

Howard County Adult Drug/DUI Court (District Court) *Process Evaluation*



Submitted to:

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Informing policy, improving programs

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EXECUTIVE SUMMARY

Drug treatment courts are one of the fastest growing programs designed to reduce drug abuse and criminality in nonviolent offenders. The first drug court was implemented in Florida in 1989. There were 2,147 drug courts in the United States as of December 31, 2007.

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

The Howard County Adult Drug/DUI Court (HCADDC) consists of two components—the drug court and the DUI court. The drug court program was implemented in June 2004, and the DUI court in January 2005. Capacity for the drug and DUI courts is 25 participants each. As of October 2007, there were 14 active participants in the drug court program and 26 in the DUI program. The main drugs being used by the HCADDC population are alcohol, marijuana, cocaine, and heroin.

Information was acquired for this process evaluation from several sources, including observations of drug and DUI court sessions and attendance at a team meeting during site visits, key informant interviews, interviews with participants, and a review of program documents, including the Policy and Procedures Manual.

According to the Policy and Procedures Manual, the HCADDC program's goals are to reduce substance/alcohol abuse and related criminal activity, enhance community safety, reduce reliance on incarceration for nonviolent drug-alcohol dependent offenders, hold drug/alcohol dependent offenders ac-

countable for their actions and decisions, integrate substance/alcohol abuse treatment with criminal justice case processing, provide resources and support to assist the drug/alcohol dependent offender in the acquisition of skills necessary for the maintenance of sobriety, reduce the impact of drug/DUI-related cases on criminal justice resources, and reward positive life changes while maintaining accountability of negative conduct.

Process Results

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

The HCADDC fulfills several of the 10 key components through its current policies and structure. It uses its team effectively to understand participant progress and to make decisions collaboratively that are in the best interest of both the participant and the community; it uses frequent and observed drug/alcohol testing, using varied testing methods, and testing for a variety of substances; its participants have frequent contact with the judge, where they receive guidance and follow-through on warnings; and the judge's drug court position is voluntary and not time limited. A summary of suggestions and recommendations that emerge from this evaluation include the following:

SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

The program is encouraged to make connections with additional treatment resources and establish relationships with them.

The team should add a discussion item at policy meetings to brainstorm possible com-

munity connections and resources or ideas for generating outside support to enhance the program, consider implementing outreach to potential community partners to engage them in the program in creative ways, and consider enhancing their policy group to include representatives from public and private community organizations.

SUMMARY OF AGENCY-LEVEL RECOMMENDATIONS

The drug/DUI court team should review the type of participant information they are receiving from the Health Department to determine whether additional information would alert them to the possibility of relapse and other issues. If it is determined that additional information would be useful, they should meet with the Health Department to request such information and ensure that the program's consent forms cover sharing of that information.

The HCADDC should review and analyze case flow from referral to eligibility determination to program entry to identify barriers and points in the process where more efficient procedures may be implemented. Strategize how to decrease time from arrest to entry into the program.

Greater monitoring is needed to be sure treatment providers are recording and reporting ongoing treatment information to the drug/DUI court. Meet with the Health Department to determine a timeline and format for information to be shared with the court.

SUMMARY OF PROGRAM-LEVEL RECOMMENDATIONS

The team needs to determine which barriers are preventing the drug court side from operating at capacity and address those barriers. They also should search for additional funding in order to increase the DUI court capacity to meet the needs of the community. The team should brainstorm and test solutions to issues that are identified as restricting case flow from referral to eligibility to court entry.

The program should discuss expanding the use of incentives and strength-based practices. They should also consider providing transportation to participants to ensure that they are able to attend all appointments and court, as suggested by a participant.

HCADDC should transition to electronic drug court records (such as SMART) to facilitate program monitoring and evaluation; program staff should be trained to use the system. When electronic data management is in place, the program should self-monitor to be sure that it is moving toward its goals and to inform the team about the types of participants who are most and least successful in the program. Hard copies of all prior participants' records should be retained for use in future outcome evaluations.

A training plan and log should be established for all program staff and the results reviewed periodically by program administrators.

The program should plan time during a team meeting to discuss the results of this process evaluation and plan for how to use the information.

