating charges were misdemeanors, while the other half were felonies.

Once a referral has been made, the paralegal in the SAO conducts a legal background check to ensure the prospective participant does not have any disqualifying violent offenses. Legal requirements have changed since the program's inception to include low-level assault cases associated with substance abuse, as well as pending cases in district court. The prospective participant must have a minimum of 12 months detention as an original sentence. Key stakeholder interviews indicated that there have been a few exceptions to the minimum sentencing requirement and some individuals with slightly shorter sentences have been accepted into the program. Following the legal check, the probation officer checks to make sure the individual is a resident of the county and s/he has enough probation time left to participate in the AACADC program. Once these criteria have been met, the probation agent informs the individual about drug court as an option. Team members reported that very few prospective participants have declined, but when they do, reasons given include the difficulty of the program, the lack of recognition of a substance abuse issue or feeling that they are already dealing with their issue.

Once the prospective participant decides that s/he would like to participate in the drug court program, a clinical assessment, using ASAM criteria, is performed by the Anne Arundel County Department of Health (AACDH). Participants with co-occurring disorders are eligible if their mental health

⁴ 42 U.S.C. §§ 3797u, 3797u-1 (2006) (prohibiting expenditure of federal drug court grant funds for programs that allow participation by violent offenders in the program)

disorder does not limit their ability to engage in the program. Once the AACDH counselor conducts her assessment, she brings treatment needs back to the team and makes a recommendation that the team takes under consideration.

INCENTIVES FOR OFFENDERS TO ENTER (AND COMPLETE) THE AACADC PROGRAM

The AACADC is a violation of probation, post-adjudication, post-sentence program. Those individuals who decline participation have opted to serve at least 12 months of jail time rather than participate in the program. If they are accepted into the drug court program, their sentences are suspended. They do not have to serve their sentenced jail/prison time if they successfully complete the program.

The program is voluntary, and the removal of potential incarceration time is the primary incentive for offenders to enter the program. In support of this, participants who were interviewed reported that they decided to enroll in drug court to avoid lengthy jail sentences. Additional incentives for offenders to enter and progress through the program include support in their recovery with treatment and case management, receiving praise from the judge, material rewards (e.g., gift cards) as they advance from phase to phase and having future probation supervision fees waived.

For graduates, successful completion of the program results in unsupervised probation, which expires at the end of their original probation sentence. Unsupervised probation has no reporting requirements; the only condition is that the graduate not violate any laws, in which case, s/he would be considered in violation of probation, which may result in more stringent penalties.

DRUG COURT PROGRAM PHASES

The AACADC program has four phases which, cumulatively, take about 12 months to complete. The minimum number of days of participation is 315. The length of each phase is dependent upon the participant's compliance with drug court requirements. During all phases, participants must comply with their individualized substance abuse treatment plans, complete assignments from their case manager and attend all appointments with the probation agent.

Phase 1 lasts a minimum of 45 days. During this phase, the case manager conducts a needs assessment, which helps in the creation of an individualized service plan. As part of the service plan, participants must form personal program goals in conjunction with their treatment plan, which is designed and monitored by the treatment provider. They must attend all treatment sessions and abstain from all alcohol and illicit drugs. Participants must also submit to UA testing 3 to 4 times each week. They must have weekly contact with their case manager and allow home visits by their parole/probation agent. Home visits are conducted quarterly so that participant addresses can be verified. In order to advance to Phase 2, participants must have 30 clean days and at least 3 consecutive weeks of perfect attendance in treatment. Attendance at drug court hearings is required every other week. Phase 2 of the drug court program lasts a minimum of 90 days. Participants must update their service plans with their case manager during this phase. According to the AACADC Policies and Procedures Manual:

The counseling in this phase will focus on living drug and alcohol free. The Case Manager will begin to actively address issues related to personal, employment, educational, and family needs and will develop a strategy to meet those needs.

In addition, all appointments must be kept with the parole/probation agent and the case manager. Court hearings must be attended once every 2 weeks. Random drug tests are conducted 1 to 4 times each week. Participants must be engaged in education and/or employment/training. If they are not, community service will be assigned. In order to advance to Phase 3, participants must have 60 days clean and they must have established a recovery network, including a sponsor as recognized by the 12-step fellowship.⁵ They must also have no unexpected absences from program services for 30 days to progress to Phase 3.

Drug Court Phase 3 takes a minimum of 90 days to complete. The focus of treatment in this phase is relapse prevention. Participants learn coping skills for stressful situations and family involvement is encouraged. Participants are required to submit to UA tests 1 to 4 times each week. They must also maintain employment or educational involvement and keep in regular contact (i.e., once every 1 to 3 weeks) with the case manager. Finally, participants are required to develop an aftercare plan in this phase. In order to advance to Phase 4, participants must have 90 consecutive days clean and must meet employment/educational goals for a minimum of 30 consecutive days. They must also be involved in a recovery network and have no unexcused absences from court hearings or appointments with the parole/probation agent, case manager or treatment provider for 60 consecutive days. Attendance at drug court hearings occurs less frequently and takes place once per month or once every 6 weeks.

⁵ Alcoholics Anonymous defines a sponsorship as, “an alcoholic who has made some progress in the recovery program who shares that experience on a continuous, individual basis with another who is attempting to attain or maintain sobriety through AA.”

In Phase 4, the focus continues to be relapse prevention. Participants remain in this phase for a minimum of 90 days. The participant will remain abstinent from all drugs. They will practice coping skills, in place of drug use, necessary in daily living. Participants are encouraged to continue the learning process and increase an independent life style, including stable housing and employment.

Participants must submit to random UA tests at least 2 times each month in this phase. They must continue in substance abuse treatment in the form of aftercare, which may include 12-step support groups. The focus of case management in this phase is full-time vocational skills, employment and/or educational goal setting. Court appearances take place once per month.

GRADUATION

In order to graduate from the AACADC, participants must satisfy program requirements for all four phases, plus:

- Write an essay about their experience in the drug court program
- Be employed or enrolled in an educational program for 30 consecutive days
- Attend an exit interview with their treatment provider
- Complete a drug court survey with their case manager
- Obtain approval from the judge
- Be actively involved in a support group
- Maintain abstinence from drugs and alcohol for a minimum of 90 consecutive days

The AACADC program has had 15 graduates. Ceremonies have been held in the courtroom with all active program participants present. At the graduation ceremony, Judge Loney calls each case and speaks

about the individual's progress in the program, offering praise for completion. Someone on the team then speaks about the individual's success in the program. A certificate of completion, mounted on a plaque, is presented to each graduate; the judge shakes his/her hand, and a photo is taken. Graduates also receive a \$50 gift card and a small gift from their case manager.

After program completion, graduates are placed on unsupervised probation until court fines and fees, related to the original charge, are paid off or until their original probation sentence expires. Team members reported that participants are now completing the program faster than the graduates in the past, by several weeks to a few months.

