

Cecil County Adult Drug Treatment Court (Circuit Court) *Process Evaluation*



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August 2008



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(Circuit Court)
*Process Evaluation***

Submitted By

NPC Research

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August 2008



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ACKNOWLEDGEMENTS

This report is made possible by the great efforts, support, and participation of many people and organizations. In particular, we wish to express gratitude to:

- Frank Broccolina, State of Maryland Court Administrator
- Gray Barton, Executive Director; and Jennifer Moore, Deputy Director, Maryland Office of Problem-Solving Courts
- Hon. Jamey H. Hueston, Chair of the Judicial Conference Committee on Problem-Solving Courts
- Hon. Kathleen G. Cox, Chair of the Drug Court Oversight Committee
- Hon. Dexter Thompson, Sheri Lazarus, and all team members including judicial/legal partners and treatment providers who participated in key stakeholder interviews. We appreciate their warm and welcoming attitude toward our evaluation team; and for making their program completely available to us
- Cecil County Adult Drug Treatment Court focus group participants for their candor and for providing the evaluation team with their unique perspectives on the program
- Charley Korn, NPC Research

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EXECUTIVE SUMMARY

Drug treatment courts are one of the fastest growing programs designed to reduce drug abuse and criminality in nonviolent offenders in the United States. 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 2008).

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

The court administrator in Cecil County, Angela Kuhn, at the request of the Honorable Judge Dexter Thompson, was instrumental in starting the Cecil County Adult Drug Treatment Court (CCADTC) program. Planning for the program began in 2004 and implementation training followed in 2005. The program accepted its first participant in June 2006, and the current coordinator, Sheri Lazarus, took over for Ms. Kuhn in April 2006. Judge Thompson voluntarily accepted the role as drug court judge and continues to serve as the drug court's judge today.

The CCADTC enrolled 61 participants from June 2006 through January 2008. During that period, a total of 3 participants graduated and 12 were released unsuccessfully from the program. The program has a goal of 50 active participants and had 46 active participants in February 2008. These participants work with counselors from Cecil County Health Department, Addiction Services in structured group and individual therapy.

Information was acquired for this process evaluation from several sources, including observations of a drug court session and a team meeting during site visits, key informant interviews, and a focus group comprised of program participants. The methods used to gather this information from each source are described in detail in the main report.

According to its *Policy and Procedures Manual*, CCADTC's program goals are:

- To reduce drug use among participants to benefit them and their families.
- To reduce recidivism of the drug court participants.
- For participants to successfully complete the ADTC program.
- For participants to improve their life skills.

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 CCADTC program.

The CCADTC 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 and offers a diversity of treatment services through the program's treatment provider and its partner agencies. The program uses frequent alcohol/drug testing to monitor abstinence, has invested in training for drug court team members, and has had a continuously sitting judge since its inception.

There are several areas in which the CCADTC should and can make program improvements. The program should consider accepting pre-plea participants to minimize

time between arrest and program services rendered, adopt a mandatory aftercare program that will aid participants in their transition back into the community, identify more opportunities to offer incentives to participants and to encourage their continued involvement in the program, continue to seek involvement from local law enforcement and require that newer participants remain in court for the entire drug court session.

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

SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

The CCADTC should continue in its outreach effort to develop community resources as they relate to the most common participant needs. The team should also continue with outreach to local law enforcement in an effort to have them become more integrated into the program.

SUMMARY OF AGENCY-LEVEL RECOMMENDATIONS

The CCADTC should work to minimize parole/probation caseloads in order to achieve and maintain the structured nature of this program. The team should implement a mandatory aftercare program that offers support to the participants as they transition back into the community.

SUMMARY OF PROGRAM-LEVEL RECOMMENDATIONS

The program should consider accepting pre-plea individuals to reduce the time between arrest and services received following entry. Team members should identify more opportunities to acknowledge progress and offer incentives, while relying less on the imposition of sanctions. The team should consider requiring that newer participants sit through the entire drug court session for educational purposes.

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 2008).

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 reductions in crime committed by drug court participants, resulting in reduced costs to taxpayers and increased public safety.

In the typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives who operate outside 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 court programs can be viewed as blending resources, expertise, and interests of a variety of jurisdictions and agencies.

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

This report contains the process evaluation for the Cecil County Adult Drug Treatment Court (CCADTC), a program for adults age 18 and older. The first section of this report is a description of the methods used to perform this process evaluation, including a site visit, focus group, 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 drug courts.

METHODS

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

Site Visits

NPC evaluation staff traveled to Cecil County, Maryland, for two site visits in January and April 2008. The visits included attendance at the drug court team meeting, observation of a drug court hearing and interviews with current drug court participants.

Key Stakeholder Interviews

Key stakeholder interviews, conducted by telephone, were a critical component of the CCADTC process study. NPC Research (NPC) staff interviewed 9 individuals involved in the administration of the drug court, including the judge, the program coordinator, a representative from the State's Attorney's Office and the Office of the Public Defender. Other team members interviewed included the court administrator, a representative from Cecil County Health Department, Addictions Services (CCHDAS), a representative from the Parole and Probation Department, a representative from Cecil County Detention Center, and the resource manager.

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 CCADTC.

Participant Interviews

NPC conducted two participant interviews in the offices of the CCADTC. Another participant interview was conducted in the Cecil County Corrections Center. The interviews provided the participants with an opportunity to share their experiences and perceptions regarding the drug court process. A summary of results can be found in Appendix B of this report.

Document Review

In order to better understand the operations and practices of the drug court, and to compare this information to descriptions of the program provided by the key stakeholder interviews, the evaluation team reviewed the *Cecil County Adult Drug Treatment Court Program Policy and Procedures Manual* and the *Cecil County Adult Drug Treatment Court Participant Handbook* for program information.

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 of this guide can be found at the NPC Research Web site at http://www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide (copyrighted).pdf.

RESULTS

Cecil County Adult Drug Treatment Court Program Description

CECIL COUNTY, MARYLAND

Cecil County is located in the northeastern corner of Maryland, is part of the Delaware Valley metropolitan area and borders Pennsylvania to the north and Delaware to the east. To the south is Kent County and to the west is Harford County. Elkton, whose population was 11,893 in 2000, is the county seat of Cecil County. According to the 2005 Census estimate, the population of Cecil County was 99,506, with more than 75% of its residents over the age of 18. The median age is 36. Cecil County's racial/ethnic composition is 92% White, 5% African American, 2% Hispanic or Latino origin, and 1% Asian. The Census also found that the median family income was \$66,931 and the median household income was \$56,509, with 8% of individuals and 10% of people in families living below poverty level. The county's unemployment rate at the time of the 2005 Census was 4.4%. The main industries of employment are educational services, health care, social assistance and manufacturing.