BACKGROUND

Drug treatment courts are programs designed to reduce drug abuse and criminality in nonviolent offenders. As of December 31, 2007, there were 2,147 drug courts in the United States.¹

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

In the typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives who operate outside their traditional roles. The team typically includes a drug court coordinator, addiction treatment providers, prosecuting attorneys, defense attorneys, law enforcement officers, and parole and probation officers, who work together to provide needed services to drug court participants. 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).

In 2001, NPC Research (NPC), under contract with the Administrative Office of the Courts of the State of Maryland, began conducting studies of drug courts in Maryland. The current contract includes a series of technical assistance assessments, process evaluations, and cost and outcome studies. This report contains a process evaluation for the Howard County Adult Drug/DUI Court (HCADDC), which is operated through District Court.

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 program is then described in detail and its procedures compared to the 10 Key Components of drug courts. Recommendations are provided.

¹ Retrieved April 2008 from <https://www.nadcp.org/whatis>

METHODS

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

Site Visits

NPC Research (NPC) evaluation staff conducted a site visit at the Howard County Adult Drug/DUI Court on July 18, 2007. The visit included observations of the court hearing and pre-court team meeting. These observations provided information about the structure, procedures, and routines used in the drug court. An NPC staff member returned in September 2007 and interviewed participants.

Key Stakeholder Interviews

Key stakeholder interviews, conducted by telephone, were a critical component of the HCADDC process study. NPC staff interviewed six individuals involved in the administration of the drug/DUI court, including the HCADDC Judge, Coordinator, Assistant Public Defender, Assistant State's Attorney, former Clinical Case Manager, and the DUI Case Manager.

NPC has designed a Drug Court Typology Interview Guide,² which provides a consistent method for collecting structure and process information from drug courts. In the interest of making this evaluation reflect local circumstances, this guide was modified to fit the purposes of this evaluation and of this particular drug court. Prior to each interview,

evaluation staff identified the questions needed from the general typology, and added additional questions based on information gathered in prior interviews or through site visits and program documents. The additional questions were included to resolve inconsistencies received through various information sources or to elaborate on information already obtained, to clarify the evaluation team's understanding of the local process and implementation. 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 HCADDC.

For the process interviews, key individuals involved with HCADDC administration were asked many of the questions in the Typology Interview Guide.

Participant Interviews

Because of concerns by program staff about protecting confidentiality, program participants were interviewed individually as they left the courtroom following a court hearing, rather than taking part in a focus group. The interviews provided participants with an opportunity to share their experiences and perceptions regarding the drug court process. A summary of their responses can be found in Appendix B.

Document Review

In order to better understand the operations and practices of the drug/DUI court, the evaluation team reviewed the HCADDC Policies and Procedures Manual and Participant Handbook.

Analysis

Sources of information for analysis included interview responses, the drug court hearing and team meeting observations, participant interviews, the Policies and Procedures Ma-

² 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.

nual, and the Participant Handbook. When necessary, confirmation of data was achieved through follow-up questions with the drug court team members.

Once the data were collected, they were compiled into a Microsoft Word table and organized into general categories, such as eligibility criteria, team member training, etc. As much as possible, data from multiple

sources were compared in order to account for the variability of perceptions of interviewees and to minimize bias.

NPC evaluators extracted key themes that emerged from the interviews that related to the appropriate 10 Key Components of Drug Courts (NADCP, 1997). The evaluators then compared the HCADDC practices with the 10 key components.

RESULTS

Howard County Adult Drug/DUI Court (District Court) Program Description

HOWARD COUNTY, MARYLAND

Howard County, located between Baltimore, Maryland, and Washington, DC, is considered to be part of the Baltimore-Washington metropolitan area. According to the 2006 Census American Community Survey, the population was estimated at 272,452, with 74% of the population over the age of 18 and a median age of 37. Howard County's estimated racial/ethnic composition in 2006 consisted of 68% White, 16% Black or African American, 4% Asian, and a small percentage of other races. Those individuals of Hispanic or Latino origin (of any race) comprise 15% of the county's population.³ There were 98,919 households reported in 2000; 41% of which were households with children under the age of 18. The Census also found that the median household income in the county was \$94,260, and the median family income was \$106,455.⁴ The county's unemployment rate was estimated at 3%, with 4% of individuals and 3% of families living below poverty lev-

el.⁵ Ellicott City, the county seat, had an estimated population of 56,397 in 2000.⁶

HOWARD COUNTY ADULT DRUG/DUI COURT OVERVIEW

The Howard County Adult Drug/DUI Court (HCADDC) is located in Ellicott City. The drug court program was implemented in June 2004; the DUI court began in January 2005.