TREATMENT OVERVIEW

Once a program participant has been accepted into the program, s/he is clinically assessed by a counselor from the Anne Arundel County Department of Health (AACDH) to determine the level of care needed based on American Society of Addiction Medicine (ASAM) criteria. The assessment counselor meets with the case managers to discuss the results of the assessment and the most appropriate treatment provider. Participants are matched to treatment providers based on their geographic location, ability to pay and treatment level needs. The AACDH works with 18 private treatment providers who offer a variety of services to drug court participants, including detoxification, outpatient, intensive outpatient and residential services. For the remainder of the program, the participant remains in contact with his/her case manager, who is also updated about each participant's treatment progress at least once each week by the treatment provider.

The participant handbook indicates that treatment will last at least 26 weeks and meetings with the treatment provider will

take place 1 to 3 times each week. Treatment providers conduct intake assessments, such as the Addiction Severity Index (ASI), with participants referred to them by the drug court. There is not one overarching treatment model used by all treatment providers. However, the AACDH requires treatment providers to use evidence-based practices, including cognitive therapy and individual and group therapy with the participants, in order to receive treatment funds. The treatment provider contacted for this report uses cognitive therapy and motivational enhanced therapy. Family therapy is also offered and participants have been encouraged to invite family members, though they are not required to attend.

Those participants meeting financial criteria are referred to the Department of Health Community Treatment Services Office for Opportunity for Treatment Funds (OTF). Under this program, they are charged a co-pay fee of approximately \$5 to \$25 per visit for treatment services. With information from the case managers and parole/probation agent, the health department counselor determines financial eligibility. Most participants meet these criteria; for those who do not, treatment services are charged on a sliding scale. Drug testing conducted by the treatment provider is covered under this plan.

THE DRUG COURT TEAM

Judge

Judge Michael Loney has been with the AACADC since its implementation and currently presides over the drug court. The position of drug treatment court judge is voluntary, and the duties performed are in addition to his responsibilities overseeing the Family Law Division of the Circuit Court. Judge Loney leads the pre-hearing team meetings and coordinates agency collaboration with the drug court, in addition to hear-

ing all drug court cases. In rare instances when Judge Loney is unable to preside over the drug court hearings, Judge Mulford steps in to take his place.

Coordinator

The current AACADC coordinator has been with the team since November 2007. She oversees the day-to-day operations of the drug court and coordinates information between team members. She also identifies funding opportunities, administers all of the program's grants and serves as a resource to the team with regard to identifying drug court-based training and workshop opportunities. The coordinator attends pre-court meetings and drug court hearings, and is responsible for scheduling the docket. She also supervises two case managers as well as personnel for Anne Arundel County's Juvenile Court.

Case Managers

The case managers are employed by the Circuit Court of Anne Arundel County and monitor all drug court participants through their individualized service plans. One case manager explained that his/her job is to "remove obstacles that might prevent participants from remaining clean." One case manager has been with the team since implementation and the other began in February 2008. The program has a goal that case managers reach a caseload of 50 participants each. Case managers are the central source of information and referrals to a variety of ancillary services, and they regularly assess their clients' progress. They attend pre-court meetings and drug court hearings and are responsible for updating the team on participant progress. These updates are accomplished through continual communication with the various treatment providers. Additionally, case managers meet regularly with the participants, conduct UAs, and attend home visits with the parole/probation agent.

Parole/Probation Agent

The parole/probation agent has been with the AACADC for 2 years. He supervises all of the program participants outside of drug court and conducts home visits for address verification. Participants are required to submit to drug tests at designated parole and probation offices. While the drug court probation agent schedules drug tests and reports on results, he is only responsible for conducting the random tests that occur just before the drug court hearing. He also has contact with the participants as often as once per week, depending on what phase they are in.

Aside from his duties with the drug court, the parole/probation agent also visits the Anne Arundel County Jail weekly, where he meets with non-drug court inmates to inform them which probation agent will be assigned to their case, once they are released. As of September 2008, a new probation agent joined the drug court team; the current probation agent has a combined drug court/non-drug court caseload of 315.

Treatment

The Anne Arundel County Department of Health (AACDH) is responsible for assessing new participants using ASAM criteria, determining financial eligibility for reduced treatment fees (with information provided by the probation agent and case manager) and referring out to a treatment provider. Currently, a counselor from the Health Department's Community Treatment Division attends the team meetings and drug court hearings. She is responsible for the ASAM assessments and referral to a treatment provider. She has been with the drug court team since June 2008. The AACDH Community Treatment Program Manager is also a member of the drug court team. He supervises the program's assessment counselor and attends meetings and hearings when his schedule allows.

The treatment provider contacted for this report indicated occasional attendance at the drug court team meetings, hearings and graduations.

Assistant Public Defender

The AACADC's Assistant Public Defender (APD) began working with the program in October 2006, replacing the original APD who had advanced to serving as a court master. The APD attends the pre-court team meetings and drug court hearings. His role in the drug court team is currently undergoing changes directed by the Maryland State Office of the Public Defender. The APD now more vigorously advocates for the participants and ensures that drug court procedures and protocols are in each defendant's best interests. He has been a lawyer for 20 years and is knowledgeable about treatment alternatives based on his experience representing individuals charged with driving under the influence.

State's Attorney's Office

A representative from the State's Attorney's Office (SAO) serves on the drug court team and has been with the drug court program since its inception. She regularly participates in the pre-court team meetings and the drug court hearings. The paralegal in the SAO conducts legal background checks on individuals referred to drug court and prepares a summary form for the Assistant State's Attorney (ASA) to review. The ASA suspends her traditional role in favor of a collaborative team approach for drug court participants.

Law Clerk

The current law clerk began with the AACADC in August 2007. She helps the judge monitor the progress of drug court participants, including sanctions and rewards. She attends both pre-hearing meetings and drug court hearings. At the team meetings, she is invited to give her opinion

regarding responses to participant behavior. The clerkship lasts 1 year, so a new clerk joined the team in September 2008.

DRUG COURT TEAM TRAINING

Judge Loney, the former coordinator, the AACDH Community Treatment Program Manager and the Assistant State's Attorney's attended federal drug court planning trainings sponsored by the National Drug Court Institute (NDCI). Prior to the current coordinator joining the team, the entire drug court team attended the 2007 annual National Association for Drug Court Professionals (NADCP) conference. The coordinator also attended a training symposium, sponsored by the Maryland Office of Problem-Solving Courts (MOPSC), in Annapolis in Winter 2007. All team members have attended Drug Court 101 and 102 training, sponsored by the MOPSC. The case managers are currently taking a 10-module case management training course offered by the MOPSC. Some of the treatment providers have also attended local training sponsored by the MOPSC. Role-specific training, sponsored by NDCI, is planned for the probation officer, the assistant state's attorney and the judge in the coming months.

