

Dorchester County (District) Adult Drug Treatment Court *Process Evaluation*



Submitted to:

Gray Barton

Executive Director
Office of Problem-Solving Courts
2011-D Commerce Park Drive
Annapolis, MD 21401

Submitted by:

NPC Research

Portland, OR

April 2009



4380 SW Macadam Ave., Suite 530
Portland, OR 97239
(503) 243-2436
www.npcresearch.com

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(District) Adult Drug Treatment Court**
Process Evaluation

Submitted By

NPC Research

Management Team

Juliette R. Mackin, Ph.D., Study Manager

Shannon M. Carey, Ph.D., Consultant on Drug Court Research

Michael W. Finigan, Ph.D., Consultant on Drug Court Research

Research Team

Theresa L. Allen, Ph.D.

Dawn James, LCSW-C, LCADC

For questions about this report or project, please contact Juliette Mackin at
(503) 243-2436 x 114 or mackin@npcresearch.com.

April 2009



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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
- Honorable John L. Norton III, Latasha Nichols and all team members including judicial/legal partners and treatment providers who participated in key stakeholder interviews. We appreciate their openness and their welcoming attitude toward our evaluation team; and thank them for making their program completely available to us
- Charley Korn and Bob Linhares, NPC Research

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EXECUTIVE SUMMARY

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

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

Administrative Judge John L. Norton III was key to the implementation of Dorchester County's district adult drug court program. In 2005, he formed a planning team and in October 2006, the court admitted its first participant. As the administrative judge for Dorchester, Somerset, Wicomico and Worcester counties, Judge Norton was able to attend national drug court implementation trainings with members of the Worcester County Drug Court team prior to the organization of Dorchester's planning team. Latasha Nichols, the program's current drug court coordinator, joined the team in October 2007, replacing the original drug court coordinator. With the exception of the public defender, all other team members have been with the program since its implementation.

The Dorchester County Adult Drug Court (DCADC) enrolled 21 participants from October 2006 to December 2008. During that period, a total of 2 participants have graduated, 8 were released unsuccessfully from the program and 1 was discharged due to a phys-

ical disability that hampered program progress. The drug court team hopes that the program will reach its full capacity of 50 participants by June 2009. As of December 2008, the program had 10 active participants. These participants work with substance abuse counselors from the Dorchester County Health Department. They attend both group and individual therapy and may also participate in family counseling.

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

According to its *Policy and Procedure Manual*, DCADC's program goals are:

- Decrease substance abuse of nonviolent habitual offenders,
- Increase public safety by reducing recidivism, and
- Help participants to lead healthier, more productive lives.

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 DCADC program.

The DCADC fulfills many of the 10 key components through its current policies and structure. It integrates alcohol and other drug treatment services with justice system case processing. The team members collaborate well and respect one another. The program uses frequent alcohol/drug testing to monitor abstinence, has a continuum of treatment services available to participants and

has had the same judge presiding over the court since its inception. Also, the DCADC has a coordinator who actively seeks out referrals and community partners, which has resulted in a larger pool of community based resources being available to meet the individual needs of program participants.

There are several areas in which the DCADC should and can make program improvements. The team should work on having the parole/probation agent's non-drug court caseload decreased. They should also look into generating more referrals through the judge and the parole/probation department and consider admitting individuals pre-plea, in order to reach their capacity goal and shorten the time from arrest to entry into the program. There should be an effort to identify more opportunities to offer incentives to participants, as a way to encourage their continued involvement in the program. There needs to be a re-evaluation of the alignment of treatment phases to program phases as progress in treatment doesn't necessarily meet all program requirements for advancement. A response system designed to keep the time between participant behavior and team response as short as possible should be created.

The following is a summary of suggestions and recommendations that emerged from this evaluation:

SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

The DCADC has developed a number of vital connections with community agencies. Team members are encouraged to generate ideas regarding how best to identify and engage new community partners, in an effort to improve resource availability for drug court participants. To help achieve this goal, the drug court coordinator attends local Drug and Alcohol Abuse council meetings. It is recommended that the judge also attend these meetings and that the drug court ask to be listed as an agenda item for these meetings.

The team may want to explore how to create buy-in with all participating agencies so that drug court-eligible individuals are identified early and referred.

SUMMARY OF AGENCY-LEVEL RECOMMENDATIONS

The program should look into the possibility of minimizing the parole/probation agent's non-drug court caseload and/or the feasibility of having another agent join the team, especially as program enrollment grows. Attorneys on the team are encouraged to approach the drug court process in a non-adversarial manner and with the understanding that the program's goal is to reduce the participant's criminal justice involvement by addressing her/his substance abuse issues. The program may want to consider how results from drug tests conducted by parole/probation can be obtained more quickly; for example, the team may want to have a discussion around the feasibility of Parole and Probation using instant tests and sending only positive results to a lab for confirmation.

SUMMARY OF PROGRAM-LEVEL RECOMMENDATIONS

The program is encouraged to conduct a review and analysis of case flow in order to determine where in the drug court entry process things can be sped up. Team members should identify more opportunities to acknowledge progress and offer incentives, while relying less on the imposition of sanctions. To work toward this aim, the team should understand that use of material incentives is commonplace in drug court programming and should be implemented in DCADC.

The team may want to have a conversation about the feasibility of referring some individuals pre-plea and accepting individuals with a DUI/DWI charge. "Probation before judgment" should be a standing policy and explained as an incentive for prospective par-

participants to enter the program. Keep in mind that treatment phases need not align with drug court program phases and progress in treatment may simultaneously occur while a participant is experiencing problems meeting program goals. Team responses should closely follow the behavior that they are intended to change or reinforce and the team should help participants understand the relationship

between their actions and resulting sanctions. The records of participants who were unsuccessfully discharged should be tracked and the reasons behind discharges should be analyzed in order to refine program policy and procedures. Ensure that the program handbook is in agreement with the participant handbook and that both reflect current program policy.

BACKGROUND

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

Drug courts are designed to guide offenders identified as drug-addicted into treatment that will reduce drug dependence and improve the quality of life for offenders and their families. Benefits to society take the form of 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, 2004; Carey, Finigan, Waller, Lucas, & Crumpton, 2005). Some drug courts have even been shown to cost less to operate than processing offenders through traditional (business-as-usual) court processes (Carey & Finigan, 2004; Crumpton, Brekhus, Weller, & Finigan, 2004; Carey et al., 2005).

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

METHODS

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

Site Visits

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

Key Stakeholder Interviews

Key stakeholder interviews, conducted by telephone, were a critical component of the DCADC process study. NPC Research staff interviewed seven individuals involved in the administration of the drug court, including the judge, the program coordinator and the assistant state's attorney. Other team members interviewed included a treatment representative from the Dorchester County Department of Health, a parole/probation agent and two law enforcement officers. The public defender was not authorized to be interviewed for this evaluation.

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 lo-

cal 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 DCADC.

For the process interviews, key individuals involved with DCADC administration were asked questions from the *Typology Interview Guide* during telephone calls at several points in time. This approach allowed us to keep track of the changes in the drug court process from the beginning to the end of the project. Participant feedback is highly valued and typically included in NPC process evaluation reports. Unfortunately, we were unable to establish contact with participants at this site.