The HCADDC operations team is made up of the Judge, Drug Court Coordinator, Clinical Case Manager—drug court, DUI Case Manager, Assistant State's Attorney, and Assistant Public Defender. The HCADDC team makes all policy decisions for the drug court.

The HCADDC serves alcohol- and drug-involved individuals who are charged with a non-violent crime. The program provides services aimed at participant rehabilitation for a minimum of 38 weeks (9½ months). It is the mission of the HCADDC to serve the community and to promote public safety by reducing criminal recidivism for individuals who commit crimes as a result of drug and/or alcohol addictions.

IMPLEMENTATION

In November 2003, funding was provided through the Local Law Enforcement Block Grant Program to initiate the Adult District Court Drug Treatment Court, which began on June 1, 2004. The initial funding covered two part-time positions—drug court coordi-

³ Hispanic or Latino origin data are collected in a separate question from racial identification on the U.S. Census Bureau American Community Survey, even though many people who are Hispanic or Latino consider that identification their race.

⁴ Family is defined as a group of two or more people who reside together and who are related by birth, marriage, or adoption.

⁵ Retrieved on November 13, 2007, from the U.S. Census Bureau Web site:

http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=05000US24027&-qr_name=ACS_2006_EST_G00_DP3&-ds_name=ACS_2006_EST_G00_-&-lang=en&-redoLog=false&-_sse=on

⁶ Retrieved on April 1, 2008, from the Maryland Online Encyclopedia:
http://www.mdoe.org/ellic_city.html

nator and clinical case manager—and drug test kits.

In 2004, the district drug court received funding for its pilot DUI component, which began in January 2005. The funds were used for a part-time public defender, clinical case manager (CCM), and state’s attorney for that component. Also in fiscal year 2005, the Maryland Drug Treatment Court Commission (now the Maryland Office of Problem-Solving Courts) provided a grant to pay for a full-time drug court coordinator for 1 year.

PARTICIPANT POPULATION AND PROGRAM CAPACITY

The HCADDC program is intended to serve 25 participants at a time in each component (drug court and DUI court). As of April 2, 2008, 55 individuals have participated in the drug court program; 40 are Caucasian and 15 are African American. Of the 54 individuals who have participated in the DUI program, 38 are Caucasian; 8 are African American; 1 each are Irish, Korean, and Asian; and 5 are Hispanic/Latino. There have been 34 graduates of the HCADDC.

As of October 2007, there were 14 active participants in the drug court program and 26 in the DUI program. The main drugs being used by the HCADDC population are alcohol, marijuana, cocaine, and heroin.

DRUG COURT GOALS

According to the Policy and Procedures Manual, the HCADDC program’s goals are to:

1. Reduce substance/alcohol abuse and related criminal activity
2. Enhance community safety
3. Reduce reliance on incarceration for non-violent drug/alcohol dependent offenders
4. Hold drug/alcohol dependent offenders accountable for their actions and decisions

5. Integrate substance/alcohol abuse treatment with criminal justice case processing
6. Provide resources and support to assist the drug/alcohol dependent offender in the acquisition of skills necessary for the maintenance of sobriety
7. Reduce the impact of drug/DUI-related cases on criminal justice resources
8. Reward positive life changes while maintaining accountability of negative conduct

ELIGIBILITY CRITERIA

Eligibility for drug/DUI court, however, is flexible and discretionary.⁷ It is based on many varied factors including those set forth below and the goals, objectives and mission of drug/DUI court. Eligibility is to be determined by the court after consideration of a number of other factors, including but not limited to: an individual’s eligibility, the seriousness and circumstances of the pending case, the individual’s prior record, dates of prior offenses, amenability to treatment, public safety, and after conducting an eligibility hearing at which the state and defendant may present any information or arguments regarding eligibility for drug/DUI court.