TEAM MEETINGS

The pre-court meeting is held every Monday from 1:30 p.m. until 3 p.m., when the drug court session begins. The judge, coordinator, APD, ASA, parole/probation agent, health department assessor, case managers and law clerk are in regular attendance. During these meetings, case managers report on—and the team reviews—the progress of program participants, including drug test results and participation and cooperation with treatment and probation supervision. They also discuss participants' progress regarding employment or any other conditions or requirements outlined in their individual service plans. Team members then make recommendations for

sanctions and rewards. The judge makes final decisions regarding responses to participant behavior.

In addition to the pre-court meetings, the team has been meeting to update the policies and procedure manual and to discuss issues around the shifting role of the public defender. The results of intake assessments are discussed at weekly treatment team meetings between the coordinator, the health department assessor, her supervisor and the case managers. A representative from the AACDH attended a team meeting to give a presentation on methadone. This presentation resulted in the team changing policy to accept individuals on methadone maintenance.

PROVIDER AND TEAM COMMUNICATION WITH THE COURT

The AACADC team members communicate with one another frequently. The coordinator communicates daily with the case managers, and at least one time weekly with the judge, outside of team meetings. Email is used by the coordinator to update the health department staff, the parole/probation agent and the ASA about new prospective participants. The case managers communicate with all treatment providers on a weekly basis so that they can relay participant progress to the drug court team at the pre-hearing meetings. They also communicate with the parole/probation agent several times each week in order to collaborate in their supervision. Information that the treatment providers offer include UA results, attendance and any issues that may impact participant recovery.

DRUG COURT HEARINGS

The drug court hearings are held every second and fourth Monday of the month at 3 p.m. and can last anywhere from 1.5 to 2 hours. Team members that regularly attend

the hearings include the judge, coordinator, APD, ASA, parole/probation agent, a health department representative, case managers, and the law clerk. Drug court sessions are open to the public.

On average, there are about 30 to 40 participants at each drug court hearing, and they are expected to remain for the entire hearing unless the judge has excused them to go to work or as an incentive for program progress. Participants are called to the podium by the defense attorney. One of the case managers then gives an oral report about the participant's progress. The judge then speaks to that individual's performance in the program. Each participant's interaction with the judge lasts 5 to 6 minutes. Oftentimes, the team will clap for a participant who has done well. On the off weeks, the team holds hearings for participants having trouble, so attendance at those sessions is much lower compared to the regular hearings.

FAMILY INVOLVEMENT

Family members are not required to be involved in the AACADC program. However, case managers and/or treatment providers may request that family members participate in counseling. For example, the health department offers a strengthening families program, which teaches parents substance abuse prevention skills to work on with their children. They also offer a young fathers program that some of the participants are enrolled in. This program encourages increased emotional and financial involvement of fathers in the lives of their children.

SUBSTANCE ABUSE TREATMENT FEES

The Anne Arundel County Department of Health assists financially eligible drug court participants with their substance abuse treatment costs through a grant called the Opportunity Treatment Fund. With these funds, community program services are paid

at different levels, according to income. Participants are responsible for a co-pay amount, typically about \$5 to \$25; this fund pays the cost of drug testing conducted by the treatment provider. Court costs and probation fees are waived as incentives to drug court participants. If a positive drug test, conducted by the case managers, is contested by the participant, s/he is responsible for a \$20 lab fee if the positive results are confirmed.

DRUG TESTING

Participants' compliance with clean time requirements is assessed by urinalysis tests. Random and scheduled drug tests are conducted 1 to 4 times each week through Phase 3 and twice per month in Phase 4. Testing is conducted by the parole/probation department, the case managers and the treatment providers and is observed at all locations by a staff member of the same gender. Drug tests conducted by parole/probation agent assistants occur at two different agency locations. Participants can choose the most convenient location; testing occurs Monday through Thursday. All tests are sent to an outside lab and returned in 1 week. The parole/probation officer emails the drug court team daily to let them know who has reported for drug testing. Probation drug tests screen for marijuana, opiates, cocaine, and PCP.

The program also uses Secure Continuous Remote Alcohol Monitoring (SCRAM) ankle bracelets if alcohol use is detected. Case managers usually use rapid UA tests, but also have access to oral swab tests and breathalyzers. Drugs tested for by the case manager include amphetamines, barbiturates, benzodiazepines, cocaine, marijuana and opiates. Tests conducted by the case manager are sent to a laboratory randomly (for alcohol detection) or when results are inconclusive. The case managers, treatment provider and parole/probation agent collaborate

to determine which participants need to be tested randomly prior to the drug court hearings. The treatment provider contacted for this report conducts rapid tests and does not use laboratories.

REWARDS

The AACADC participants receive rewards from the judge for doing well in the program. Incentives include applause, being dismissed from a drug court hearing early, and having court costs and probation supervision fees waived; material rewards may include coins, mugs, step books and gift cards. Rewards are typically provided at the drug court hearings by the judge. However, the case managers and treatment providers may offer small incentives outside of hearings as well.

SANCTIONS

After a non-compliant act/behavior occurs, such as missing an appointment, the case manager attempts to reach the participant and resolve any problems. If the problem is not resolved or the non-compliant behavior is more serious, the team discusses the appropriate response at the pre-hearing meeting. Sanctions are graduated and may include increased frequency of court appearances or community service hours, escalating periods of jail confinement, increased frequency of drug testing, daily check-ins at the detention center, assignment to courthouse detention for the day and a written apology or essay. The case managers monitor community service hours, which are the most commonly used sanction. Team members reported that sanctions are graduated but, in some cases, individualized to be most effective. Most team members indicated that sanctions are used more often than rewards.

UNSUCCESSFUL PROGRAM COMPLETION (TERMINATION)

Participants' program participation may be revoked for the following reasons, but are not limited to:

- Absconding for 30 days or longer
- Violent acts of any kind towards self, others, or property
- Arrest for and conviction of a new charge
- Chronic failure to attend sessions or comply substantially with conditions of treatment
- Continued non-compliance with supervision guidelines

The AACADC program to date has discharged 17 participants as unsuccessful, giving the program a graduation rate of 47%. The decision to remove an unsuccessful participant from the program is made through a vote by the drug court team, with the judge having the ultimate say. Team members reported that the judge tends to look for reasons to keep the individual active in the program, while some team members are more sanction-oriented. Most team members reported that individuals are usually terminated after absconding from the program for more than a month and/or "expending every resource that we have." Once an individual has been terminated, s/he is scheduled for a violation of probation hearing (VOP, which is either heard by Judge Loney or the backup judge). Defense counsel at the VOP hearing is either the drug court public defender or the backup public defender.