CECIL COUNTY ADULT DRUG TREATMENT COURT OVERVIEW

The Cecil County Adult Drug Treatment Court (CCADTC) is located in Elkton, Maryland, with the program servicing the entire county. The program enrolled its first participant in June 2006. A variety of local agencies comprise the drug court. The CCADTC operations team is made up of the judge, the coordinator, a parole/probation agent, a corrections representative, an assistant state's attorney, an assistant public defender, the Cecil County Health Department,

Addiction Services treatment provider, the resource manager, and a Circuit Court administrator. The CCADTC serves adult offenders who have committed crimes as a result of their addiction. The program provides supervision, evaluation, and treatment along with comprehensive judicial monitoring.

IMPLEMENTATION

According to the *Cecil County Adult Drug Treatment Court Policy and Procedures Manual*, the impetus for the drug court was to reduce the cycle of repeat prosecutions for drug-related crimes. Team members also reported that the idea was brought to the attention of the Elkton Mayor by the Elkton Chief of Police. The Mayor, in turn, discussed the idea with Judge Dexter Thompson, who was an administrative judge at the time. In August 2004, Judge Thompson approached Court Administrator Angela Kuhn about implementing an adult drug court. Ms. Kuhn assembled a team which included representatives from the State's Attorney's Office, the Office of the Public Defender, the Parole and Probation Department, the Cecil County Health Department, and the Cecil County Department of Corrections. Weekly team meetings were held with Gray Barton and Jennifer Moore, from the Maryland Office of Problem-Solving Courts, attending as guest speakers. The team was approved to attend a series of implementation trainings conducted by the National Drug Court Institute (NDCI). Ms. Kuhn and a backup judge attended the first training in January 2005. The entire team attended the second and third trainings held in May and September, 2005. The trainings were funded through a grant from the Maryland Office of Problem-Solving Courts (MOPSC). This agency also provided funding for the coordinator's position, which was filled in April 2006.

Judge Thompson has been with the CCADTC program since its inception. Angela Kuhn, the court administrator, served as the drug court's coordinator for the first year, until April 2006. She currently serves as backup to the coordinator. The drug court's first participant began the program in June 2006. The resource manager's position was vacant until November 2007 when the program received funding through MOPSC. Other CCADTC staff members are paid by their home agencies.

PARTICIPANT POPULATION AND PROGRAM CAPACITY

At capacity, the CCADTC program is currently designed to serve 50 participants at a time. Since the drug court program has been operational, it has been able to accommodate all eligible participants. As of February 2008, 61 individuals have entered the drug court program; 3 of these participants have graduated, 12 were unsuccessful at completing the program, and 46 individuals are currently participating.

Almost three-quarters (72%) of the program's current participants are male, 91% are White and 9% are Black. The average age of current program participants is 31 years. The main drugs of choice for participants of the CCADTC program are heroin, cocaine and prescription drugs.

DRUG COURT GOALS

The CCADTC works to reduce drug use and recidivism within the community by implementing a post-plea, court-based program, which includes supervision, evaluation, treatment, and monitoring for its participants, with the goal of promoting productivity, development of potential, and a safer, healthier community. Currently, the program has four specific goals listed in its *Policy and Procedures Manual*:

- To reduce drug use among participants to benefit them and their families.
- To reduce recidivism of the drug court participants.
- For participants to successfully complete the ADTC program.
- For participants to improve their life skills.

The CCADTC staff's goals for the program, as reported during the key stakeholder interviews, are consistent with those listed in the *Policy and Procedures Manual*. Staff members emphasized the goals of supporting individuals in becoming stable and productive members of their community and reducing their propensity to commit crime.

ELIGIBILITY CRITERIA

The CCADTC eligibility criteria are listed in the *Policy and Procedures Manual*. Prospective participants must be residents of Cecil County, Maryland, and be 18 years of age or older. In addition:

- The offender must volunteer for drug court.
- The offense must be drug motivated (i.e. the offense was committed in order to support a drug habit) and non-violent.
- The offender must be facing a minimum of 6 months in jail.

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 their charge must be a Circuit Court felony or misdemeanor, it does not have to be directly drug related. Charges and behaviors that preclude an individual's entry into the program are first-time offenses, violent offenses or a propensity toward violent behavior, dealing for profit, prior criminal record of distribution, and mental health rather than substance abuse as the primary di-

agnosis. Additionally, the team decided to make eligibility criteria more specific, requiring victim approval for more serious offenses, such as felony burglary that would have previously deemed the offender ineligible. To date, no victims have prevented offenders from entering the program.

DRUG COURT PROGRAM SCREENING

The following description explains the process that prospective CCADTC participants go through before entering the program. According to team members, referrals are made through the Office of the Public Defender, the State's Attorney's Office, the Department of Parole and Probation, Cecil County Health Department, the Bar Association, the judge and the public, who, having heard about the program, sometimes refer family members. In addition to these referral sources, applications have come from incarcerated individuals who have heard about the program and other judges who are familiar with drug court. Referrals are made for individuals with new charges and those with probation violations. An offender with a violation of probation would be referred to drug treatment court by the Parole and Probation Department. An offender with a new arrest is typically referred by her/his defense counsel.

Once a referral is made, it is sent to the coordinator who does an eligibility pre-screen and obtains signed release of information forms from the prospective participant. The prospective participant then goes to the Cecil County Health Department, where s/he is screened by the Addiction Services supervisor. Information gathered includes physical and mental health background, family history of drug and/or alcohol abuse and willingness to participate. The referral form is sent to the Assistant State's Attorney who does a legal screen, including a review of the prospective participant's criminal history, offense type, and the severity of the offense. Finally, the team dis-

cusses the individual's potential admission into the program at the next staffing. According to team members, the nature of their discussion regarding prospective participants has to do with more legally complex cases, such as "a defendant with multiple charges at various stages in various courts."

Team members reported that arrest to referral time can vary greatly depending on where potential participants are in the legal process and by whom they are referred. This time frame is impacted by the length of time it takes an individual to be assigned a public defender and where their case begins: Circuit or District Court. Also, the time between a violation of probation summons and referral can be significantly impacted when offenders abscond and are difficult to locate. Once a person has been approved, s/he can be in court within a week or up to several weeks later, depending on how quickly the prospective participant follows the screening process instructions (e.g., making and keeping appointments).

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

The CCADTC is a voluntary, violation of probation and new arrest, post-plea program. Those who decline participation have opted to do a minimum of 6 months' jail time rather than the drug court program, lasting a minimum of 12 months. Team members reported that most participants are facing several years' jail time. In addition, the *Cecil County Adult Drug Treatment Court Participant Handbook* indicates that successful completion of the program may lead to a dismissal or reduction of charges.

For the three program graduates to date, completion has meant an end to probation. However, if there are outstanding probation fees at the time of graduation, the individual will remain on probation, with no visits required, until their account is paid in full.