Eligibility for the HCADDC program is determined initially by the state’s attorney’s office (SAO) and ultimately by the drug/DUI court judge, after consideration of a number of factors, including (but not limited to) the person’s eligibility (criteria listed below), the seriousness and circumstances of the pending case and the individual’s prior record, including dates of prior offenses and perceived amenability to treatment. An eligibility hear-

⁷ Adults of any age, race or ethnicity, and gender are eligible for participation, and tabulations prepared periodically by the evaluator (Health Department) will be compared with demographic statistics for the arrestee population to spot disparities. Should any disparities occur, they would be investigated and corrected, according to a key stakeholder.

ing is held at which the state and defendant may present any information or arguments regarding eligibility for drug/DUI court. Though the program has stated eligibility criteria, the decision to admit a prospective participant is discretionary after considering all factors presented to the court.

The HCADDC eligibility criteria are listed in the Policies and Procedures Manual, and include the following:

Drug Court Program

1. 18 years of age or over
2. Howard County resident (an exception could be made if the defendant agrees to and is available to undergo treatment and supervision in Howard County)
3. Charged with:
 - a. Possession of controlled dangerous substance (CDS)
 - b. Possession of CDS paraphernalia
 - c. Prescription fraud
 - d. Theft
 - e. Bad checks
 - f. 4th degree burglary
 - g. Credit card fraud
 - h. Prostitution
 - i. Violation of Probation (VOP), with consent of sentencing judge
4. Prior history of drug abuse and/or convictions, as determined by the judge, SAO, or defense counsel
5. No pending sentencing, warrants, detainees
6. Not currently on parole
7. Not currently on probation unless sentencing judge agrees to participation
8. Only charges pending in Howard County will be eligible for inclusion in plea negotiations, unless parties involved in cases from other jurisdictions agree

9. The defendant has not previously been convicted of: any crime of violence, abduction, child abuse, rape or sexual offense, kidnapping, robbery, robbery with a deadly weapon, carjacking, use of a weapon in commission of a felony or crime of violence, arson, or any attempts of the above delineated offenses. An exception may be made if the prior conviction for an enumerated offense occurred more than 10 years earlier.

DUI Court Program

1. 18 years of age
2. Howard County resident (an exception could be made if defendant agrees to and is available to undergo treatment and supervision in Howard County)
3. Charged with a DUI/DWI and has at least one prior conviction
4. No pending sentencing, warrants, or detainees
5. Not currently on parole
6. Not currently on probation, unless sentencing judge agrees to participation
7. Only charges pending in Howard County will be eligible for inclusion in plea negotiations, unless parties involved in cases from other jurisdictions agree
8. The defendant has not been previously convicted of any crime of violence, abduction, child abuse, rape or sexual offense, kidnapping, robbery, robbery with a deadly weapon, carjacking, use of a weapon in the commission of a felony or crime of violence, arson or any attempts of the above delineated offenses. An exception may be made if the prior conviction for an enumerated offense occurred more than 10 years earlier.

DRUG COURT PROGRAM SCREENING

The following description explains the process that potential HCADDC participants go through before entering the program.

When individuals are arrested, the SAO receives the police reports, and the drug court assistant state's attorney (ASA) looks through the cases that have charges where there is an indication of a drug abuse problem, looking for drug court candidates.

Sometimes an offender's defense attorney will refer an individual to drug court screening (the defense attorney refers the offender to the judge, who fills out the referral). Referrals may also be made by the court/judge, Drinking Driving Monitors, defendants (self-referral), and the Health Department (which has referred a few individuals after an assessment). The referrals are forwarded to the HCADDC coordinator who refers the case to the SAO for eligibility screening.

In order to determine eligibility, the ASA conducts a background check and, if the individual was ever on probation, finds out what the conditions of that probation were, how the individual did, and any other relevant information. If an individual is determined to be eligible, the details of the program are explained to the prospective participant either by his/her defense attorney or the HCADDC coordinator. If the individual wishes to enter the program, a hearing takes place before the HCADDC judge for the entry of a guilty plea.

The coordinator sends a packet to the offender's defense attorney for the prospective participant to complete. The packet includes an agreement to conditions to participate, a release of information form, and requests basic information such as whether the potential participant is married or has children, whether s/he has admitted addiction to a doctor, a Motion for Reconsideration of Sentence (sentence reduction), and a simplified policy manual. The individual is also notified

(through the defense attorney) of the date and time to attend the first drug court session, at which time the plea is entered, the person enters the drug court program, and those in attendance applaud. The individual is then put on the court's docket for his/her first HCADDC hearing.