Document Review

In order to better understand the operations and practices of the drug court, the evaluation team reviewed the *Dorchester County District Court Drug Treatment Court Program Policy and Procedure Manual* (herein referred to as the *Policy and Procedure Manual*) and the *Dorchester County District Court Drug Treatment Court Program Participant Handbook* (herein referred to as the *Participant Handbook*) for program information. Information contained in these program manuals was compared to data obtained from other sources, to ensure consistency and comprehension across the program.

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

RESULTS

Dorchester County District Court Adult Drug Court Program Description

DORCHESTER COUNTY, MARYLAND

Dorchester County is located on Maryland's Eastern Shore. It is bordered by the Choptank River to the northeast and the Chesapeake Bay to the west. Cambridge is the county seat of Dorchester County and has a population of 11,796 according to the 2007 Census estimate.² The population of Dorchester County is 31,848 according to the 2007 Census estimate. The 2006 Census indicates that 79% of the population is age 18 or older and the median age is 41. Dorchester County's racial/ethnic composition is 71% White with 28% Black; 2% of the population identifies as Hispanic and 1% represent Asian ethnicities. The 2005-2007 Census estimate also found that the median family income is \$47,568 and the median household income is \$42,322, with 5% of individuals and 3% of people in families living below poverty level. The county's unemployment rate is 6% according to the U. S. Department of Labor.³ The main industries of employment are educational services, health care and social assistance combined, followed by manufacturing.

DORCHESTER COUNTY DRUG COURT OVERVIEW

The Dorchester County District Court Adult Drug Court (DCADC) is located in Cambridge, Maryland, with the program servicing the entire county. The program accepted its first participant in October 2006. A variety of local agencies comprise the drug court.

The DCADC operations team is made up of the judge, a program coordinator, a parole/probation agent, an assistant state's attorney, an assistant public defender, an addictions counselor from the county health department and representatives from the City of Cambridge Police Department, Dorchester County Sheriff's Office and the Hurllock Police Department. The DCADC serves adult offenders who have committed crimes as a result of their addiction. The program provides intensive supervision and treatment along with comprehensive judicial monitoring.

IMPLEMENTATION

In Fall 2005, Dorchester County District Court Judge John L. Norton III, who is also the district's administrative judge, began organizing the adult drug court program. The planning team included the judge, the director of the addictions program at the Dorchester County Health Department, the warden of the Dorchester County Jail and representatives from the Division of Parole and Probation (hereafter referred to as parole/probation), the State's Attorney's Office (SAO), the Office of the Public Defender (OPD) and the director of the Local Management Board. Judge Norton had attended three federal implementation trainings for drug courts prior to forming DCADC's planning team. The rest of the team received on-site training from representatives of the Maryland Office of Problem-Solving Courts (MOPSC).

The program was implemented in October 2006. Judge John L. Norton III has been with the DCADC since its inception, and because he is the county's only district court judge, it does not have a backup judge. The current coordinator, Latasha Nichols, began working with the DCADC in October 2007, after serving as the Prince George's Adult

² Demographic data were retrieved from the U.S. Census Bureau at www.census.gov in January 2009.

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

Drug Court Coordinator. She took over for the original coordinator, who left the program to take another position. The coordinator's position is funded through the Maryland Office of Problem-Solving Courts, which also covers the cost of staff training, drug testing, transportation, educational resources, ancillary services and treatment provided to DCADC participants.

PARTICIPANT POPULATION AND PROGRAM CAPACITY

The DCADC program is currently designed to serve a maximum of 50 active participants. Since the drug court program has been operational, it has not met capacity and, therefore, has been able to accommodate all referred and program-appropriate offenders. As of December 2008, 21 individuals had entered the drug court since the program's implementation; 2 of these participants have graduated, 8 were unsuccessful at completing the program, 1 participant was discharged due to an encumbering physical disability and 10 are active participants.

Of the 21 individuals who have participated in the drug court program, 30% are female, 43% are White and 57% are Black. The average age of program participants is 35 years, with ages ranging from 22 to 57 years. According to team members, the main drugs of choice for DCADC participants are marijuana, cocaine and crack cocaine. With the coordinator actively seeking out referrals, the team is working on reaching its capacity of 50 participants by the end of the fiscal year (June 2009).

DRUG COURT GOALS

The DCADC program works to reduce participants' criminal behaviors and substance abuse. Currently, the program has three specific goals listed in its *Policy and Procedure Manual*:

- Decrease substance abuse of nonviolent habitual offenders;
- Increase public safety by reducing recidivism; and
- Help participants to lead healthier, more productive lives.

The DCADC staff's goals for the program, as reported during the key stakeholder interviews, align with those listed in the *Policy and Procedure Manual*. An additional stated program goal is helping program participants to change their unproductive patterns through employment, treatment and community service.

ELIGIBILITY CRITERIA

The DCADC eligibility criteria are listed in the *Policy and Procedure Manual*. Prospective program participants must be residents of Dorchester County and be 18 years of age or older. In addition, potential participants must:

- Have at least one prior conviction;
- Have drug use as the motivating or influential factor behind their crime;
- Have an evident substance abuse problem and be suitable for treatment; and
- Not have any convictions for violent offenses, a DUI/DWI conviction, or any offenses committed while carrying a firearm.

Pending or open cases outside of Dorchester County are automatic disqualifiers. However, possession with the intent to distribute convictions are determined for eligibility on a case-by-case basis by the SAO. Key stakeholder interviews confirmed that these are the operational eligibility criteria for the program. In addition, DCADC targets individuals convicted of possession and those who have violated their probation for program entry. According to reports from team members, individuals who are targeted for

the program are “basically the very desperate cases.” Generally, prospective drug court participants have been identified as nonviolent offenders with habitual substance abuse problems.

DRUG COURT PROGRAM SCREENING AND ENTRY PROCESS

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

An offender is referred to the DCADC from a variety of points in the criminal justice system, including the judge, the drug court coordinator and/or caseworkers at the detention center.

Team members indicated that not all eligible candidates were being referred to the program, and the reasons for this varied. For example, the Maryland Office of the Public Defender has instructed public defenders against referring participants, leaving private counsel as the only source of defense attorney referrals. Thus far, there have been two prospective participants who have been represented by private counsel. Referrals from the SAO in Dorchester have also been limited because the office does not have a paralegal to perform criminal history checks, and according to stakeholders, they do not have the necessary electronic infrastructure to support such checks. In fact, several team members reported that the drug court coordinator often reviews files at the SAO to see if there are any potentially eligible individuals. Parole/probation agents used to refer VOP (violation of probation) clients who they believed could benefit from drug court. Their referrals were rejected due to criminal histories that did not meet program eligibility criteria. Thus, at some point, the agents became discouraged and no longer made referrals to the drug court.