DATA COLLECTED BY THE DRUG COURT FOR TRACKING AND EVALUATION PURPOSES

The case managers track participant progress using the Statewide Maryland Au-

tomated Records Tracking (SMART) system. This database includes client progress in treatment. The probation agent uses paper files to keep track of his caseload and has an Excel spreadsheet that he uses to monitor drug testing schedules. Court processes, including sanctions, are recorded by the case manager in paper files and SMART and are also recorded in the judge's notebook.

The team has looked at its program numbers related to terminations and has focused its recent efforts on increased participant retention and successful program completion.

COMMUNITY LIAISONS

The case managers are charged with identifying and partnering with community agencies in an effort to provide needed services to drug court participants. Anne Arundel County is a relatively resource-rich region and the case managers have tapped into many services. A few of the agencies that the case managers utilize fairly regularly include Goodwill Industries, which offers job training and community service hours; Habitat for Humanity; the Children's Museum; the Food Bank and the YMCA, which offers community service opportunities and domestic violence programs.

The Anne Arundel County Department of Health works with 18 different treatment providers offering an array of services including residential treatment, outpatient treatment, intensive outpatient treatment and detoxification services. Because the case managers are charged with monitoring participant progress, they also work closely with these agencies. Local law enforcement agencies are not involved in the drug court with the exception of the Anne Arundel County Sheriff's Department, which serves the program's bench warrants.

The AACADC has a steering committee and according to the *Policies and Procedures Manual* it is composed of members from the

Anne Arundel County Criminal Justice Coordinating Council.

10 KEY COMPONENTS OF DRUG COURTS

This section of the report lists the 10 Key Components of Drug Courts as described by the National Association of Drug Court Professionals (NADCP, 1997). Following each key component are research questions developed by NPC for evaluation purposes. These 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 few research-based benchmarks for 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.

Key components and research questions are followed by a discussion of national research available to date 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. Then, the practices of this drug court in relation to the key component of interest are described, followed by recommendations pertinent to each area.

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?

National Research

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

Local Process

The Anne Arundel County (Circuit) Court, Adult Drug Court (AACADC) has an integrated treatment and judicial team that includes the judge, the treatment assessment counselor, a representative from the Office of the Public Defender, a representative from the State's Attorney's Office, two case managers and a parole/probation agent. The team members attend both drug court sessions and a pre-court team meeting. Clinical assessment is achieved through Anne Arundel County Department of Health, Community Treatment, after which participants are referred to one of eighteen contracted substance abuse programs in the community. The community treatment providers communicate regularly with the case managers about the progress of the drug court participants. Case managers conduct ongoing assessments to determine if treatment plans are meeting the needs of participants on their caseloads. Team members reported that there is cohesiveness among drug court agencies. However, collaboration has not been as strong recently and this change may

be due to the revised role of the public defender as well as what a team member reported as a shift in the program's orientation, from treatment to compliance. The parole/probation agent works closely with the case managers to determine who should have a random urinalysis. At times, the parole/probation agent and a case manager both visit a participant's home for address verification and general check-in. A new parole/probation agent joined the team in September 2008, and currently carries a caseload of 300 clients, which is expected to increase as the program strives to reach its capacity of 100 participants.

The health department's role on the team is limited relative to other drug court programs. Health department personnel are responsible for the initial clinical assessment, the financial assessment and referral to a treatment provider. They do not have any ongoing interaction with the drug court participants. Instead, the private treatment providers and the case managers conduct ongoing assessments and monitor participant progress.

The AACADC has not had a representative from law enforcement on the team. Team members did not report any specific reason for this absence. However, Anne Arundel County Sheriff's Department reportedly serves bench warrants for the drug court in a timely manner and a representative from county law enforcement is supportive of the drug court program and has spoken at graduation ceremonies.

Recommendations/Suggestions

- Regular and consistent participation in team meetings by a health department representative who is able to connect participants to treatment expeditiously is warranted for the drug court program. Team members felt that the presence of the health department's treatment manager led to quicker service delivery for participants. If this person is unable to

attend meetings, the team may want to consider ways to achieve this result in an alternative way, such as through establishing a different communication system with the current health department representative or developing relationships directly with the inpatient facilities.

- Because the current probation agent has a large non-drug court caseload, his/her supervision duties of drug court participants should be minimal and include only compliance-type procedures, such as home (verification) visits and drug testing. The American Parole and Probation Association recommends caseload standards of no more than 20 intense cases and no more than 50 moderate to high risk individuals for each agent.⁶ Staff can have larger caseloads if supervision and case management responsibilities are shared or if some participants are in later program phases and require less contact and support. The program needs to remember that the parole/probation agent will not be able to do effective work with clients if his caseload is too large to develop meaningful relationships, maintain accurate records, and communicate with other staff.
- To the extent possible, the drug court team should make certain that local law enforcement agencies and staff understand that the drug court program is a cost-effective way to deal with repeat offenders who have substance abuse problems. Additionally, the program should be seen as an avenue for addressing quality of life issues and preserving public safety. Research in this area has shown that greater law enforcement in-

⁶ Adequate caseload standards continues to be an issue that receives considerable attention. For an explanation of these numbers see: http://reentrypolicy.org/publications/caseload_standards_for_probation_parole;file

volvement increases graduation rates and reduces outcome costs (Carey, Finigan & Pukstas, 2008). It would benefit the program to develop closer relationships with at least one law enforcement agency and request that an officer join the drug court team.

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

National Research

Recent research by Carey, Finigan, and Pukstas, 2008, found that participation by the prosecution and defense attorneys in team meetings and at drug court sessions had a positive effect on graduation rates and outcome costs.⁷

In addition, allowing participants into the drug court program only post-plea was associated with lower graduation rates and higher investment costs.⁸ Higher investment costs were also associated with courts that focused on felony cases only and with courts that allowed non-drug-related charges. However, courts that allowed non-drug-related charges also showed lower outcome costs. Finally, courts that imposed the origi-

nal sentence instead of determining the sentence when participants are dropped from the program showed lower outcome costs (Carey et al., 2008).

Local Process

In AACADC, prosecution and defense counsel are included as part of the drug court team. They attend both pre-hearing meetings and drug court hearings. The AACADC defense attorney has been with the program since October 2006, when the former public defender on the team took a position as a court master. The current assistant state's attorney has been with the team since program implementation. Team members reported that prosecution and defense counsel often disagree about responses to participant behavior, but that this discussion is largely due to the public defender's adherence to his traditional role, which calls for him to advocate vigorously for his clients. On the other hand, most team members agreed that sanctions are used more often in AACADC than incentives, which suggests that the program could exercise less compliance-oriented responses to participant's behavior and work to enhance client engagement through the creative and expanded use of incentives and rewards.

Recommendations/Suggestions

- All team members need to adhere to the drug court model and do what is in the client's best interest. Attorneys should approach the process not as one of conflict but with the perspective that all members are present with similar aims: to reduce the participant's criminal justice involvement by addressing his/her substance abuse issues. Although it may call for a shift in his/her traditional role, the defense counsel should continue to protect the participant's due process rights while participating fully in the team process.