To the extent possible, prior to the entry of a guilty plea, the participant is referred to the Howard County Health Department for a bio/psycho/social evaluation and development of an appropriate individual treatment plan. The Health Department usually conducts an alcohol and drug assessment (about 95% of the cases) unless a private provider recently did an assessment, in which case that assessment will be used by the drug court. The Addiction Severity Index (ASI) is used to identify strengths and needs, and the American Society of Addiction Medicine-Patient Placement Criteria 2 (ASAM-PPC2) is used to determine the level of care that is needed. Persons with co-occurring substance abuse and mental health issues may be accepted into the program, unless the person's illness prevents her/him from being able to benefit from treatment or control her/his behavior (decided by the drug court team based on the assessment results).

At the time of the entry of a guilty plea, the state places on record the terms of the plea agreement. Except in extraordinary circumstances approved by the HCADDC judge, there shall be no binding pleas in drug/DUI court. Upon acceptance of the guilty plea, the participant is placed on a 3-year probation with standard and special conditions of probation, including successful completion of all drug/DUI conditions. Also upon acceptance of the plea, the defendant may file a Motion for Reconsideration of Sentence, consideration of which shall be held *sub curia* by the court.

The HCADDC program is voluntary; if the person is interested in getting help and if the defense presents the program to them as their

best option, then they usually choose to participate.

Staff reported that when individuals decline, it is because they do not want to put in the time required, and/or they know that they will be screened for drug use and they want to continue using. Jail (varied sentence lengths) is generally the alternative to drug court.

Time from arrest to referral to the program averages about 6 weeks. When the person is arrested, the commissioner may flag his/her file for referral to HCADDC or the judge may make the referral.

Time from referral to HCADDC entry is 2 weeks to a month. The individual needs to be assessed by the Health Department prior to acceptance into the program.

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

The HCADDC is a post-plea, post-conviction program. Until February 2007, the HCADDC was a pre-sentence program, meaning that an individual would plea to a charge, but was not sentenced until the end of the program. This model was perceived as being like a temporary probation. Beginning in February 2007, however, individuals plead guilty in front of the drug court judge and are sentenced at the beginning of the program. If they do well, their sentence may be reduced. A Modification of Sentence is signed by the attorney and kept on file by the judge. At graduation, the judge may take the 3-year probation and change it to 6 months.

Upon graduation from drug/DUI court, a participant's probation may be modified to provide for such continued supervision or conditions as may be deemed appropriate by the drug/DUI court judge after consultation with the HCADDC team. Additionally, the court may conduct a hearing on any Motion for Reconsideration of Sentence filed by the par-

ticipant, and take any action appropriate under all the circumstances.

DRUG COURT PROGRAM PHASES

The HCADDC program has four phases, and a minimum of 42 weeks (10 months) to complete them. Program goals for all 4 phases are to reduce drug and alcohol use and remain substance free to reduce criminal recidivism.

The following information details the requirements of the participants in each phase.

Phase I (minimum 12 weeks)

- Urine analyses (UAs) twice per week, plus at least one random UA per week, or as directed
- Judicial supervision every 2 weeks (court sessions)
- Development and implementation of an individual treatment plan with provider
- Regular contact with case manager as required in plan

Phase II (minimum 10 weeks)

- UA once per week, plus at least one random UA per week, or as directed
- Judicial supervision 1 to 2 times per month
- Continued progress in the individual treatment plan with treatment provider
- Regular contact with case manager

Phase III (minimum 10 weeks)

- UAs on a random basis (or as directed)
- Judicial supervision monthly
- Completion of individual treatment goals
- Completion of treatment plan. Regular contact with case manager

Phase IV (minimum 10 weeks)

- UAs on a random basis, or as directed
- Judicial supervision monthly

- Compliance with court aftercare
- Regular contact with case manager

A participant may be promoted to the next phase of the program upon substantial compliance with judicial, substance abuse treatment, and case management requirements, without any new charges filed. Failure results in extension of the phase and sanctions.

AFTERCARE

Most treatment programs collaborating with the drug court are 26 weeks long, which leaves several weeks in the program during which most participants have an aftercare requirement.

GRADUATION

Upon successful completion of all program requirements, participants become eligible for drug/DUI court graduation. Upon graduation, a participant's probation may be modified to provide for such continued supervision or conditions as may be deemed appropriate by the drug/DUI court judge after consultation with the drug/DUI court team, along with any reconsideration of sentence that may be appropriate.