At bond review hearings, the judge, who is familiar with the individual’s criminal history, may ask the defendant to speak with his/her attorney about participating in drug court. If the defendant is interested in the program, s/he will be referred to the drug court coordinator and a background check will be performed by the SAO. Once the prospective participant decides that s/he would like to participate in the drug court program, a clinical assessment for substance abuse and level of willingness to participate is conducted by the health department. The individual then pleads into the program at the next hearing. For a violation of probation, the parole/probation agent may order a clinical screen prior to the violation hearing if s/he believes the individual is a good candidate for the program and wants to refer him/her at the hearing. According to team members, arrest to hearing can take up to 60 days or longer. In some drug cases, suspected evidence may have to be sent to the crime lab for analysis, which can slow the process down by months. If prospective participants are referred by the judge, entry into the program is within a week or so, after the clinical assessments have been conducted. It is possible for the SAO to refer someone pretrial within a couple of weeks of their arrest. The same can happen with defense counsel. Finally, the Dorchester County Detention Center has a treatment program and the drug court has been receiving modification requests from inmates, receiving counseling, who would like to enter drug court as a form of re-entry, rather than serve out their time. This transition is especially likely to happen if drug court was not offered at the time of their trial.

The drug court team is currently considering admission of heroin users into the program. Team members reported that heroin is not a significant problem in Dorchester County, but that they have a prospective participant

who is a heroin addict coming up for program admission review.

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

The DCADC is a post-plea program that accepts new convictions and violation of probation cases. Typically, prospective participants are facing a minimum of 6 months of jail time if they decline participation in the drug court. Because the program is longer than likely jail time in some cases, individuals have declined participation in favor of serving their sentence. Team members reported that the program is beginning to accept circuit court probation violation cases, because it is often challenging to identify district court defendants facing enough jail time to make the program a desirable option.

If an offender is accepted into the drug court program, her/his sentence is deferred. S/he does not have to serve the sentenced jail/prison time if s/he successfully completes the program. For the program's first graduates, the judge has stricken the guilty plea and granted a "probation before judgment" finding. However, this procedure is not yet policy and graduates may be placed back on probation.

The program is voluntary. The removal of potential incarceration time and opportunity to obtain substance abuse treatment are the primary incentives for offenders to enter the program.

DRUG COURT PROGRAM PHASES

The DCADC program has four phases that typically take 9 to 12 months to complete. The minimum number of days to technically complete the program is 240. The length of each phase is dependent upon the participant's compliance with drug court requirements. During all phases, participants must comply with their individualized treatment

plans, attend all appointments with their probation agent and reside in housing approved by the drug court team. The *Policy and Procedure Manual* states that, "A participant will stay in any given phase for as long as it takes them to meet all of the requirements."

Phase 1 lasts 60 to 90 days. During this phase, participants must complete an intensive outpatient program, which includes individual and group therapy. They must also attend three self-help groups during this period. Their place of residence must be approved by the drug court team and is verified by the parole/probation agent. There are at least two required contacts each month with the parole/probation agent. Both visits are face-to-face and one visit must be at the participant's place of residence. During this phase, participants may receive a physical examination and health assessment and education, with a focus on mental illness and communicable diseases.

In Phase 1, participants are required to attend drug court hearings in at least twice monthly. After the first month, participants must complete 4 hours of community service every month. They are required to submit to a minimum of two random urinalyses per week and must be in compliance with curfew hours. In order to advance to the next phase, participants must be actively seeking employment and have 30 days consecutive clean time immediately before moving into the next phase.

Phase 2 also lasts 60 to 90 days. Participants must have a face-to-face meeting with the parole/probation agent once monthly in this phase. They must also comply with any health orders or referrals made during the first phase. Attendance at drug court hearings is required no less than 2 times per month and attendance at self-help meetings is required 2 to 3 times per week. Random urinalyses will continue to be performed at a

minimum of 2 times per week. Participants are expected to obtain employment while in this phase and will undergo an educational assessment if they do not have a high school diploma or GED. In order to advance to Phase 3, participants must have a minimum of 60 days consecutive clean time.

Phase 3 takes a minimum of 30 days to complete. Participants meet with their parole/probation agent once monthly for a face-to-face visit. They are required to attend drug court hearings at least one time every month and must submit to a minimum of one random UA test each week. Attendance at self-help meetings continues at 2 to 3 per week. Participants must also continue in their employment or work toward their GED in Phase 3 and onward. According to the *Policy and Procedure Manual*, participants in this program phase can now create an “approved payment plan for any outstanding fines or fees, in [the] current case and/or unrelated cases, as well as compliance with any restitution requirements.” Compliance with curfew requirements is enforced and participants must have 30 days consecutive clean time immediately before moving on to Phase 4.

Phase 4 lasts a minimum of 90 days. In this phase, participants must attend self-help groups at least 3 times per week. They are required to meet with their parole/probation agent at a minimum of one time per month, face-to-face. Court appearances take place at least once per month and a minimum of two random urinalyses are required each month. Participants should also be in compliance with their approved payment plan (i.e., paying off court fees, fines and restitution). In order to graduate, participants must have 90 days consecutive clean time immediately prior to graduation. If they relapse during this time, a substance abuse re-assessment may be warranted.

GRADUATION

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

- Successful completion of substance abuse treatment, including all fees paid;
- Continued compliance with any payment plan created for outstanding court costs, fines, and/or restitution;
- Successful completion of all program phases of the DTC and compliance with any recommended treatment or aftercare;
- Continued regular employment;
- Continued compliance with any referrals made by treatment providers; and
- 90 Consecutive days of clean time in the final phase of the program.

The DCADC program has had two graduates thus far. The *Policy and Procedure Manual* indicates that ceremonies will be held for graduates including a certificate of program completion. Team members reported that the program’s first graduate requested a “low-key” graduation with no publicity, therefore, a ceremony was not held but a certificate of completion was presented in court by the judge.

TREATMENT OVERVIEW

Dorchester County Health Department (DCHD) is the sole treatment provider for the drug court. The treatment program has four phases, lasting 9 to 12 months total, and phase progress in treatment is usually associated with phase advancement in drug court. Prior to their partnership with the drug court, the health department’s treatment program consisted of two phases. The phases that were added include an aftercare program and lengthened the time in outpatient treatment.

DCADC participants are clinically assessed by a counselor from the DCHD to determine that the level of care needed, based on American Society of Addiction Medicine (ASAM) criteria, meets program requirements. All of the drug court participants thus far have started in Intensive Outpatient Program (IOP), which requires at least 9 hours of weekly treatment services. This level of service includes group and individual therapy based on motivational interviewing and the stages of change models. Once a participant has completed IOP, they attend up to two groups per week with the number of sessions to be determined by the treatment team (and based on the clients' progress). DCHD operates on a sliding fee scale with most clients paying \$2 to \$10 per session.

THE DRUG COURT TEAM

Judge

Judge John L. Norton III, has been with the DCADC since its inception and currently presides over the drug court. The position of Drug Treatment Court Judge is voluntary, and the duties he performs as a part of the program are in addition to his responsibilities as a District Administrative Judge. He also serves on the state Drug Court Commission. Judge Norton hears all drug court cases and because he is Dorchester County's sole district court judge, he does not have a backup judge to preside over the court in his absence. Stakeholder interviews indicated that the judge often has a very busy docket on Mondays, which sometimes runs into drug court meetings and sessions. The judge is currently working to resolve this scheduling conflict by identifying ways to lighten his Monday docket.