While the removal of potential incarceration time is the primary incentive for offenders to enter the program, there are other incentives as well. Additional incentives for offenders to enter and progress through the drug court program include support in their recovery with treatment and case management, receiving praise from the judge, and material rewards (e.g., gift cards), as they advance from phase to phase.

DRUG COURT PROGRAM PHASES

The CCADTC program has four phases that take a minimum of 12 months total to complete. The length of each phase is dependent upon the participant's compliance with the drug court requirements. During all phases, participants are required to comply with their individualized substance abuse treatment plan, curfew, and referrals made by the resource manager.

Referrals made by the resource manager are part of the drug court's case management program called "Reach for Success." The program provides instructional services to participants intended to replace drug using with healthy living and recovery. Individualized case plans are developed, and participants must adhere to their plans in order to progress in the drug court program.

Drug court Phase 1 lasts a minimum of 2 months. During this phase, the participant is stabilized and oriented to the program. An assessment is conducted by the Cecil County Health Department, Addiction Services, to determine level of care needed. Participants must attend group counseling each week. Individual counseling appointments are at least once every 3 months, starting with intake. Participants are also required to create a case plan with the resource manager. Attendance at drug court hearings is required at least twice monthly. At these hearings, participants may be required to show proof that they have attended at least two self-help groups per week. However, team members

report that participants who have not yet admitted to a substance abuse problem are encouraged to think about the 12-step model, but are not required to attend meetings at this stage. Participants must obtain housing approved by the drug court team and must obtain employment within 6 weeks of program entry.² Staff report that this requirement has been challenging for participants, who are also given the option of attending school, working on their GED or taking college courses. Participants must have face-to-face contact with the parole/probation agent at least twice monthly and random drug tests are conducted three to four times weekly. Participants must complete at least half of their 40 assigned community service hours in the first phase.

In order to advance to Phase 2, participants must have 30 consecutive clean days. In addition, they must have had no minor program infractions within 30 days and they must attend a minimum of four drug court hearings.

Drug Court Phase 2 lasts a minimum of 6 months and is intended to support early recovery. Participants must continue to attend group counseling weekly. They must have at least two contacts per month with the parole/probation agent. Both of these visits must be face-to-face. Random drug tests are conducted two to three times weekly. Participants meet with the resource manager monthly as they work on their case plans. They must attend drug court hearings twice monthly, and they must provide proof of employment and self-help meeting attendance to the drug court team. In this phase, attendance at self-help meetings is required four times weekly, and participants must

²There was disagreement among team members as to the length of time allowed to obtain employment – 6 weeks or by the end of Phase 2. The program's policy manual reads, "within 6 weeks of program initiation." NPC did not review participant records and could not confirm this information independently.

complete 70% of their total community service hours.

To advance to Phase 3, participants must have 120 consecutive, clean days. They must not have had any program infractions or probation violations within 120 consecutive days. They must have verifiable employment or schooling and have completed established case plan goals.

Drug Court Phase 3 takes a minimum of 3 months to complete. Participants are required to maintain safe and clean housing and must have two contacts with the parole/probation agent each month, one of which must be face-to-face. Participants must maintain employment as verified by the parole/probation agent. In this phase, participants continue to attend court hearings two times per month where they show proof of attendance at the same rate of four self-help meetings per week. They must have completed 90% of their total community service hours to complete this phase, and random drug tests are conducted twice weekly.

In order to advance to Phase 4, participants must have 90 consecutive clean days, not including clean time from previous phases. Additionally, they must have no violations or infractions in 120 consecutive days.

Drug Court Phase 4 lasts a minimum of 1 month and is designed to support transition back into the community. Participants are required to appear in court a minimum of once per month. They must maintain suitable housing and regular employment. Fees for treatment, drug and alcohol tests, and parole/probation supervision must be paid in full during this phase. However, if all other graduate requirements are met, participants are permitted to graduate but stay on parole/probation until all fees are paid. A payment plan for restitution fees is required. Participants must make weekly phone calls to the parole/probation agent; face-to-face visits are no longer required. Community

service hours must be completed, and attendance at four self-help meetings per week is required. Random drug tests are conducted four to six times each month. Finally, participants must complete an aftercare plan that includes pro-social activities, relapse prevention and recovery management.

GRADUATION

In order to complete the program and graduate from CCADTC, participants must have:

- Successfully completed substance abuse treatment and paid all fees.
- Paid in full or established a plan to pay in full any restitution fees with parole and probation.
- Successfully completed all program phases of the drug court and any recommended treatment and aftercare.
- Continued regular employment or enrollment in vocational rehabilitation.
- Successfully completed the “Reach for Success” case plan.
- 240 days consecutive clean time.
- Completed community service hours.

The CCADTC held its first graduation in December 2007, at the county commissioner’s office. Other drug court participants were invited, but not required, to attend. The judge and coordinator facilitated the event. A speech was delivered by a representative from the Governor’s Office of Crime Control and Prevention and team members reported a strong showing from law enforcement. Graduates also delivered speeches and were given certificates, a card signed by the entire team, a bookstore gift card and a department store gift card.

TREATMENT OVERVIEW

The Cecil County Health Department, Addiction Services (CCHDAS), is the primary treatment provider for CCADTC. The treat-

ment model utilizes outpatient services through group and individual sessions. All of the addiction counselors work with drug court participants as well as non-drug court participants in weekly group counseling. Individual therapy takes place every 90 days, and a case management meeting with the Addiction Services supervisor happens every 2 weeks. Family counseling is available but not mandated. Participants can be referred out to residential treatment if it is deemed necessary. Having a co-occurring mental health disorder will not disqualify an individual from participating in the program. Referrals are often made for dual diagnosis counseling at Upper Bay, an outside mental health agency. Some participants receive outpatient treatment through Haven House, a facility that also offers transitional housing. The CCHDAS is contracted with four agencies offering detoxification services. Three of these are out of state.

Following completion of treatment, participants must engage in discharge planning with their counselor. As part of discharge planning, participants are encouraged to go to 12-step meetings and stay connected to their sponsor. Counselors cover triggers to relapse and inform participants that they can contact the health department or come by to see a counselor whenever they feel they need support. An aftercare program is not required.

ASSESSMENT

When drug court participants come to the Health Department for their initial visit, they receive an assessment to determine their level of treatment need. The counselors use American Society of Addiction Medicine (ASAM) criteria to determine if the prospective participant meets level 1 care for outpatient treatment. If an individual is diagnosed as having co-occurring mental health issues, they are still eligible for drug court, but they are referred to an outside mental health provider. In March 2008, the CCHDAS began

offering an intensive level of outpatient care, which consists of three 3-hour group counseling sessions weekly. These groups will be exclusively populated by drug court participants and will serve those participants who have been assessed as needing a higher treatment dosage.