Graduates receive a certificate of completion as well as a small gift.

TREATMENT OVERVIEW

The Health Department has two in-house treatment facilities. According to a respondent, at least 60 to 65% of participants receive their treatment through the Health Department. However, individuals may also receive treatment from outside providers. The Health Department provides the central intake and assessment to treatment.

The Health Department conducts assessments (ASI and ASAM-PPC2) in order to determine individuals' treatment needs. Most of them are assessed as needing a 26-week treatment program, which requires intensive outpatient treatment (IOP), at least 9 hours

per week. If individuals relapse, then inpatient treatment is offered. Second Genesis provides inpatient services to the HCADDC participants.

The Health Department has a psychiatrist on staff, though a respondent reported that some participants who were flagged during the substance abuse evaluation for having mental health issues (co-occurring disorders, such as PTSD or depression) did not receive a psychiatric evaluation. There was also a concern raised during an interview that the Health Department did not share sensitive information such as history of abuse with the HCADDC due to confidentiality issues. The respondent indicated that such information would be valuable to the team members to help them understand the issues and traumas the participants are facing that may put them at risk for relapse.

The following treatment and/or other services may be required of participants, if needed:

- Detoxification
- Outpatient individual treatment sessions
- Outpatient group treatment sessions
- Residential/inpatient treatment
- Mental health counseling
- Psychiatric services (e.g., testing, medication management, treatment)
- Language-specific or culturally-specific programs
- Acupuncture
- Anger management/violence prevention

All participants are required to attend self-help meetings (AA and/or NA) at a frequency determined by their treatment provider or case manager.

Housing/homelessness and employment assistance is provided by the Health Department, if needed.

THE DRUG COURT TEAM

Judge

One judge is assigned to drug/DUI court, though others may fill in when needed. The Judge oversees the operation of the HCADDC and the management team, and conducts all of the court sessions. He is also a community advocate—speaking to the community about HCADDC and its benefits. The Judge spends 4 to 5 hours each week on drug court duties, plus additional hours on drug court and judicial committees, as well as in trainings that augment his role on drug court.

The Judge is the only HCADDC team member who imposes sanctions. He also provides praise as a reward. He believes there is a little less detachment in drug court, compared to a traditional court. For example, discussions may come up during drug court that would not occur in a typical court session. Drug court is also more informal than traditional court.

The Judge's position on drug court is voluntary, and is not time limited. There have been two judges for the drug court: Judge Becker, who started the program, and Judge Axel.

As noted during a session observation, Judge Axel is extremely knowledgeable about the field of addiction and treatment. He applies that knowledge to assisting the participants in their recovery process. He is very supportive of the participants, and gives them a fair opportunity to complete any and all requirements of the drug court.

Coordinator

The initial HCADDC Coordinator became involved with the drug court in January 2004, at the beginning of the program's implementation. She acted as a liaison between the Bar Association and the drug court committee, the Howard County Health Department, Judge Becker, Office of the Public Defender (OPD), SAO, police department, sheriff's

office, judiciary, and a couple of community representatives. The current Coordinator was hired part-time in June 2004, and paid with money from a block grant. She is now full time, and has a grant from the State Highway Administration for the DUI part of the court, and she is in the third year of the federal grant that goes through the Governor's Office of Crime Control and Prevention. The Coordinator works directly with the Judge, and is not otherwise supervised. She puts a docket together for the court, and also has responsibility for writing and administering grants and for organizing graduation ceremonies.

The Coordinator attends court sessions and team meetings. She checks with attorneys and with participants to see whether they need anything. She dispenses rewards and incentives, and has information about employment, job fairs, and educational resources (including information about obtaining a GED and available English as a Second Language classes). She provides participants with cab vouchers for transportation. The Coordinator also sends names to the SAO of people to be screened for drug court eligibility. She works closely with the HCADDC Judge, and they review policies for any needed changes. In addition, she gives speeches about the program to community organizations, such as the Drug Advisory Board, defense attorneys in Howard and other counties, and the National Association of Drug Court Professionals in June of 2007. In summary, she has the administrative responsibility of running the drug court/DUI program.

The Coordinator attends about two conferences or trainings each year; she recently attended a National Association of Drug Court Professionals conference, and each year she attends trainings by the Maryland Office of Problem-Solving Courts.