⁷ Outcome costs are the expenses related to the measures of participant progress, such as recidivism, jail time, etc. Successful programs result in lower outcome costs, due to reductions in new arrests and incarcerations, because they create less work for courts, law enforcement, and other agencies than individuals who have more new offenses.

⁸ Investment costs are the resources that each agency and the program overall spend to run the drug court, including program and affiliated agency staff time, costs to pay for drug testing, etc.

- The team should work on creative ways to respond to participant behavior in a more supportive manner. Use incentives and rewards liberally to balance needed sanctions and to reinforce a positive, strength-based program climate.

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?

National Research

Carey, Finigan, and Pukstas, 2008, found that courts that accepted pre-plea offenders and included misdemeanors as well as felonies had both lower investment and outcome costs. Courts that accepted non-drug-related charges also had lower outcome costs, though their investment costs were higher.

Local Process

The AACADC is a violation of probation (VOP) program. Original charges must be motivated by drug use but do not have to be directly drug-related. They can be either misdemeanors or felonies; however, lower-level offenders are ideally served by Anne Arundel County’s District Drug Court program. AACADC primarily relies on referrals from parole/probation, and the State’s Attorney’s Office (SAO). Legal eligibility is determined by the assistant state’s attorney and is based on requirements which are set forth in the *Anne Arundel County Circuit Court, Adult Drug Court Policies and Procedures Manual*.

The time from VOP to referral to AACADC varies, but largely depends on how soon the VOP hearing takes place. For shorter times, a parole/probation agent might contact the drug court’s parole/probation agent before submitting a violation report. The drug court parole/probation agent sends the information

about a violation to the SAO, where the criminal history check is conducted. In cases where the window is longer, a request for summons may be submitted to the Judge (a procedure which initiates the violation). Referral to the drug court program happens after the individual is picked up on warrant and s/he attends a court hearing. According to team members, these processes typically take 2 to 3 months, but can take as long as 6 months.

Recommendations/Suggestions

- Concerns emerged during stakeholder interviews related to whether the AACADC has inappropriately begun serving low-level offenders and whether the focus should be on more criminally involved clients. The team should have conversations clarifying the desired characteristics of the population to be served and how well that goal is reflected in current participants’ original offenses. The team should also look at the recruitment and screening procedures to determine if the current participant population is appropriate for this level of court involvement.
- Drug court research has found that a referral to entry time of 20 days or less is optimal in terms of investment and outcome costs (Carey, Finigan, & Pukstas, 2008). The team may want to explore with legal and judicial staff where efficiencies can be built into the process (from violation to entry into drug court). Conducting an in-depth review and analysis of case flow can identify bottlenecks or structural barriers, and points in the process where potential adjustments to procedures could facilitate quicker placement into the drug court program.

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

Research Question: Are diverse specialized treatment services available?

National Research

Programs that have requirements around the frequency of group and individual treatment sessions (e.g., group sessions 3 times per week and individual sessions 1 time per week) have lower investment costs (Carey et al., 2005), substantially higher graduation rates and improved outcome costs (Carey, Finigan, & Pukstas, 2008). Clear requirements of this type may make compliance with program goals easier for program participants and also may make it easier for program staff to determine if participants have been compliant. They also ensure that participants are receiving the optimal dosage of treatment determined by the program as being associated with future success.

Clients who participate in group treatment sessions 2 or 3 times per week have better outcomes (Carey et al., 2005). Programs that require more than three treatment sessions per week may create a 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.

The American University National Drug Court Survey (Cooper, 2000) shows that most drug courts have a single treatment provider. NPC, 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 participant outcomes, includ-

ing lower recidivism and lower costs at follow-up.

Discharge and transitional services planning is a core element of substance abuse treatment and recovery (SAMHSA/CSAT, 1994). According to Lurigio (2000), “The longer drug-abusing offenders remain in treatment and the greater the continuity of care following treatment, the greater their chance for success.”

Local Process

The treatment providers for AACADC are contracted with Anne Arundel County Department of Health (AACDH). A counselor with AACDH conducts initial clinical assessments for all program participants and recommends a level of treatment based on ASAM criteria. Referral to a treatment provider is based on the assessment outcome (level of care needed), the individual participant’s geographic location and his/her financial status.

There are 18 private agencies that contract with AACDH to provide substance abuse treatment to drug court participants. There are a wide variety of services offered through these agencies, including detoxification, clean and sober housing, inpatient, outpatient, intensive outpatient and medication-assisted treatment. Treatment lasts for a minimum of 26 weeks and attendance in treatment groups takes place 1 to 3 times each week, depending on the level of care needed, as indicated by the clinical assessment. Individual counseling takes place twice monthly, according to the treatment provider contacted for this report. Family counseling is offered but not required. There is no formalized treatment plan mandated by the AACDH; however, individual treatment providers are required to use evidence-based practices in order to qualify for funding from the AACDH.

Ongoing assessments of participant progress are conducted by the case managers, who

are in regular contact with the treatment providers. They may recommend that a participant advance to outpatient from inpatient treatment based on progress in treatment or they may recommend that individual participants receive more intensive treatment services, if progress is not being made. Furthermore, if an individual relapses after completing treatment, s/he can be referred back into treatment.

The treatment providers conduct aftercare planning and offer transition services for the drug court participants. Additionally, drug court phase requirements include relapse prevention planning and active involvement in a 12-step support group or other aftercare group. Participants are not required to contact their case managers once they have graduated; however, team members reported that clients often call to report personal successes.

Recommendations/Suggestions

- Team members felt that the involvement of the Health Department's treatment manager in team meetings has greatly facilitated treatment connections. If it is feasible for this team member to attend more regularly or to allow the assessment counselor to take on more responsibility in this area, it seems the participants would benefit from quicker access to treatment and the team would benefit from having a representative from the health department who has the connections to help program staff access limited treatment slots for the drug court clients.
- It is also recommended that the health department encourage and track training by providers in gender specific and culturally responsive practitioner methods.

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

Research Question: Does this court conduct frequent, random drug tests?

National Research

Research on drug courts in California (Carey et al., 2005) found that drug testing that occurs randomly, at least 3 times per week, is the most effective model. If testing occurs frequently (that is, 3 times per week or more), the random component becomes less important.

Programs that tested more frequently than 3 times per week did not have any better or worse outcomes than those that tested 3 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.

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.

Local Process

The number of urinalyses administered in AACADC is one to four each week through Phase 3, which is comparable to most drug courts nationally. The average number of UAs administered weekly per participant by the drug court team is two to three. This frequency is also consistent with national experience. After phase 3, drug tests are conducted twice monthly.

Random drug tests are conducted on a sample of participants by the parole/probation agent just before each drug court hearing.

The participants designated for testing that week have been chosen based on information shared between the case managers, treatment provider and parole/probation agent.