Rather than treatment phases, the treatment regimen proceeds in stages based on the Stages of Change model.³ The five stages include pre-contemplation, contemplation, preparation, action and maintenance. The counselors work with each participant individually to determine what stage s/he begins in and when s/he should advance to the next stage. Treatment dosage is similar in all stages. However, treatment counselors do not require participants to attend self-help meetings in the pre-contemplation stage. Instead, they are asked to start thinking about the 12-step model.

THE DRUG COURT TEAM

Judge

Judge Dexter Thompson has been with CCADTC since its inception 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 as a Cecil County Circuit Court judge. In the rare instances when Judge Thompson is unable to preside over the drug court hearings, Judge O. Robert Lidums steps in to take his place.

Coordinator

The coordinator became involved with the program in April 2006. She is responsible for maintaining program statistics and participant data, identifying and applying for drug court funding, collaborating with the

³ For a more comprehensive explanation of this model of behavior change, see Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change. *American Journal of Health Promotion, 12*, 38–48.

health department to identify potential private treatment providers and negotiating contracts with them, preparing reports for and facilitating pre-hearing team meetings, and assisting the judge. All program referrals for prospective participants go through the drug court coordinator. She also supervises the resource manager's position and notifies the team of training opportunities.

Parole/Probation Agent

The current parole/probation agent has been with the program since June 2007. He is responsible for community supervision, payment of funds, compliance with drug court requirements, checking homes, and employment verification. He attends pre-hearing team meetings and hearings. In the event that he cannot attend, someone else from the Parole and Probation Department attends in his place.

Outside of his 50 drug court clients, the parole/probation agent has 125 non-drug court clients who require varying levels of supervision. He conducts home visits for each drug court participant at least once monthly, depending on their current phase requirement.

Treatment Provider

The current supervisor from the Cecil County Health Department, Addiction Services, is on the drug court team. She attends both court hearings and pre-hearing meetings, where she reports on the progress of participants. She sees each of the participants every 2 weeks for a case management meeting. Five other counselors conduct individual and group counseling sessions with the participants. They report on participant progress to the supervisor. The resource manager, who joined the team in November 2007, is in the process of acquiring the case management duties previously handled by the Addiction Services supervisor.

Assistant Public Defender

The assistant public defender (APD) has been with the CCADTC since inception. He represents the program's participants at their plea agreement and through graduation or termination from the drug court. He explains drug court requirements, including confidentiality agreements, release of information forms and expectations, to the participants. The APD attends the pre-court team meetings, where he contributes to team decisions and advocates for participants along with the other team members. He also attends the drug court hearings. The APD ensures that drug court procedures and protocols are in each defendant's best interest. A small number of participants have retained private counsel for the plea agreement. However, private counsel, reportedly, does not represent participants throughout the drug court program.

State's Attorney's Office

The current representative from the State's Attorney's Office (SAO) began with the drug court team in mid-November 2007. She has been with the SAO for 20 years and currently works for them part time. She regularly participates in the pre-court team meetings and the drug court hearings. The assistant state's attorney (ASA) is responsible for the plea process and conducting legal background checks on all prospective participants. She ensures that eligibility requirements are met and maintained by monitoring any new arrests. She requests sanctions from the judge for non-compliant behavior.

Corrections Liaison

The Cecil County Detention Center Corrections supervisor serves as the team's corrections liaison. Regarding the admissions process, he gives input on prospective participants about whom he has prior knowledge. He joined the drug court team in July 2007 and attends both pre-court meetings and drug court hearings. He provides deten-

tion for drug court participants when it is ordered by the court. He is also responsible for conducting drug tests for all participants.

Law Enforcement Liaisons

At present, CCADTC does not have a law enforcement liaison who attends team staffing and drug court hearings. Team members report that they have open lines of communication with Cecil County Sheriff's Office and Elkton Police Department. However, due to staffing issues, contact with the Elkton Police Department is limited to email and telephone interaction. The *Procedure and Policy Manual* outlines the duties of this position, including aggressive service of bench warrants issued on behalf of the drug court, accompanying parole/probation agents at home checks, and visitations.

Resource Manager

The resource manager is a contractual employee of the Circuit Court. Once the program received funding, the resource manager position was filled in November 2007. The resource manager performs case management and administers the "Reach for Success" life skills curriculum. The resource manager attends pre-court meetings and drug court hearings. He meets with each participant at a minimum of once per month and takes case notes which are stored electronically in a database. Currently, the resource manager is acquiring his caseload from the treatment provider. He is also working to develop more community resources.

Circuit Court Administrator

The Circuit Court administrator serves as the backup coordinator and served as drug court coordinator from August 2004 to April 2006. She administers drug court grant funds. She attends policy meetings and sometimes attends pre-hearing meetings and court hearings. She was key to the implementation of this drug court.

DRUG COURT TEAM TRAINING

In January 2005, the Circuit Court administrator and a backup judge attended the first of three national implementation trainings. The entire team attended the next two implementation trainings, in May and September 2005.

The Circuit Court administrator attends fiscally related trainings and attended training on building a steering committee.

In May 2007, the probation officer, coordinator, judge and treatment provider attended a 5-day conference on sanctions and incentives in San Francisco. In June 2007, the entire team attended the National Association of Drug Court Professionals 3-day conference in Washington, D.C. In November 2007, the corrections representative and the resource manager attended a 5-day training on community supervision facilitated by the National Drug Court Institute. The treatment provider has also attended approximately five additional trainings in Annapolis, sponsored by the MOPSC. The team plans to send the assistant state's attorney to prosecutor training in July 2008 and the assistant public defender attended a 3-day defense counsel training in April 2007. In February 2008, the entire team attended a winter symposium in Annapolis, which included seminars on drug testing, relapse prevention, and incentives and sanctions. The resource manager and coordinator will attend a series of ongoing case management trainings that began in January 2008.

TEAM MEETINGS

The pre-court meeting is held every Tuesday from 1 p.m. until 3 p.m., when the drug court session begins. The judge, coordinator, assistant public defender, assistant state's attorney, parole/probation agent, health department treatment supervisor, resource manager, and corrections representative are in regular attendance. During these meetings, team members review the progress of

program participants, including urinalysis results, treatment attendance and cooperation with treatment and case management plans. They also discuss participants' progress regarding community service hours and employment or any other conditions or requirements that have been imposed. The team members then make recommendations for sanctions and rewards. The Judge makes final decisions regarding responses to participant behavior, but rarely disagrees with the team.

In addition to the pre-court meetings, the team meets quarterly to discuss new policy issues. Policy matters are also discussed at the pre-court meetings.