Coordinator

The current DCADC coordinator has been with the team since October 2007. She oversees the daily operations of the drug court and facilitates communication between team

members. The coordinator runs pre-hearing meetings and maintains (and updates, when necessary) the program's Policy and Procedure Manual. In addition to these duties, she also identifies potential drug court funding opportunities, administers all of the program's grants and informs team members about drug court-based training and workshop opportunities. The coordinator compiles quarterly and bi-annual reports for the Maryland Office of Problem-Solving Courts. She also facilitates referrals by meeting with detention center treatment staff, reviewing files at the SAO, attending daily District Court bail reviews and attending monthly Circuit Court violation of probation hearings. Further, the Drug Court Coordinator regularly attends monthly meetings held by several local community organizations, including the Local Drug and Alcohol Abuse Council, Partnership for a Drug Free Dorchester, Communities Mobilizing for a Change on Alcohol (CMCA), and the Dorchester County Service Providers (comprised of representative from the Health Dept., Social Services, and a number of local community organizations). She also attends weekly meetings of the Dorchester County Detention Center—DART (drug abuse treatment) program. The Drug Court Coordinator gives presentations about Drug Court to local community organizations and she connects participants to needed services available in the community.

Case Manager

At present, the DCADC does not have a case manager. According to the *Policy and Procedure Manual*, case management services may "be performed, partially or in full, by the Drug Court Coordinator, Dorchester County Detention Center, Division of Parole & Probation and/or the Dorchester County Health Department." Team members report that a funding request has been made for a case manager and they hope to have the position filled sometime in the near future.

Parole/Probation Agent

The parole/probation agent began with the DCADC just after implementation. She supervises all of the program participants outside of drug court and conducts home visits to verify that participants are in suitable housing. She conducts employment checks to confirm employment status. Parole/probation is also charged with administering drug tests, which are conducted by agent assistants. The parole/probation agent attends both team meetings and court hearings. Currently, the parole/probation agent has over 130 individuals (including drug court participants) on her caseload, each requiring either moderate or intensive supervision. Drug court participants require intensive supervision but can only be seen for home visits when her schedule permits.

Treatment

The Dorchester County Health Department (DCHD) is the sole treatment provider for the DCADC. This agency is responsible for assessing new participants using ASAM criteria and conducting group and individual therapy as well as ongoing assessments. The primary addictions counselor from the health department has served as the agency's representative on the drug court team since implementation. He has contact with all drug court participants and monitors their progress through group and individual therapy. Prior to the team meetings, he sends a report to the coordinator through the SMART system. He also shares information with the team at the pre-hearing meeting and attends the drug court hearing.

Assistant Public Defender

The DCADC's current assistant public defender (APD) began working with the program in the summer of 2007, replacing the original APD. Her role in the drug court team is currently undergoing changes, as directed by the Maryland State Office of the

Public Defender. She was not authorized by her office to speak with us for this report. However, other team members indicated that each individual freely expressed his/her opinion at the team meetings and consensus was easily reached.

State's Attorney's Office

A representative from the State's Attorney's Office (SAO) serves on the drug court team and has been with the drug court program since its implementation. She participates in the pre-court team meetings and drug court hearings. She assists in the referral process and checks the criminal backgrounds of prospective participants to determine their eligibility for the program. The ASA suspends her traditional adversarial role in favor of a collaborative team approach and sees her drug court role as developing and maintaining an ongoing relationship with the defendant.

Law Enforcement

There are three representatives from different law enforcement jurisdictions on the DCADC team: a police captain from the Hurlock Police Department, a sergeant from the Dorchester County Sheriff's Office and a sergeant from the City of Cambridge Police Department. Law enforcement was not involved in the planning stages of the drug court. The City of Cambridge Police Department representative joined the team shortly after implementation and the Hurlock Police Sergeant became involved with the court at the beginning of 2008. The Sheriff's representative could not be reached for this report. Law enforcement representatives attend team meetings and drug court hearings. All law enforcement agencies are responsible for conducting curfew checks for participants living in their respective jurisdictions.

DRUG COURT TEAM TRAINING

Judge Norton attended three federal implementation trainings along with the planning team from Worcester County. One year later, when he was ready to start planning for a drug court for Dorchester County District Court, representatives from the Maryland Office of Problem-Solving Courts (MOPSC) traveled to Dorchester County to train the entire team. The team has also received Drug Court 101 and 102 training, sponsored by the MOPSC. The treatment provider attends the National Association of Drug Court Professionals conferences. The current coordinator has had training on the SMART system, and in case management, treatment, and relapse prevention. She also attends the annual Winter Symposium that takes place in Annapolis, Maryland. In addition to this training, representatives from the MOPSC have visited the Dorchester Drug Court to provide training in roles and responsibilities of drug court team members. Representatives from treatment, law enforcement and parole/probation have also attended the annual Winter Symposium. Some members from the team expressed an interest in having more training but also felt that time and funding were challenges to meeting this goal.

TEAM MEETINGS

The pre-court meeting is held every other Monday at 2:45 p.m. The judge, coordinator, APD, ASA, parole/probation agent, health department representative and law enforcement representatives are in regular attendance. During these meetings, the coordinator gives an overall progress report for each participant. The treatment provider shares participant progress in terms of attendance, drug testing results and attitude toward treatment. Other team members can give individual reports if they have any additional information. Responses to participants' behavior are discussed by the entire group,

with the judge making the final decision. Team members report that he often agrees with their recommendations but will sometimes respond differently based on the interaction he has with the participant during the hearing. Any policy matters that arise are also discussed at the pre-court meeting.

The DCADC does not have an advisory/steering committee. However, the coordinator attends monthly meetings of the local Drug and Alcohol Abuse Council, which has "established several goals and objectives regarding the [DCADC]." These goals include mobilizing community resources, establishing a standard screening process and supporting an ongoing program evaluation.

PROVIDER AND TEAM COMMUNICATION WITH THE COURT

DCADC team members who most frequently communicate with one another outside of team meetings are the coordinator, the parole/probation agent and the treatment provider, especially with regard to case management issues. Contact between these three team members typically occurs 2 to 3 times per week. Occasionally, the other team members will contact the coordinator; however, this communication happens less frequently.

DRUG COURT HEARINGS

The drug court hearings are held every other Monday at 3:15 p.m., immediately following the pre-court meetings. An observation of the drug court hearing indicated that all participants were prompt and seemed to share an understanding of the importance of punctuality in drug court. Drug court sessions are open to the public and hearings generally last 30 to 45 minutes. Typically, about 10 participants attend the drug court hearing. Team members that regularly attend the hearings include the judge, coordinator,

APD, ASA, parole/probation agent, the health department representative, and law enforcement representatives. Participants are called by the judge to approach the bench one at a time. They then stand next to the APD at a table while the ASA and the coordinator sit at the opposite table. They remain standing while the judge speaks with them. After he excuses them, the participants sit back down in the gallery and remain in the courtroom until the hearing is over.

FAMILY INVOLVEMENT

Family member involvement is not a requirement of the DCADC program. However, the health department offers family counseling sessions to participants and their families if they are desired. Observation of a drug court hearing indicated that there were a number of family members present in support of participants.