In addition to drug testing, AACADC uses the Secure Continuous Remote Alcohol Monitor (SCRAM), an ankle bracelet worn by participants, as needed (i.e., when alcohol use has been detected/identified). SCRAM detects alcohol use transdermally.

Results from drug tests conducted by the treatment provider are available immediately and are not sent away to a lab. Results from drug tests conducted by the case managers are randomly sent to labs, where they are screened for alcohol. Results take 2 to 3 days to receive. All drug tests conducted by parole and probation are sent out to a lab and take about 1 week to obtain results.

The court covers the cost of drug testing conducted by the case managers, except if results are positive and have to be confirmed because the participant denies use. Drug tests conducted by the treatment provider are covered by the Opportunity for Treatment funds or with a co-pay of \$10 to \$20 based on the individual participant's income level. Probation drug testing is covered by the participant, who pays a flat fee of \$100 for the duration of the program.

Recommendations/Suggestions

- The parole/probation department should consider using rapid drug tests for drug court participants and sending only positive results to the laboratory for confirmation, as this practice would allow for a quicker response to participant behavior. Although procurement costs for this change may be substantial, research should be done regarding the long-term financial advantages/disadvantages.

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

Research Questions: Do this court's partner agencies 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? How does this drug court's system of sanctions and rewards compare to what other drug courts are doing nationally?

National Research

Nationally, experience shows that the drug court judge generally makes the final decision regarding sanctions or rewards, based on input from the drug court team. All drug courts surveyed in the American University study confirmed they had established guidelines for their sanctions and rewards policies, and nearly two-thirds (64%) reported that their guidelines were written (Cooper, 2000).

Most programs (99%) use praise from the judge and promotion to subsequent phases (90%) as rewards for participant progress. Most programs also used increased frequency or intensity of treatment (94%), increased frequency of urinalysis (93%), and increased numbers of court status hearings (91%) as responses to relapse. The American University survey did not specifically measure use of various sanctions, though program termination and bench warrants were common responses to specific participant behaviors [new violent offenses (91%) or failure to appear at a court hearing (67%), respectively] (Cooper, 2004).

Carey, Finigan, and Pukstas, 2008, found that for a program to have positive outcomes, it is not necessary for the judge to be the sole person who provides sanctions. However, when the judge is the sole provider of sanctions, it may mean that participants

are better able to predict when those sanctions might occur, which might be less stressful. Allowing team members to dispense sanctions makes it more likely that sanctions occur in a timely manner, more immediately after the non-compliant behavior. Immediacy of sanctions is related to improved graduation rates.

Local Process

Currently, AACADC hearings are held on the second and fourth Mondays of each month, following the pre-court team meetings. In addition, the team holds meetings and hearings on the “off-weeks” in order to address problems that participants may be having. Team members agreed that they all provide input on the sanction and reward process. They reported that only the judge administers sanctions; however, case managers and treatment providers may offer incentives, such as candy and pizza parties. Drug court team members reported that sanctions are imposed more frequently than incentives.

AACADC has clearly stated guidelines on what constitutes compliant and non-compliant behavior. Information related to incentives and sanctions is addressed in the AACADC *Policies and Procedures Manual* as well as the *Participant Handbook*. Staff reported that sanctions are graduated, but not everybody is given the same sanction for the same behavior; the team considers each situation on an individual basis.

Team members reported that discussions around removing participants from the program usually take quite a while and can continue into the following week’s team meeting. It was also reported that the team used to discharge participants as unsuccessful more easily than they do now. Of those participants who are no longer in the AACADC program, 53% were discharged as unsuccessful.

Recommendations/Suggestions

- The team should work on creative ways to respond to participant behavior in a more supportive manner. Use incentives and rewards liberally to balance needed sanctions and to reinforce a positive, strength-based program climate. Consider bringing in consultants or trainers to support the enhanced use of strength-based practices in the program. The team may want to start with a discussion about their philosophies and views about the use of incentives, to identify whether some team members are resistant to or have concerns about this model.
- Regarding retention of eligible individuals, team members reported that individuals’ participation is revoked for chronic non-compliance and for absconding repeatedly. Community supervision of these individuals could be enhanced with greater involvement from law enforcement as well as greater availability of the parole/probation agent’s time. In addition, as suggested earlier, the team should consider identifying more opportunities for participants to receive incentives in order to reinforce the positive aspects of participation and build engagement.

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

Research Question: Do this court’s participants have frequent contact with the judge? What is the nature of this contact?

National Research

From its national data, the American University Drug Court Survey (Cooper, 2004) 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. The frequency of contact decreases for each advancement

in phase. Although most drug courts follow the above model, a substantial percentage reports less court contact.

Further, research in California and Oregon (Carey et al., 2005; Carey & Finigan, 2003) 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 are correlated with cost savings (Carey et al., 2005; Finigan, Carey, & Cox, 2007).

Local Process

Participants in AACADC have twice monthly interaction with the judge in Phases 1 and 2 and once per month in Phases 3 and 4. The team also holds “off-week” hearings for participants who are experiencing difficulties. Observation reports of the court hearing indicated that the process was well organized and the tone of proceedings was supportive; the judge was described as compassionate yet direct.

Judge Loney has been with the program since implementation and does not have a fixed term. Team members reported that Judge Loney has adapted very well to his role as drug court judge. They also reported that the participants “know that he cares about them and that he wants them to succeed.” In the courtroom, participants sit in the jury box and gallery. Team members reported that drug court sessions typically last 1½ hours for approximately 30 participants. In support of this, AACADC observations indicate that anywhere from 5 to 6 minutes is allocated for each participant. Participants are required to stay for the entire hearing unless they have made a prior request granted by the Judge.

Recommendations/Suggestions

- There are no recommendations at this time for this area, as the program appears to have positively implemented Key Component #7.

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

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

National Research

Carey, Finigan, and Pukstas, 2008, found that programs with evaluation processes in place had better outcomes. Four types of evaluation processes were found to save the program money with a positive effect on outcome costs: 1) maintaining paper records that are critical to an evaluation, 2) regular reporting of program statistics that lead to modification of drug court operations, 3) modifying drug court operations as a result of program evaluations, and 4) participation of the drug court in more than one evaluation by an independent evaluator. Graduation rates were associated with some of the evaluation processes used. The second and third processes were associated with higher graduation rates, while the first process listed was associated with lower graduation rates.

Local Process

AACADC team members have been trained on the SMART data management system. The case managers for the AACADC keep information on program participants, including demographic information, non-compliant behavior and sanctions imposed, in the SMART system and in paper files. Prior to implementation of the SMART system, participant information was recorded in Excel files by the coordinator. Drug testing information is tracked electronically by the case managers, using the SMART system. Other information related to original

charges, probation violations and new charges are kept in paper files by the parole/probation agent or in the judge's notebook. The treatment provider tracks information regarding group and individual session attendance, UA results and assessment information, using paper files. This information is transmitted to the case managers on a regular basis. Progress reports are generated by the case managers for review at the team meetings. Data regarding participant progress and/or failure to complete the program are discussed at team meetings.