PROVIDER AND TEAM COMMUNICATION WITH THE COURT

The CCADTC team communicates with one another and especially with the coordinator on a regular and frequent basis. The coordinator shares an office with the resource manager, communicating with him on a daily basis. The resource manager and coordinator communicate with the parole/probation agent and the treatment provider every 1 to 2 days. The corrections representative talks to the coordinator several times each week. The Public Defender and State's Attorney are in communication with the resource manager weekly and the Judge stops by the coordinator's office at least twice weekly for updates.

In the team meeting, the coordinator provides the team with reports generated from the SMART system. These reports include information entered by the treatment provider regarding group and individual contacts, as well as 12-step meeting attendance. It also includes information about case management, court contacts, parole/probation contacts, sanctions/incentives and drug test results. The parole/probation agent gives a verbal report at the pre-court team meetings. Afterwards, these reports are entered into

the SMART system by the coordinator and resource manager.

DRUG COURT HEARINGS

The drug court hearings are held every Tuesday at 3 p.m. and generally last about 2 hours. Drug court team members that regularly attend the hearings include the Judge, coordinator, treatment representative, Assistant Public Defender, Assistant State's Attorney, parole/probation agent, corrections representative, and resource manager.

On average, there are about 15 to 20 participants in attendance at each drug court hearing, and they are not required to remain for the entire hearing. Most participants sit in the gallery. However, participants with specific issues, such as infractions, needing to be addressed will be directed to sit in the jury box. Participants are expected to attend hearings; however, they may make special arrangements with the coordinator if the hearing time conflicts with work responsibilities. In those cases, a status conference with drug court team members, excluding the Judge, may be scheduled in lieu of a court hearing.

Individual participants are called to the bench from the gallery, unless they are seated in the jury box. Once an individual's progress has been reviewed by the bench, s/he is dismissed from the session and is free to leave the court room. The drug court is open to the public; however, there are not usually visitors in attendance. Team members report that family members do not usually attend unless they are assisting participants with transportation.

FAMILY INVOLVEMENT

Family participation in the program is not compulsory and team members report that there is minimal family involvement. Family members are invited to attend drug court graduation and thus far, most graduates have had family members in attendance.

SUBSTANCE ABUSE TREATMENT FEES

Cecil County Health Department, Addiction Services charges for treatment using a sliding scale based on the participant's income. The full cost for an initial assessment is \$140, and the full cost for a group counseling session is \$46. Individual sessions with a primary counselor are \$93 at full cost, and there is no charge for the twice monthly case management meetings with the Addiction Services Supervisor. As the case management duties are being transferred to the resource manager, the individual sessions with the Addictions Services Supervisor have become more clinically oriented. Roughly, one-tenth of drug court participants are billed the full fees, but that is just until they show proof of income. Participants do not have to be current on their payments in order to advance in drug court.

PROBATION FEES

Probation supervision fees are charged to all participants. Normally these fees are \$40 each month. However, they are discounted for drug court participants, who pay \$15 for the first 3 months and \$25 for every month thereafter. If there are outstanding probation fees at the time of graduation, the individual will remain on probation, with no visits required, until their account is paid in full.

DRUG TESTING

Participants' compliance with clean time requirements is assessed by urinalysis tests. Drug tests are conducted randomly one to four times per week at the Cecil County Detention Center (CCDC). In rare instances, the parole agent will do testing if the participant cannot make it to the CCDC. He will also perform an instant test if there is suspicion of drug use. Drug tests are also conducted by the treatment provider at the weekly group counseling sessions.

Each participant is assigned a color and must call a recorded message daily to find

out if his/her color has to report that day prior to midnight for testing. Substances tested for by corrections are amphetamines, barbiturates, benzodiazepines, cocaine, cannabinoids, and opiates.

Tests are sent to Kroll Laboratory; negative results are usually available on-line within 48 hours, and positive results are available within 72 hours. If results are positive, an automatic confirmatory test is done.

At the CCDC, all UA tests are observed by the same gender staff as the participant being tested. At the Health Department, tests are observed when the same-gender counselor is available. Optional drug testing includes hair testing as needed, breathalyzers, and Secure Continuous Remote Alcohol Monitor (SCRAM) units, which are used to monitor alcohol use transdermally.

There is no cost to the participant for drug testing conducted at the CCDC. To discourage program participants from dropping into the Health Center at various times, drug testing done by the treatment provider is conducted at a fee of \$20 if it is conducted outside of an appointment time. Otherwise, there is no cost to the participant.

REWARDS

CCADTC participants receive rewards from the Judge for doing well in the program. Staff reported that occasionally other team members hand out rewards, but that these have been pre-determined by the entire team.

Incentives, as outlined in the *Procedure and Policy Manual*, include encouragement and praise from the bench, applause, ceremonies, tokens or certificates of progress, reduced supervision, decreased frequency of court appearances, curfew reduction, decreased community service requirements, and in-kind donations from local businesses and graduation. At graduation, participants are given a gift card for Kohl's Department Store and Border's Bookstore. Funding for

the gift cards was provided by the Veterans of Foreign Wars. Staff reported that rewards are not given out as often as sanctions.

SANCTIONS

Team members report that the maximum time between non-compliant behavior and response is 2 weeks. After a non-compliant act occurs, such as a positive drug test, a new charge or missing treatment, case management or probation appointments, the CCADTC team discusses the issues related to the infraction at the pre-court meeting prior to the participant's next regularly-scheduled drug court hearing.

At the pre-court meetings, each team member gives input on what the response should be to non-compliant behavior. They discuss the matter until they come to a consensus and, according to staff, the Judge generally agrees. In addition to the Judge, the coordinator, the treatment provider and the parole/probation agent can also impose lighter sanctions, such as writing assignments, between court hearings. However, these sanctions have also been determined by the entire team.

Possible sanctions are graduated and generally begin with a writing assignment first and jail time last. Other sanctions may include increased frequency of court appearances or community service hours, electronic monitoring, escalating periods of jail confinement, demotion to an earlier treatment phase, assignment to the courtroom jury box, extension of program phases, and more restrictive curfew hours. Team members reported that while they strive for equality, participants are treated differently based on individual need and whether the behavior was more relapse-oriented.

UNSUCCESSFUL PROGRAM COMPLETION (TERMINATION)

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

- Threatening violence towards self or others
- Violent acts of any kind towards self, others, or property
- Illegal activity, including but not limited to attempting to solicit fellow patients/clients for drug activity
- Having drugs or alcohol in one's possession, on one's person, or in one's home, vehicle or place of employment
- Soliciting drugs from other providers (MDs, etc.)
- Failure to attend sessions or comply substantially with conditions of treatment
- Continued non-compliance with supervision guidelines
- Arrest or convictions on a new charge
- Failure to attend drug court hearings
- Possession of a dangerous and deadly weapon
- Continued non-compliance with the "Reach for Success" case management plan
- Violating any provision in the participant contract

Of the 15 individuals no longer receiving services from the CCADTC, 3 have graduated and 12 have been discharged as unsuccessful, resulting in a 20% graduation rate. Termination of a participant is done through a team discussion, with the Judge having the ultimate say. Once a participant has been terminated, the team may suggest that s/he receive long-term, inpatient drug treatment through the criminal justice system. If an individual were to be terminated due to a

new charge, including violent acts, s/he would proceed through the criminal justice system. Team members reported that most terminations have been due to participants absconding.