SUBSTANCE ABUSE TREATMENT FEES

The Dorchester County Health Department charges participants for treatment on a sliding scale fee, based on income. Group and individual sessions range from, on average, between \$2 and \$10. This fee also covers the cost for drug testing at the health department. There is a \$100 flat fee that participants must pay to parole/probation for drug testing. If participants have been ordered to pay restitution, those fees have to be paid in full before they can graduate from the program.

DRUG TESTING

Participants' compliance with clean time requirements is assessed through urinalysis testing. Random and scheduled drug tests are conducted an average of 3 times each week in the program's early phases. Participants are required to have one random drug tests conducted at the parole/probation office and another at the health department. Additional random testing may be con-

ducted by the health department since participants are there many times throughout the week. Testing done through parole/probation is scheduled, but testing can also be conducted based on suspicion. All parole/probation tests are sent to an outside lab with results returned in 3 to 5 days. Substances tested for by probation are benzodiazepines, cocaine, THC and opiates. Participants must report to the health department 4 times each week for treatment. During one of these visits, they will be required to undergo drug testing, including being given a breathalyzer test. Other substances tested for by the treatment provider include amphetamines, benzodiazepines, cocaine, opiates and marijuana. The health department only sends tests showing a positive result to an outside lab for confirmation; lab results are returned to the health department in 2 days. If a problem occurs with the test (e.g., diluted results), the health department can use an oral swab as a more immediate way to detect drug use. The DCADC may also require SCRAM alcohol monitoring bracelets if alcohol use is suspected.

REWARDS

DCADC participants receive rewards from the judge for doing well in the program. Incentives for continued positive behavior include certificates of completion, decreases in program requirements, curfew extensions and praise from the bench. Tangible rewards, such as gift cards, are not given because the court does not have funding for them and there have been ethical concerns raised with regard to court staff soliciting donations. Participants are also involved in an incentive program at the health department, where a fishbowl drawing is conducted weekly for clients who remain abstinent. Incentives pulled from the bowl can range from inspiring quotes to \$20 gift cards.

SANCTIONS

After a non-compliant behavior occurs, such as missing an appointment, the team discusses the appropriate response for that individual and the particular behavior. Sanctions can include an increase in curfew hours, jail time, SCRAM monitoring, implementation of a behavior contract, being required to write an essay and community service. Responses are individualized; however, according to team members, participants feel responses should be the same for everyone, across the board. Team members explained that there is an attempt to graduate sanctions, but it is not a “cookie-cutter recipe.” Most sanctions are imposed at the next regularly scheduled drug court hearing; however, if a particularly serious behavior occurs, such as absconding, the judge will immediately issue a bench warrant rather than wait until the next team meeting to respond. Most team members indicated that sanctions are used more often than rewards.

UNSUCCESSFUL PROGRAM COMPLETION

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

- Threats of violence towards self or others;
- Violent acts of any kind to self, others, or property;
- Failure to comply with requirements of treatment;
- Continued noncompliance with supervision requirements;
- Arrest or convictions on new charges that the drug court team determine warrants termination from the program; and
- Failure to attend hearings.

The DCADC program, to date, has discharged 8 participants as unsuccessful and 2

as successful, resulting in a program a graduation rate of 20%. The decision to remove a participant unsuccessfully from the program is made through team consensus, with the judge having the ultimate say. Team members reported that there has been clear agreement and little discussion needed among team members so far with those participants who have been discharged from the program. It was also reported that one participant asked to be discharge and another was discharged due to a physical disability that was hindering his/her progress in the program. Once a participant is discharged as unsuccessful, a sentencing hearing is scheduled and his/her drug court participation is considered along with all the other factors that might mitigate the sentence.

DATA COLLECTED BY THE DRUG COURT FOR TRACKING AND EVALUATION PURPOSES

The coordinator tracks participant progress using the Statewide Maryland Automated Records Tracking (SMART) system. This database includes information on client progress in treatment, which is entered by the treatment provider. The probation agent communicates progress on her caseload to the coordinator, who then enters it into SMART. The coordinator also enters participant information into an Excel file, which enables her to run reports.

The team has not yet analyzed its program numbers related to participants because they have only had two graduates and have only a few currently active participants. They are participating in training and technical assistance meetings with the MOPSC and are working on identifying ways to eventually achieve their capacity goal. These meetings have also focused on the revision of policies and procedures and updating the program manuals to reflect these changes.

COMMUNITY LIAISONS

The DCADC does not have a dedicated case manager. However, the program has recently applied to have the position funded. Most case management services are currently being handled by the coordinator. Dorchester County does not have many social services available to offer the drug court participants. Transportation to treatment and court sessions has also been a challenge for participants who do not have their own vehicles.

The program has made some meaningful connections with local organizations, including the YMCA, which offers participants workout classes and access to social activities. The Harriet Tubman Museum, the Farmers Market and the Salvation Army have all partnered with the DCADC to offer participants a place to work on their community service hours.

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 Dorchester County District Court, Adult Drug Court (DCADC) has an integrated treatment and judicial team that includes the judge, the treatment counselor, representatives from the Office of the Public Defender, State's Attorney's Office, and local law enforcement agencies, and a parole/probation agent. Team members attend drug court sessions and pre-court team meetings. Clinical assessments are conducted through the Dorchester County Health Department. The health department representative has direct ongoing interaction with drug court participants, through group and/or individual counseling. He regularly communicates with the drug court coordinator about the progress of program participants. He also uses the SMART system to run reports for the entire team and conducts ongoing clinical assessments to determine if treatment plans are meeting the needs of participants. Key stakeholders reported that the team has regular, ongoing discussions about participants' progress. NPC's observation of a team meet-

ing indicated positive working relationships and clear communication between members.

The parole/probation agent, treatment provider and coordinator work closely together to determine what services participants need. The parole/probation agent has a large caseload, including non-drug court clients, which will likely increase as the program approaches its capacity goal. The team has recently applied for funding to cover an additional case manager position.

The DCADC has three law enforcement representatives on the team from different jurisdictions in Dorchester County. Their primary responsibility to the drug court program is conducting curfew checks; however, they may offer the team additional information regarding participants and the community.

Recommendations/Suggestions

- The program needs to consider whether the parole/probation agent will be able to effectively work with clients if her caseload is too large to develop meaningful relationships, maintain accurate records, and communicate regularly with other staff. The most desirable adjustment would be a decrease in her non-drug court client caseload. However, if this is not possible, her drug court participant supervision duties should be minimal and include only compliance-related procedures, such as home (verification) visits and drug testing. The American Parole and Probation Association recommends that no more than 20 intensely supervised individuals be assigned to an agent. It may be possible for the agent to handle a larger caseload if supervision and case management responsibilities are shared or if some participants in the agent's caseload are in later phases of the program and require less contact and support. As the program approaches capacity, the team should look into funding to cover the cost of supporting one dedi-

cated agent or an additional part-time agent.

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

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

National Research

Recent research by Carey, Finigan, and Pukstas (2008) found that participation by the prosecution and defense attorneys in team meetings and at drug court sessions had a positive effect on graduation rates and outcome costs.⁴

In addition, allowing participants into the drug court program only post-plea was associated with lower graduation rates and higher investment costs.⁵ 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 dropped from the program showed lower outcome costs (Carey et al., 2008).

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.