Recommendations/Suggestions

- The drug court staff members are encouraged to discuss the findings from this process evaluation as a team, to identify areas of potential program adjustment and improvement.
- The program should keep all prior records for further outcome evaluation, including paper files and electronic records (e.g., Excel files).

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

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

National Research

The Carey, Finigan, and Pukstas, 2008, study found the following characteristics of drug court programs to be associated with positive outcome costs and higher graduation rates: 1) requiring all new hires to complete formal training or orientation, 2) ensuring that all team members receive training in preparation for implementation, and 3) providing all drug court team members with training.

It is important that all partner agency representatives understand the key components and best practices of drug courts, and that

they are knowledgeable about behavior change, substance abuse, mental health issues, and community resources.

Local Process

At the time of stakeholder interviews, all AACADC team members had attended formal drug court training. Of the current team members, the assistant state's attorney and one of the health department's representatives attended the federal planning meetings.

Most of the team attended the National Drug Court Training Conference in June 2007. The case managers are taking a 10-week case management module training given by the Maryland Office of Problem-Solving Courts. All team members indicated attendance at the Winter Symposium sponsored by the Office of Problem-Solving Courts. Overall, the team has had extensive and continuous training, including by guest speakers who have visited the court from the Office of Problem-Solving Courts.

Recommendations/Suggestions

- It is advised that the program keep a training log and ensure that new team members receive formal training on the drug court model and their role/responsibilities as soon as possible after starting with the drug court.

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: Has this court developed effective partnerships across the community?

National Research

Responses to American University's National Drug Court Survey (Cooper, 2000) show that most drug courts are working closely with community groups to provide support services for their drug court participants. Examples of community resources

with which drug courts are connected include self-help groups such as Alcoholics Anonymous and Narcotics Anonymous, medical providers, local education systems, employment services, faith communities, and Chambers of Commerce.

Local Process

The case managers for AACADC have developed numerous relationships with community agencies in Anne Arundel County. Currently, the program works with the local community college, and several organizations that offer community service opportunities. Team members did indicate that they would like the County Workforce Development office to be more involved in the team and assist with job placement, as this seems to be one of the more challenging service areas. Participant interviews confirmed that that program linkages to employment opportunities are needed.

Recommendations/Suggestions

- The team is encouraged to brainstorm around ideas to improve employment prospects for drug court participants. Case managers should continue to develop relationships with local businesses in an effort to offer participants more employment options. Other drug courts

have implemented job support groups (mandatory or volunteer) for unemployed participants to exchange ideas and information related to job seeking (e.g., concerning businesses that hire ex-felons). Some drug court programs have active alumni groups with members who are in a position to employ current participants or make referrals.

- By involving local law enforcement agencies, the drug court program will create a system-wide, collaborative approach to substance abuse and crime in the community. Furthermore, additional agency representation offers opportunity for more comprehensive buy-in, a greater number of referral sources and a potential connection to other community resources that might be useful to participants.
- In an effort to identify clients' most common needs, case managers are encouraged to compile information from risk/needs assessments. As caseloads increase, efforts can be concentrated on connecting with providers who meet those specific needs.

ANNE ARUNDEL COUNTY ADULT DRUG 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 individuals that frequently have serious substance abuse treatment needs.

The challenges and strengths found in the AACADC 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 in the prior section.

Community Level

Individuals with substance abuse issues who are also involved in the juvenile justice system must be seen within an ecological context; that is, within the environment that has contributed to their unhealthy attitudes and behaviors. This environment includes the neighborhoods in which they live, their family members and friends, and the formal or informal economies through which they and their families support themselves. In an effort to better address the needs of these individuals, then, it is important to understand the various social, economic and cultural factors that affect them.

Social service and juvenile justice systems are designed to respond to community needs. To be most effective, it is important that these systems clearly understand the components and scope of those needs. System partners must analyze and agree on the specific problems to be solved, as well as what the contributing factors are, who is

most affected, and what strategies are likely to be most successful when addressing the problem. A formal/informal needs analysis can help to define what programs and services should look like, who the stakeholders are, and what role each will play.

SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

The team is encouraged to continually seek out new community partners to support the program and address participant needs, especially in the area of employment. The steering committee can help in identifying creative ways to network with potential partners. Likewise, by involving local law enforcement agencies, the drug court program will create a system-wide, collaborative approach to substance abuse and crime in the community. Community supervision of drug court participants could be enhanced with greater involvement from law enforcement, resulting in fewer participants absconding. Furthermore, additional agency representation offers opportunity for more comprehensive buy-in, a greater number of referral sources and a potential connection to other community resources that might be useful to participants. Research in this area has shown that greater law enforcement involvement increases graduation rates and reduces outcome costs (Carey, Finigan & Pukstas, 2008). It would benefit the program to develop closer relationships with at least one law enforcement agency and request that an officer join the drug court team.

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 ser-

vice 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 their 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 program and with other participating agencies and key stakeholders.

SUMMARY OF AGENCY-LEVEL RECOMMENDATIONS

Representation by the health department's community treatment manager has had a positive impact on the program. Regular and consistent participation in team meetings by a health department representative who is able to connect participants to treatment expeditiously is warranted for the drug court program. Team members felt that the presence of the health department's treatment manager led to quicker service delivery for participants. If this person is unable to attend meetings, the team may want to consider alternative ways to achieve this result, such as through establishing a different communication system with the current health department representative or developing rela-

tionships directly with the inpatient facilities.

Although the parole/probation agency likely administers drug tests based on an existing vendor contract, they should consider using rapid drug tests for drug court participants and sending only positive results to the laboratory for confirmation as this practice would allow for a quicker response to participant behavior. Although procurement costs for this change may be substantial, research should be done regarding the long-term financial advantages/disadvantages.

Because caseloads are expected to increase significantly, case managers are encouraged to compile information from risk/needs assessments to identify clients' most common needs. As caseloads increase, efforts can be concentrated on connecting with providers who meet those specific needs.

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 or adjusted as needed to ensure that the program is meeting the identified needs and utilizing public funds as efficiently and effectively as possible. Program policies and procedures should be reviewed to ensure that they create a set of daily operations that works best for the community.

SUMMARY OF PROGRAM-LEVEL RECOMMENDATIONS

Because this program is in the unique position of having two case managers as well as a probation agent on the team, roles should be clarified according to resource constraints of each agency. The current probation agent has a large non-drug court caseload, his/her supervision duties of drug court participants should be minimal and include only compliance-type procedures, such as home (verification) visits and drug testing. The Ameri-

can Parole and Probation Association recommends caseload standards of no more than 20 intensely supervised individuals for each agent. Staff can have larger caseloads if supervision and case management responsibilities are shared or if some participants are in later program phases and require less contact and support. This, along with a more focused approach to client needs from the case managers, should help in the management of a larger program population.