**DATA COLLECTED BY THE DRUG COURT
FOR TRACKING AND EVALUATION
PURPOSES**

The treatment provider was transitioning from written reports to entering data into the Statewide Maryland Automated Records Tracking (SMART) system in January 2008.

Verbal progress reports given at the pre-court meetings are entered into the SMART system by the resource manager. The probation agent and the courts keep records on

participant involvement with the criminal justice system including status upon exiting the drug court program.

COMMUNITY LIAISONS

Team members uniformly reported that resources in Cecil County are scarce. The program refers participants to Cecil College, which offers adult education and a job start program. The local chapter of Veterans of Foreign Wars donated funds to the program for graduation gift cards. The resource manager is currently taking a leadership course, designed to help him establish community relationships. He is also working to identify area businesses that will offer employment to drug court participants.

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 Cecil County Adult Drug Treatment Court (CCADTC) has an integrated treatment and judicial team that includes the Judge, the treatment provider, a representative from the Office of the Public Defender, a representative from the State's Attorney's Office, a coordinator, a resource manager, a corrections representative, and a parole/probation agent. The team members attend both drug court sessions and a pre-court team meeting. Clinical assessment is achieved through Cecil County Health Department, Addiction Services (CCHDAS), the drug court program's primary treatment provider. The CCHDAS representative for the drug court team supervises a team of counselors. She meets with all drug court participants individually while other counselors in Addiction Services meet with the participants in group as well as individual sessions. Team members reported that drug court agencies work well together and that there is a high degree of cohesiveness. Staff also reported that participants have developed trusting relationships with specific team members, which helps these participants progress through the program.

Due to the size of the parole/probation agent's caseload, he is not always able to attend pre-court meetings and court hearings. If he is unable to attend, he tries to send another representative from the Parole and Probation Department.

Since the program's implementation, there has been some turnover of CCADTC team members and new additions. The Judge and public defender have been with the program since its inception. The current representative from the Cecil County Health Department began working with the drug court in April 2007. Prior to that time her supervisor held the position. The current Assistant State's Attorney has been with the drug court since November 2007, replacing the previous person in that role from the State's Attorney's Office. The representative from the Department of Corrections has been on the team since July 2007. The Chief Deputy of Corrections was on the team prior to that time. The resource manager joined the team in November 2007, when the position became funded.

There is a position for law enforcement on the team; however, staff report that Elkton Police and Maryland State Police are unable to attend meetings and court hearings due to staffing issues at their agencies. Team members reported that law enforcement services are available on an 'as-needed' basis, and open communication with the various law enforcement agencies has been achieved.

Recommendations/Suggestions

- Because continuity in team roles strengthens relationships, the program should work to maximize tenures to the extent that this is feasible. All team members should be well integrated and have a stake in the program goals. Drug court training early on in the members' tenure will help to ensure understanding and acceptance of the non-traditional roles that distinguish drug courts from usual court processing.

- The American Parole and Probation Association recommends caseload standards of 20 intensely supervised individuals for each agent (Burrell 2006). The drug court program should try to stay as close to these guidelines as possible in order to achieve and maintain the structured nature of this program. 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 added benefit of smaller caseloads would be the increased availability of the parole/probation agent to participate in drug court sessions and team meetings more regularly.
- To the extent possible, the drug court team should make certain that local and state police understand their participation with drug court as 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 involvement increases graduation rates and reduces outcome costs (Carey, Finigan & Pukstas, 2008).

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 costs⁴.

In addition, allowing participants into the drug court program only post-plea was associated with lower graduation rates and higher investment costs⁵. 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 original sentence instead of determining the sentence when participants are terminated showed lower outcome costs (Carey et al., 2008).

Local Process

In CCADTC, prosecution and defense counsel are included as part of the drug court team. They attend both pre-hearing meetings and drug court hearings. The CCADTC defense attorney has been with the program since inception and the current Assistant State's Attorney started with the team in November 2007. Team members reported that prosecution and defense counsel almost always disagree about responses to participant behavior, but that the disagreements are always resolved in the team meetings.

According to key stakeholder interviews, there was a difference in the extent to which all team members were committed to the practice of this key component. However, with recent personnel changes, they also re-

ported that there has been improvement in this area.

Recommendations/Suggestions

- It would benefit the team to clarify roles in an attempt to promote non-adversarial relationships between attorneys. In addition, the team should make sure new team members are trained as soon as possible and existing team members consistently take advantage of ongoing training opportunities.

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 CCADTC accepts only post-plea offenders. Charges do not have to be directly drug-related and can be either misdemeanors or felonies. The program relies on referrals from parole and probation, the Office of the Public Defender, the State's Attorney's Office, the treatment provider and occasionally the Judge. Other avenues include the private Bar, other judges and self-referral (e.g., inmates writing directly to the drug court coordinator). Legal eligibility is determined by the State's Attorney and is based on requirements which are clearly set forth in the *Cecil County Adult Drug Treatment Court Policy and Procedures Manual*.

The time from arrest to referral to CCADTC varies. According to team members it de-

⁴ 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.

⁵ 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.

depends on a number of factors: if and when a plea hearing is scheduled, if the charge has reached the State's Attorney's Office, or how closely the prospective participant meets program qualifications. If the prospective participant is referred by the parole/probation agent due to a probation violation, time to entry depends on law enforcement's ability to locate the individual for his/her hearing. Additionally, cases that are moved from District Court to Circuit Court have a longer arrest to referral time.

Recommendations/Suggestions

- Because the intent of drug court is to connect individuals to services expeditiously and limit their time in the criminal justice system, the program should make every effort to get individuals into treatment as soon as possible. It might help to identify the files of prospective drug court participants and ask all agencies to expedite these cases.

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 three times per week and individual sessions one time per week) have lower investment costs (Carey et al., 2005) and 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 two or three 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, including 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 provider for CCADTC is Cecil County Health Department Addiction Services (CCHDAS). All of the counselors in Addiction Services see drug court participants in group and individual sessions. The Addiction Services Supervisor also holds individual sessions with drug court participants and reports their progress to the team. The treatment modality is outpatient services through group and individual sessions and is based on the Stages of Change Model which is broken down into five stages: pre-contemplation, contemplation, prepara-

tion/determination, action/willpower, and maintenance.

CCHDAS also has contracts with four other specialized care providers. Because Cecil County has few resources, three of these facilities are out of state. Participants with a dual diagnosis are referred to a mental health provider. Treatment services offered through all providers are listed in the *Policy and Procedure Manual* and include detoxification services, inpatient treatment and medication-assisted treatment.