Local Process

In DCADC, prosecution and defense counsel are included as part of the drug court team. They attend both pre-hearing meetings and drug court hearings. Some team members reported that the team works well together and at least one stakeholder felt it would be difficult for an outside observer to discern which team member was from the State's Attorney's Office and which was from the Public Defender's Office. Because the public defender was not authorized to speak with evaluators, we were unable to obtain her perspective. However, other team members indicated that there is less interaction between attorneys on the team now compared to earlier in the program's history, because the public defender is no longer authorized by the State Office of the Public Defender to make referrals to the program.

The DCADC accepts individuals with both misdemeanor and felony charges. However, team members did report that it is harder to recruit individuals with lower level charges and lighter sentences. The drug court also accepts participants with non-drug-related charges. The program is post-plea and the individual who graduated in September 2008 was granted probation before judgment; however, this resulting disposition has not been set as policy.

Recommendations/Suggestions

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

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 intended 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 DCADC is a post-plea program. Original charges do not have to be directly drug-related but there should be an underlying substance abuse issue. The DCADC accepts participants with both misdemeanor and felony charges. However, because individuals with lower level district cases are less likely to opt for the program rather than jail time, circuit level violation of probation cases are also being considered. Because the program no longer receives referrals from the public defender, more emphasis is now placed on the other team agencies for referrals. However, the referral process for parole/probation and the State's Attorney's Office (SAO) is not without obstacles (previously explained in the "Drug Court Program Screening and Entry Process" section). As a result of the above-mentioned challenges, the program primarily relies on referrals from the SAO via the drug court coordinator. Legal eligibility is determined by the assistant state's attorney and is based on requirements which are set forth in the *Dorchester County District Court, Adult Drug Court Policy and Procedure Manual*.

The time from arrest to entry into DCADC varies, but is largely dependent upon where the referral originates. The shortest time-

frame between arrest and drug court entry occurs when the judge refers an individual at a bond hearing, if he thinks the individual's history makes him/her a good fit. At that point, the coordinator introduces the program to the prospective participant, who then discusses it further with his/her defense counsel. The prospective participant then attends the following week's drug court hearing. The timeframe to drug court entry is longer when a prospective participant is referred through the detention center, after s/he has been in the center's treatment program. In the latter case, arrest to entry is largely dependent on the time spent incarcerated before becoming aware of the program, usually through in-house treatment personnel, and requesting admission, but can be as long as a number of months. Currently, the parole/probation department does not refer prospective participants for the program due to limited buy-in from the agency.

Recommendations/Suggestions

- Drug court research has found that a referral to entry time of 20 days or less is optimal in terms of minimizing investment and outcome costs (Carey, Finigan, & Pukstas, 2008). The team may want to explore how to create better buy-in with all participating agencies to encourage more referrals. In DCADC, it would be prudent to meet with parole/probation supervisors and talk with them about the value of their participation in drug court, the benefits of referring clients to drug court and inform them about the program's eligibility requirements. The team should also discuss the program entry timeframe for individuals referred through the parole/probation department on probation violations. The program is encouraged to identify more program referrals through the judge, since this seems to be the shortest arrest to program entry window.
- The team may want to have a conversation about the possibility of referring some individuals pre-plea. Under these circumstances, the State's Attorney's Office or law enforcement would be primarily responsible for referring participants.
- The team should revisit the reasons behind the exclusion of individuals with DUI/DWI offenses (as outlined in the *Policy and Procedure Manual*). Research on three Michigan DUI courts has shown that the problem-solving court model is effective in reducing recidivism with this population (Carey, Fuller, & Kissick, 2008). Team members reported that the program is considering referrals from circuit court-level violation probations; this approach is encouraged as long as these individuals have been identified as needing the services offered through the DCADC. Also, the program should conduct outreach activities to reach private defense attorneys in the community to make them more familiar with the program and its benefits.
- If there still remains a long arrest to entry timeframe after implementing (some or all of) the above-mentioned suggestions, conduct discussions with legal and judicial staff concerning where efficiencies can be built into the process (from violation to entry into drug court). Conducting an in-depth review and analysis of case flow can identify bottlenecks or structural barriers, and points in the process where potential adjustments to procedures could facilitate quicker placement into the drug court program.
- As an incentive to prospective participants, the program should make "probation before judgment" a policy for successful program graduates. This should be stated in the program's manuals and cited (to potential participants) as one of the incentives to enter drug court.

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

Research Question: Are diverse specialized treatment services available?

National Research

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

Clients who participate in group treatment sessions 2 or 3 times per week have better outcomes (Carey et al., 2005). Programs that require more than three treatment sessions per week may create a hardship for clients, and may lead to clients having difficulty meeting program requirements. Conversely, it appears that one or fewer sessions per week is too little service to demonstrate positive outcomes. Individual treatment sessions, used as needed, can augment group sessions and may contribute to better outcomes, even if the total number of treatment sessions in a given week exceeds three.

The American University National Drug Court Survey (Cooper, 2000) shows that most drug courts have a single treatment provider. NPC, in a study of drug courts in California (Carey et al., 2005), found that having a single provider, or an agency that oversees all the providers, is correlated with more positive participant outcomes, includ-

ing lower recidivism and lower costs at follow-up.

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

Local Process

Dorchester County Health Department (DCHD) is the sole treatment provider for the DCADC program. The health department’s primary addiction counselor is part of the drug court team and attends both pre-hearing meetings and court sessions. He performs clinical assessments and recommends a level of treatment based on ASAM criteria. He also interacts with drug court participants through group and individual counseling. All participants, so far, have started the program in Intensive Outpatient (IOP) treatment, which requires a minimum of 9.5 hours of treatment attendance per week. This requirement incorporates attendance at weekly 12-step support meetings. In addition to outpatient services, the DCHD can arrange for detoxification services, inpatient treatment and/or residential after-care for clients as needed. Counselors have been trained in gender-specific counseling and transportation is provided to and from the health department and clients’ homes.

Intensive Outpatient lasts a minimum of 8 weeks and must be completed before the participant can advance to the second phase of drug court. Once IOP requirements have been completed, the participant begins the regular Outpatient Program (OP). The minimum amount of time in OP is 8 weeks. In addition, two more treatment phases have been added for drug court clients. The new phases include an extension of regular outpatient treatment and the inclusion of after-care treatment services.

Ongoing assessments of participant progress are conducted by the addictions counselor, who regularly communicates this information during team meetings and via the SMART system.

Recommendations/Suggestions

- Treatment providers are encouraged to keep a training log and regularly update their cultural responsiveness training, to ensure that adults from all types of groups (e.g., racial/ethnic, gender and age) are being appropriately served by the program.
- The program should keep in mind that timing in treatment phases (including advancement) should be kept separate from drug court program phases and progress. Specifically, advancing in a treatment phase does not necessarily call for advancement in a program phase, as participants' non-treatment goals are different from their treatment goals.

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

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

National Research

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

Programs that tested more frequently than 3 times per week did not have any better or worse outcomes than those that tested 3 times per week. Less frequent testing resulted in less positive outcomes. It is still unclear whether the important component of this process is taking the urine sample (having clients know they may or will be tested) or actually conducting the test, as some pro-

grams 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 70% of drug courts nationally administer urinalyses (UAs) at least 2 times per week during the first phase and 46% continue that rate through the second phase.