Related to the case manager's role, employment is usually one of the most pressing needs for drug court participants and often the most challenging to meet. The team is encouraged to brainstorm around ideas to improve employment prospects for drug court participants. Case managers should continue to develop relationships with local businesses in an effort to offer participants more employment options. Other drug courts have implemented job support groups (mandatory or voluntary) for unemployed participants to exchange ideas and information related to job seeking (e.g., concerning businesses that hire ex-felons).

The public defender's role on the drug court team has shifted somewhat in accordance with reservations expressed by the Maryland Office of the Public Defender. Attorneys should approach the process not as one of conflict but with the perspective that all members are present with similar aims: to reduce the participant's criminal justice involvement by addressing his/her substance abuse issues. Although it may call for a shift in his/her traditional role, the defense counsel should continue to protect the participant's due process rights while participating fully in the team process.

Use incentives and rewards liberally to balance needed sanctions and to reinforce a positive, strength-based program climate. The team is encouraged to acknowledge incremental progress in creative ways. Showing up to appointments on time and active participation in treatment may call for praise from the judge. Support and encouragement such as this is especially important early in the program and can lead to a greater sense of self-efficacy on the participant's behalf and increased retention rates for the program.

Because Anne Arundel County has a District Drug Court program, the Circuit Court program should include more criminally involved clients. The team should have conversations clarifying the desired population to be served and how well that goal is reflected in current participants' original offenses. The team should also look at the recruitment and screening procedures to determine if the current participant population is appropriate for this level of court involvement.

Reducing a participant's time from referral to entry in the program is always desirable, and a time of 20 days or less is optimal in terms of investment and outcome costs (Carey, Finigan, & Pukstas, 2008). The team may want to explore where efficiencies can be built into the process (from violation to entry into drug court). Conducting an in-depth review and analysis of case flow can identify bottlenecks or structural barriers and points in the process where potential adjustments to procedures could facilitate quicker placement into the drug court program.

SUMMARY AND CONCLUSIONS

The Anne Arundel County Adult Drug Court seems to possess a thorough understanding of the 10 key components and has been successful at implementing their drug court program.

Some particular findings (also included in the 10 key components summary) are:

Unique and/or Promising Practices:

- Longstanding involvement by a judge who is appreciated by team members and perceived as commanding, yet supportive.
- Team members generally feel that the team collaborates well and that every agency representative has a voice in program decisions.
- The program has two highly qualified case managers who are able to connect participants with numerous services.
- Sanctions and rewards are individualized for maximum effectiveness.
- Fully implemented SMART system.
- Rapid response to participant issues by case managers.
- Utilization of program data to inform policy and procedural adaptations.
- A supportive drug court team as reported by participants and indicated in observation notes.

Policy changes implemented by the drug court team:

- Acceptance of individuals on methadone maintenance.
- More inclusive regarding prospective participants and participant retention.
- Increased flexibility regarding acceptance of participants with co-occurring disorders.
- Working with other courts and judges in other jurisdictions in an effort to enroll prospective participants.

Areas that could benefit from more attention:

- Clarification of case management and probation supervision roles as participant population increases.
- Inclusion of local law enforcement representative on team.
- Creative uses of incentives early and often in program.
- Decrease time from referral to program entry and connection to treatment services.
- Clarification of target population and how well it is reflected in current participant population.
- Brainstorm ways to meet employment needs of participants more effectively.

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**APPENDIX A: DRUG COURT TYPOLOGY
INTERVIEW GUIDE TOPICS**

Drug Court Typology Interview Guide Topics

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).

Although the typology guide is modified slightly to fit the context, process and type of each drug court (e.g., juvenile courts, adult courts), a copy of the generic drug court typology guide can be found at <http://www.npcresearch.com/materials.php> (see Drug Court Materials section).

APPENDIX B: PARTICIPANT INTERVIEW RESULTS SUMMARY

Participant Interview Summary

As described in the methodology section of this report, NPC conducted participant interviews in the offices of an Anne Arundel treatment provider. Participant interviews were conducted with two current program participants: one in Phase 2 and one in Phase 3 of the program. The interviews provided current participants with an opportunity to share their experiences and perceptions regarding the drug court process.

The topics discussed during the interviews included how participants made the decision to enter drug court, what respondents liked about the drug court program, what they disliked, general feelings about the program, and their referral experience. The following is a summary of participant answers to interview questions.

What did you like most about the drug court program/What worked?

- I like the constant supervision because it really kept me from screwing up and you can't really mess up because so many people are monitoring you.
- I had relapsed and went straight to my Case Manager, who immediately got me into residential treatment. The staff has really been there for me.

What do you dislike about the drug court program?

- The thing that I dislike, if I had to come up with something, would be sanctions. No one likes sanctions and no one likes to go to jail.
- There was not really anything concrete that I disliked about the program.

How were you treated by the drug court staff and treatment providers?

- I have been treated great by everybody. My counselor, Mrs. Leigh, has really helped me. Whenever I have had a problem, she and others have been there to help me.
- Everyone I have had contact with is extremely nice and helpful. They will try to help with any problem that we have and not judge us.

Why did you decide to participate in drug court?

- Because I had a lot of back up time to do if I did not go to drug court, [a number of] years. I then caught a new charge with [many] years attached so I really would have had to do [more] years.
- It was either to go to drug court or face doing jail time.

Are/were there any obstacles to you successfully completing the drug court program?

- My own relapse was an obstacle and nothing on the part of the drug court was an obstacle.
- There were no real obstacles.

Do you have any suggestions to improve the drug court program?

- I think that it is run just fine. I think that it is perfect. It is really helping me.
- No, I can't really think of anything to improve it.

Did your family participate in any way in the process?

- My dad helped me get evaluated by the health department. He helped set up that appointment. He also talked to my probation officer. My dad also comes to court with me sometimes.
- Yes, my mom comes to court sometimes. She has also come to some of my appointments and sessions. She will do anything to help me.

**What educational support and linkages in the community have been provided?
How had drug court helped you with school?**

(Participants stated that no educational or employment linkages have been made, and that they really don't help you get a job.)

- You would think that they would have contacts for work. I am looking for a job right now.

What is the drug court session like?

- I am always nervous going to the podium. Even though the judge is nice, I am still nervous talking to him.

What is the hardest part of drug court?

- Making it to all of the appointments is the hardest thing.
- It is not really that hard.

What are your own individual goals in the program?

- To complete that program and to remain clean and sober.
- To get a decent job by the time I am done.

What do you remember was presented to you about the program, prior to accepting the program?

- I was well informed of everything by the public defender. All the requirements were also on a pamphlet and everything was reviewed. The judge made sure he reviewed everything at the initial hearing.
- Yes, I was told everything, there were no real surprises.