Participants of the CCADTC are required to attend group therapy one time per week for 1 hour. In March 2008, CCHDAS began offering intensive outpatient therapy for drug court participants. Incoming participants who are assessed as needing intensive outpatient level care will be required to attend group therapy three times each week for 3 hours each session. Family counseling sessions are available but not mandated.

The program does not have aftercare treatment but does conduct discharge planning. Participants are encouraged to identify a sponsor while in the program and continue to access him/her for support after treatment and program completion. It was reported that drug court participants who have completed treatment often drop in the CCHDAS offices for an informal check-in.

Recommendations/Suggestions

- Mandatory aftercare that offers support to the participant as s/he transitions back into the community should be implemented by the drug court team, including linkages to family and community supports. Monthly phone calls for the first 3 months after treatment completion could be implemented as an aftercare tool. Some courts have used alumni support groups as a cost-effective tool in aftercare planning.

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 three times per week, is the most effective model. If testing occurs frequently (that is, three times per week or more), the random component becomes less important.

Programs that tested more frequently than three times per week did not have any better or worse outcomes than those that tested three times per week. Less frequent testing resulted in less positive outcomes. It is still unclear whether the important component of this process is taking the urine sample (having clients know they may or will be tested) or actually conducting the test, as some programs take multiple urine samples and then select only some of the samples to test. Further research will help answer this question.

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 CCADTC is comparable to most drug courts nationally. The number of UAs administered each week varies according to drug court phase, with three to four in the first phase and approximately one per week in the final phase. The average number of UAs administered weekly per participant by Cecil County Community Corrections is two to three. This is consistent with national experience. The team utilizes a color code call-in system. If a participant's color is listed on the daily

phone recording, s/he must report to the detention center the next day. Drugs tested for at the detention center include cocaine, amphetamine, methamphetamines, marijuana, opiates, and benzodiazepines. On rare occasions, the parole/probation agent will administer a UA if a participant cannot make it to the detention center or if the agent suspects drug use.

In addition to drug testing, CCADTC uses the Secure Continuous Remote Alcohol Monitor (SCRAM), an ankle bracelet worn by participants, as needed. SCRAM detects alcohol use transdermally.

Recommendations/Suggestions

- There are no recommendations at this time for this area, as the program appears to have implemented a successful drug use monitoring system. Future outcome study work will analyze the rates of positive UAs to determine if participant drug use decreases over time.

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

Research Question: 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, CCADTC hearings are held every Tuesday, following the pre-court team meetings. At these meetings, team members discuss and generally agree upon responses to participant behavior. Team members agreed that everybody has input while the Judge imposes most sanctions. However, for participants who do not attend regular court hearings, lighter sanctions and rewards may be handed down by other team members. Drug court team members reported that sanctions are imposed more frequently than incentives and they are working to change this ratio.

CCADTC has clearly stated guidelines on what constitutes compliant and non-compliant behavior. Information related to incentives, rewards, and sanctions is addressed in the *CCADTC Policy and Procedures Manual* as well as the *Participant Handbook*. Staff reported that they try to individualize responses to participants' behaviors while treating them equally. Team members reported that sanctions are given up to 2 weeks after a non-compliant behavior, depending on the participant's next court appearance. Several team members explained that the team works to maintain a separation between treatment responses and corrections responses.

Recommendations/Suggestions

- The CCADTC team has identified the need to provide more incentives to their drug court participants. The steering committee might serve as a connection to community resources in this area. The team should also consult other drug courts as they seek to implement more creative reinforcements.
- Regarding retention of eligible individuals, 80% of those participants who are no longer in the CCADTC program were discharged as unsuccessful. Team members reported that these individuals typically stop reporting to the program for extended periods. 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, the team should consider identifying more opportunities for participants to receive incentives in order to reinforce the positive aspects of participation and build engagement.
- Attendance at drug court graduation ceremonies should be required of all current drug court participants. This would help to create and strengthen a supportive environment among individual participants

and serve to motivate current participants to progress to the graduation phase.

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, 2000) reported that most drug court programs require weekly contact with the judge in Phase I, contact every 2 weeks in Phase II, and monthly contact in Phase III. 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 CCADTC have twice monthly interaction with the Judge in Phase 1, 2 and 3 and once per month in Phase 4. CCADTC has implemented "status conferences" to allow participants to meet with the coordinator, the resource manager and the parole/probation agent at alternative times if the drug court hearings conflict with work responsibilities. An observation of the court hearing indicated that almost one-third of the

participants who were on the court docket were excused to meet with team members at a different time.

Judge Thompson has been with the program since its inception and does not have a fixed term. In the courtroom, most of the participants sit in the gallery. Participants who will be receiving a sanction may be directed to sit in the jury box; these participants are called to the bench last. Team members reported that drug court sessions last 1 to 2 hours for 15 to 20 participants. In support of this, CCADTC observations indicate that anywhere from 1 to 5 minutes is allocated for each participant. Participants are not required to stay for the entire hearing but are excused after they have appeared before the Judge.

Recommendations/Suggestions

- The creation of alternative review times to accommodate participants' work responsibilities is reflective of the court's flexibility and understanding of the importance of this aspect of a participant's transitioning into a drug-free and stable lifestyle. This understanding must be weighed against the need for a structured program and optimal judicial interaction which offers all participants the opportunity to see how they are progressing in relation to other participants. Additionally, it allows the participant to receive feedback from the bench that is positive, something s/he has likely not experienced before. If participants are in the first program phase or if they are having compliance problems, it is recommended that they attend the regularly scheduled drug court hearings. In addition, future outcome study work could assess whether participants who do not attend court sessions are doing as well as other participants.
- Because drug court hearings are a forum for educating all participants and impacting their behavior, it is recommended that the court require all participants in Phase

1 to stay for the entire hearing and that phase progress is iterated for each individual participant as s/he appears before the bench. The team should consider excusing participants early as an incentive for positive behavior.

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

At the time of key stakeholder interviews, some members of the drug court team were transitioning to the SMART data management system. The coordinator for the CCADTC keeps information on program participants, including demographic information, non-compliant behavior and sanctions imposed, in the SMART system. Drug testing information is tracked electronically by the coordinator, for each participant, using a UA flow chart. The parole/probation agent keeps a paper file on all participants which contains program status information. The treatment provider tracks information regard-

ing group and individual session attendance, UA results and assessment information using the SMART system as well as client files. The resource manager generates progress reports for the team using the SMART system. 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 continue the task of transferring all data into the SMART database so that team members can conveniently access and input information into a central system.
- The program should keep all prior records for further outcome evaluation, including paper files and electronic records.

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, and mental health issues.