Local Process

The number of urinalyses administered in DCADC is two to three each week through Phases 1 and 2, which is comparable to most drug courts nationally. For Phase 3, drug tests are conducted at a minimum of once each week and decrease to a minimum of two per month in Phase 4.

Drug tests are conducted by parole/probation staff on both a random and scheduled basis. Tests are conducted by agent assistants and observed by someone of the same gender. Substances that parole/probation tests for include benzodiazepines, cocaine, THC and opiates. They do not test for alcohol. The health department also conducts same gender, observed drug testing during one of the participant's weekly scheduled counseling appointments. The health department uses a more extensive, 7-panel, drug test and they also test for alcohol using a breathalyzer. At the time of this report, the DCADC was expecting to receive a number of Secure Continuous Remote Alcohol Monitor (SCRAM) units; ankle bracelets to be worn by participants suspected of using alcohol. These devices detect alcohol use transdermally.

Results from drug tests conducted by the treatment provider are available immediately. Positive tests are sent to a lab for confirmation and results are available in 2 days. All drug tests conducted by the parole/probation assistants are sent to a lab, where results typically can take from 3 to 5 days to come back to the program.

The drug court covers the cost of all participant drug testing conducted by the health department. Participants pay a flat probation fee of \$100 for drug testing conducted by the parole/probation department.

Recommendations/Suggestions

- The parole/probation department should consider using rapid drug tests (instant response assessment) for drug court participants and sending only positive results to the laboratory for confirmation, as this practice would allow for a quicker response to participant behavior. Although procurement costs for this change may be substantial, research should be done regarding the long-term financial advantages/disadvantages of this change. It may also be helpful to send results to the same lab that is used by the health department, in order to receive results in a more timely manner.

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

Research Questions: Do this court's partner agencies work together as a team to determine sanctions and rewards? Are there standard or specific sanctions and rewards for particular behaviors? Is there a written policy on how sanctions and rewards work? How does this drug court's system of sanctions and rewards compare to what other drug courts are doing nationally?

National Research

Nationally, 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 use 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, 2000).

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. However, decentralizing sanctions requires clear guidelines for team members to follow and necessitates frequent communication to prevent multiple sanctions being imposed for the same infraction.

Local Process

Currently, DCADC hearings are held every other Monday, following pre-court team meetings. Team members agreed that they all provide input on decisions regarding sanctions and rewards. They reported that only the Judge administers sanctions; however, the treatment providers offer incentives for all clients at the health department. These incentives, which clients pick from out of a fishbowl, are provided for meeting abstinence goals. Examples of these incen-

tives include slips of paper containing inspirational sayings and gift cards from local businesses. Most drug court team members reported that sanctions are imposed more frequently than incentives in the court.

Information related to incentives and sanctions is addressed in the DCADC *Policy and Procedure Manual* as well as the *Participant Handbook*. Treatment responses to relapse behaviors are clearly written and presented as separate from program sanctions in response to non-compliant behaviors. However, guidelines indicating what constitutes compliant and non-compliant behaviors are not outlined in the program manuals. Staff reported that sanctions are individualized and increase in severity for continued non-compliance. Staff also reported that participants feel that responses to non-compliant behaviors should be the same for everyone.

Team members reported that discussions around removing participants from the program are similar to discussions about rewards and sanctions, in that it is a group agreement with the judge having the final say. Of the participants who are no longer in the DCADC program, 83% were discharged as unsuccessful. One of these participants was discharged due to a physical disability, which had hindered his/her progress while in the program. Of the remaining two people (17%), one individual asked to be discharged and another absconded.

Recommendations/Suggestions

- The team should work to develop creative ways to respond to participant behavior in a more supportive manner, and to build client engagement in the program. Use incentives and rewards liberally to balance needed sanctions and to reinforce a positive, strength-based program climate. Consider bringing in consultants or trainers to support the enhanced use of strength-based practices in the program. The team may want to start with a discussion about potentially different

philosophies and views regarding the use of incentives, to identify if some team members are resistant to or have concerns about this model.

- Research has demonstrated that for sanctions and rewards to be most effective they need to closely follow the behaviors that they are intended to change or reinforce. Because court hearings take place every 2 weeks (or even less frequently), it is important to have a system in place to respond to participant behaviors within a shorter timeframe, especially if that behavior is deemed either particularly serious or remarkable.
- Material incentives are commonplace in drug courts and should be implemented in DCADC. Some courts have received funding for gift cards and have had in-kind donations offered from local businesses. Other programs have used drug court alumni groups, the private bar and/or their advisory board to assist in obtaining material rewards for participants. If material incentives are scarce, participants could be rewarded by being given a raffle ticket for a monthly drawing. The team should brainstorm other creative ways to establish a comprehensive reward system.⁶
- Team members reported that individuals discharged as unsuccessful had absconded and picked up new charges. These individuals likely need more intensive intervention in order to be successful. Community supervision of these drug court participants could be enhanced with greater involvement from law enforcement as well as greater availability of the parole/probation agent's

⁶ See John Kretzmann & John L. McKnight, 1993, *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*. Chicago, IL: ACTA Publications, for information about tapping into community resources.

time. In addition, implementation of strength-based approaches described earlier could better support these difficult to engage clients. So that participants do not feel that they are being treated unfairly, the team should clearly communicate the program's concept of individualizing responses. Participants need to understand why rewards and sanctions are being imposed and why a particular behavior may have one consequence for one person and a different consequence for another. Clarifying the difference between treatment and other behaviors and responses may also help further their understanding in this area. Keep in mind that all messages should be consistent across team members and offered repeatedly.

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.

In their study of 18 drug courts, Carey, Finigan and Pukstas (2008) found programs that required participants to attend drug court sessions less often (once every 2 weeks to once per month) in the first phase had lower investment costs and greater improvement in outcome costs than drug courts that required court sessions more frequently. Further,

there was no significant effect on graduation rates for programs that held hearings every other week. 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 DCADC meet with the judge a minimum of 2 times per month while in Phase 1 and 2, and once per month during Phases 3 and 4. There is an average of 10 participants in attendance at each drug court hearing. An observation of the court hearing indicated that participants arrived early and that the hearing lasted 55 minutes. Judge Norton has been with the program since inception and does not have a fixed term.

During the observation of the drug court hearing, Judge Norton was supportive in his interaction with each participant and acknowledged each person's hard work and progress. Team members reported that the Judge is currently trying to lighten his Monday docket to ensure that drug court and team meetings are not cut short or rushed.

Recommendations/Suggestions

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

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

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

National Research

Carey, Finigan, and Pukstas (2008) found that programs with evaluation processes in place had better outcomes. Four types of

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

Local Process

The DCADC coordinator and treatment provider have been trained on the SMART data management system and use it to track participant progress. The health department keeps information on program participants, including attendance, drug testing and attitude/participation in treatment, in the SMART system and in a treatment database. Drug testing information from parole/probation is entered into the SMART system by the coordinator. Other information related to original charges, probation violations and new charges are also recorded in SMART by the coordinator, based on information she receives from the parole/probation agent.

Progress reports for individual participants are generated by the coordinator for review at the team meetings. Overall program data have not been analyzed, reportedly due to the program's low participant population thus far, which has not exceeded 18 individuals in total.

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 will want to keep a record of unsuccessful discharges and the reasons these individuals were discharged. Summary program data should be reviewed annually (or more frequently) and team members should discuss strategies for increasing the program's graduation rate.
- The program should keep all prior records for further outcome evaluation including paper files and electronic records (e.g., Excel files).
- The team should look into changing the way the health department electronically records drug court participant information so that their efforts aren't duplicated. Team members should try using only the SMART database to record information about participant progress.

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

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

National Research

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

It is important that all partner agency representatives understand the key components and best practices of drug courts, and that they are knowledgeable about behavior

change, substance abuse, mental health issues, and community resources.

Local Process

At the time of stakeholder interviews, nearly all DCADC team members had attended formal drug court training. Of the current team members, the judge is the only one who attended the federal planning meetings.

Most of the team members have attended one or more of the annual Winter Symposia (statewide training workshops) held in Annapolis. The team has had some training on general drug court concepts and roles and responsibilities from speakers who have visited the court from the Office of Problem-Solving Courts. However, few team members have received role-specific training, with the exception of the coordinator, who has received training in case management.

Recommendations/Suggestions

- It is recommended that law enforcement team members receive formal training on the drug court model. In addition, all drug court members should plan on obtaining role-specific training. The program should continue to engage the Office of Problem-Solving Courts to conduct some of this training on-site, since team members felt that time and funding would be a barrier to accessing new training.
- Ensure that the program handbook is in agreement with the participant handbook and that both reflect the program's current policies (e.g., eligibility criteria, team members, advisory committee and goals and objectives).
- It is advised that the program keep a training log and ensure that new team members receive formal training on the drug court model and their role/responsibilities prior to, or as soon as possible after joining the drug court.

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

Research Question: Has this court developed effective partnerships across the community?

National Research

Responses to American University's National Drug Court Survey (Cooper, 2000) show that most drug courts are working closely with community groups to provide support services for their drug court participants. Examples of community resources with which drug courts are connected include self-help groups such as Alcoholics Anonymous and Narcotics Anonymous, medical providers, local education systems, employment services, faith communities, and Chambers of Commerce.

Local Process

Currently, the DCADC does not have a case manager. However, the program has applied for monies to fund the position. Until then, the coordinator has the primary responsibility of connecting participants to ancillary services. According to stakeholders, Dorchester County is not a resource-rich community in terms of available social services. The coordinator has developed relationships with community organizations such as the Harriet Tubman Museum, the Salvation Army, the Farmer's Market and the YMCA, which provide the opportunity for drug court participants to get their required community service hours. The YMCA also offers exercise programs to participants and a budget and financing program is offered through Maryland Extension.

In order to link participants to community resources and for policy advisement, the drug court coordinator attends local Drug and Alcohol Abuse Council meetings.

Recommendations/Suggestions

- It is important that drug court programs have a steering committee. If the local Drug and Alcohol Abuse Council is to serve this function, it is recommended that the judge occasionally accompany the coordinator to meetings and that the drug court be listed as a standing agenda item.
- The program should continue to identify new community partners that would be interested in supporting the drug court

program. If the drug court hires a case manager, this task would primarily fall on his/her shoulders. Community partners can support the drug court in a variety of ways, such as the provision of material incentives, job training/shadowing, financial education, GED training/tutoring, participation in the court's advisory committee, and participation (e.g., speakers, gifts or ceremony apparel) at the graduation ceremonies.

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

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

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

Community Level

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

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

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

SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

The team should explore possible ways to create greater buy-in with all participating agencies so that eligible individuals (i.e., potential program participants) are identified early and often. The team is encouraged to continually seek out new community partners to support the program and help the drug court team better address participants' needs. The Drug and Alcohol Abuse Council can help in identifying creative ways to network with potential partners.

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

Attorneys on the team are encouraged to approach the drug court process in a non-adversarial manner and with the understanding that the team goal is to reduce the participant's criminal justice involvement by addressing her/his substance abuse issues. As is often the case with other drug court programs, the parole/probation agent's non-drug court caseload is much larger than is advisable. The team may want to look into the feasibility of having another agent join the team or having the current agent's outside (non-drug court) caseload minimized, especially as program enrollment grows. The program may want to consider how results from drug tests conducted by parole/probation can be obtained more quickly so that the team's response to positive test results occurs as soon as possible after the positive result. The team may want to have a discussion around the feasibility of using rapid tests and (parole and probation) sending only positive results for confirmation.

Program Level

Once a common understanding of need exists and partner agencies and associated resources are at the table, programs and services can be developed or adjusted as needed to ensure that the program is meeting the identified needs and utilizing public funds as efficiently and effectively as possible. Program policies and procedures should

be reviewed to ensure that they create a set of daily operations that works best for the community.

SUMMARY OF PROGRAM-LEVEL RECOMMENDATIONS

The program is encouraged to conduct a review and analysis of case flow in order to shorten the time from arrest to entry into the program. Team members should identify more opportunities to acknowledge progress and offer incentives, while relying less on the imposition of sanctions to motivate participants' adherence to program rules. To work toward this aim, the team should understand that the use of material incentives is commonplace in most drug courts programs and should be implemented more fully in DCADC. "Probation before judgment" should be a standing policy and explained as an incentive to prospective participants deciding whether or not to enter the program.

The team may want to have a conversation about the feasibility of referring some individuals pre-plea and accepting participants with a DUI/DWI charge. Keep in mind that treatment phases need not align exactly with drug court program phases, and that progress in treatment may simultaneously occur while compliance with non-treatment program requirements does not. Team responses should closely follow the behaviors that they are intended to change or reinforce, and the team should help participants understand the relationship between their actions and resulting sanctions. The records of participants who were unsuccessfully discharged should be tracked and the reasons behind discharges should be analyzed. Ensure that the program handbook is in agreement with the participant handbook and that both reflect current program policies and procedures.

SUMMARY AND CONCLUSIONS

The Dorchester County Adult Drug Court seems to possess an ample understanding of the 10 key components and has been successful at implementing their drug court program.

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

Unique and/or Promising Practices:

- Longstanding involvement by a judge who does not have a fixed term,
- Team members generally feel that the team collaborates well and that every agency representative has a voice in program decisions,
- Aftercare (or continuing care) plan in place,
- Coordinator who actively seeks out program referrals,
- Coordinator who has made important connections to community partners, and
- Little turnover on the drug court team since the program's inception.

Policy changes or adjustments implemented by the drug court team:

- Acceptance of some individuals in Circuit Court,

- Considering acceptance of individuals abusing opiates,
- Starting to hold policy (quarterly or bi-annually) meetings outside of regular team meetings, and
- Judge plans to lighten his non-drug court docket on drug court day.

Areas that could benefit from more attention:

- Buy-in and greater involvement from agencies represented on the drug court team,
- Increased identification and referral of eligible individuals to the program,
- Creative uses of incentives early and often in program,
- Use of material incentives in addition to verbal rewards,
- Decrease time from violation to program entry and connection to treatment services,
- Graduation ceremony implementation, including attendance by all program participants, and
- Review and update of program manuals.

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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, re-wards/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 www.npcresearch.com/materials.php (see Drug Court Materials section).