Local Process

At the time of stakeholder interviews, all CCADTC team members had attended formal drug court training, with the exception of the newest member—the Assistant State’s Attorney. However, she was scheduled to attend training within a couple of months.

The coordinator, treatment provider, parole/probation agent, Public Defender and Judge attended a training workshop on sanctions and incentives in May 2007. Most of the team attended the National Drug Court Training Conference in June 2007. The corrections representative attended a 5-day training workshop on community supervision in December 2007. Finally, the Public Defender attended defense counsel training for drug courts in April 2007.

Recommendations/Suggestions

- It is advised that the program keep a training log and ensure that new team members are trained shortly after starting with the drug court.
- Because there were a few discrepancies between team members and in what some team members reported and what was written in the *Policy and Procedures Manual* and the *Participant Handbook*, it is advised the both program manuals be updated promptly to reflect any changes in procedures (e.g., referring agencies, amount of time participant has to obtain employment and incentives offered at time of graduation) and that team members review the contents regularly.
- In order to fully develop a non-adversarial team environment, attorneys are encouraged to attend training specific to the drug court model as well as role-specific training; counsel roles on the drug court team, in particular, differ from traditional attorney roles.

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

Cecil County is not as resource-rich as many of the other Maryland counties; however, this particular drug court has forged a number of useful connections with community organizations. The resource manager is fairly new and is taking a course that will help him identify and connect with new community partners. Currently, the program works with several mental health agencies, the local community college, and the Veterans of Foreign Wars.

Recommendations/Suggestions

- The program is encouraged to build relationships with faith communities, medical and dental providers and local businesses wherever possible. The program should maintain a list of common participant need areas and conduct outreach to new community partners to find ways to creatively meet those needs.

CECIL COUNTY ADULT DRUG TREATMENT 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 CCADTC 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

Adults with substance abuse issues who are also involved in the criminal justice system must be seen within an ecological context; that is, within the environment that has contributed to their self-destructive attitudes and behaviors. This coercive environment includes the neighborhoods in which they live, their family members and friends, and the formal or informal economies through which they 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 criminal 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 will 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 CCADTC will want to continue in their efforts to network with local law enforcement, including them in the program as much as is feasible. The program should continue to maintain and develop community resources as they relate to the most common participant needs.

Agency Level

Once community and participant needs are clearly defined and the stakeholders identified, the next step is to organize and apply resources to meet the needs. No social service agency or system can solve complicated community problems alone. Social issues—compounded by community-level factors, such as unemployment, poverty, substance abuse, and limited education—can only be effectively addressed by agencies working together to solve problems holistically. Each agency has resources of staff time and expertise to contribute. At this level, partner agencies must come together in a common understanding of each other's roles and contributions. They must each make a commitment to 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

Ensure that caseloads are manageable and that parole/ probation agents are able to balance their drug court caseload with their non-drug court caseload. The program should make efforts to increase team cohesiveness and key stakeholder buy-in, especially from the State's Attorney's Office. A mandatory aftercare plan that offers support to participants as they transition back into the community should be implemented by the drug court.

Program Level

Once a common understanding of need exists and partner agencies and associated re-

sources 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

The CCADTC should require newer participants to sit through the entire drug court session. The program should consider accepting pre-plea individuals into the program to reduce the timeframe from the actual violation to receipt of critical services (through the program). Team members should identify additional opportunities to acknowledge participant progress and offer incentives while relying less on the levying of sanctions to control behavior.

SUMMARY AND CONCLUSIONS

The Cecil County Adult Drug Treatment 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
- Increasingly cohesive drug court team
- Individualized sanctions and rewards
- Distinction recognized between treatment responses and sanctions
- Flexibility of drug court hearing appearances to accommodate participant work schedules

Policy changes implemented by the drug court team:

- Refinement of eligibility criteria
- Implementation of intensive outpatient treatment
- Clarification of termination criteria
- Addition of resource manager and transfer of duties from treatment provider

Areas that could benefit from more attention:

- Lack of mandatory aftercare treatment
- Use of incentives versus sanctions
- Reasons behind high failure rate
- Staff turnover implications and stakeholder buy-in
- Parole/probation caseload
- Incorporation of pre-plea cases
- Integration of local law enforcement

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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 INTERVIEWS SUMMARY

Participant Interviews Summary

As described in the methodology section of this report, NPC conducted participant interviews in the offices of the Cecil County Adult Drug Treatment Court and in Cecil County Community Corrections in April 2008. Interviews were done with current participants, one of whom was sanctioned by the drug court to be incarcerated. 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 and included how participants made the decision to enroll in drug court, what participants liked about the drug court program, what they disliked, what motivated them to choose drug court, what obstacles they faced once in the program and recommendations they have for the program.

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

- I like the treatment part of it. The counseling is helpful. I also get to see a head doctor (psychiatrist). All of that helps me
- It keeps me on the straight and narrow and is a good support system.
- The program is helping me to be more productive.
- The truth is, the drug court helps me to help myself.
- I am going back to school because of this program. They actually are going to pay for me to go to school and take a college class.

What do you dislike about the drug court program?

- I disliked having to be put back in jail because I don't do the right thing sometimes. They should find other ways to punish us.
- They need to improve the phone system. You can't ever get a hold of anyone on the telephone. Sometimes I have to walk all the way here just to get a question answered.
- Sometimes if you have to sit in the jury box, it makes you nervous. You feel singled out.

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

- I was treated fair by all of the staff. I never had any issues with anybody.

Why did you decide to participate in drug court?

- I came into drug court because I knew I needed the help. I really wanted to try and change my life for the better.
- I did drug court to stay out of jail.
- I wanted to better myself and further my education.
- To be honest, I came into drug court because I know that I could get my charges expunged. But now, I realized that I did need the structure and it is helping me.

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

- Do you mean besides ourselves? Sometimes we can be our own obstacles.
- One obstacle is the system they have for calling in for your color. In our day- to-day activities, working and all, it is sometimes easy to forget to call. But then we are sanctioned for that, when it is really an honest mistake.
- Once you start, staying on track and focused it the hardest thing. Temptation is sometimes hard to resist. But that is where the staff really help us.
- Just making all of the appointments is challenging.

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

- I think they need to come up with alternatives to locking you up, once you are in the program.
- It is working fine for me. I honestly can't think of anything.

Did your family participate in any way in the process?

- Because my family knows about me being in drug court, I stay more focused. It is like, I don't want to let them down.
- Yeah, I know what you mean. I don't like for anyone in my family to know if I fail a drug test. So, I guess, their support helps to keep us on track.

What educational support and linkages in the community have been provided?

- Like I said earlier, I am about to take a college class. The drug court is paying for that. If it were not for drug court, I would not be going.
- I know that they help people to go back to school to get your GED.
- All of this kind of stuff is good. Because the better we do for ourselves, the less likely we are to go back to using drugs.