Case Managers

When a participant enters the HCADDC program, the court assigns a case manager to oversee the participant's comprehensive treatment and supervision plan. The case manager is either a case manager (CM) assigned to HCADDC by the Health Department (for the drug court program), or the DUI Case Manager. The case manager collects drug screen samples, and may analyze instant tests.

The case manager for the DUI program is responsible for supervising the DUI offenders, meeting all offenders every week. During the meeting the case manager administers a breathalyzer test, and collects a urine specimen for an instant urine screen, followed by a review of how they are doing in their treatment program. The case manager is responsible for verifying how they are doing with the treatment provider (sometimes that is done in writing, sometimes by telephone).

Everyone in the program must attend Alcoholics Anonymous (AA), so the case manager receives verification of attendance or (in most cases) attends the meeting, so is aware of which participants attended and which did not. The case manager also receives information about how participants are doing with their AA sponsor and where they are in their 12-step work. The DUI Case Manager works on a part-time basis averaging 20 hours per week in that role.

The DUI and drug court case managers attend court sessions and team meetings. The case manager ensures that patient care is provided as directed, and monitors compliance, ensuring that the participants and the treatment providers are doing what they are supposed to be doing.

Assistant Public Defender

The Assistant Public Defender (APD) on the HCADDC serves approximately 75% of the participants. The APD attends team meetings and court sessions, and has input regarding

when participants are ready to graduate, move along in phases, and receive sanctions. The APD may request a conference with the Judge if she has a potential participant to recommend for the program. The APD provides her perspective, which generally comes from an advocacy point of view. When a person enters drug court, they knowingly waive opportunities to object and defend themselves. The APD feels that the public defender cases have been sufficiently screened before they get to drug court so that if there was a glaring imperfection in the state's case—such as lack of provability or violation of civil rights—that has been screened before they decide to plead guilty. The APD does not think that drug court compromises her practice. Once participants are in drug court, she cannot defend a VOP with litigation the same way she could if they were not in drug court, but the participants know that beforehand.

The APD and the ASA provide a united front in the drug/DUI court. There may be exceptions where there is disagreement among the team, and the Judge may give them some latitude to voice disagreement, but generally the expectation is that the team will present a unified voice in the court sessions. Disagreements are rare on what sanctions should be imposed.

The APD brings a defense perspective to the drug/DUI court. When private counsel represents a participant, once the participant has entered a plea and been accepted into drug/DUI court, counsel is not expected to attend regularly scheduled review hearings. Counsel is expected to attend the participant's graduation and any specially scheduled hearings related to possible termination from HCADDC and sentencing for violating the terms of probation.

Assistant State's Attorney

The current Assistant State's Attorney (ASA) began working with the HCADDC in Febru-

ary 2005. She attends court sessions and team meetings.

The State's Attorney's Office is responsible for screening applicants to determine whether they are eligible to participate in the DUI or drug court program. If a person is deemed eligible, the ASA negotiates a plea bargain to allow him/her entrance into the program. Once the individual enters the program, the ASA's role is to maintain the voice of community safety and accountability.

When the cases are reviewed, if a participant is not doing well and continues to use drugs or has a new offense while in the program, the ASA's responsibility is to request that the person is either sanctioned or their participation in the program is terminated. If the person is doing well in the program, the ASA indicates that the participant should receive an incentive and/or should progress to the next level in the program. Such actions are discussed by the team, with the Judge making the final decision.

Within the confines of the drug/DUI court, the team members all work together from their various perspectives to monitor participants' progress and to take any steps necessary to ensure compliance.

Law Enforcement Agencies

Law enforcement has a limited role in HCADDC which includes providing community service for participants as a sanction. A bailiff is present during drug court sessions, and the Sheriff's Department provides transportation to drug court hearings for participants who are in jail. The Police Department is responsible for following through with warrants.

Treatment Providers

Treatment providers provide case management to HCADDC participants. They collect drug screen samples, and sometimes analyze instant tests and provide rewards/incentives. The treatment counselor or private providers

work with the participant to develop and implement an individual treatment/monitoring case plan, with input where appropriate from the HCADDC team. Therapists provide intensive outpatient group treatment sessions, mental health counseling and anger management/violence prevention.

DRUG COURT TEAM TRAINING

The APD has not received formal drug/DUI court training, but has gained relevant knowledge through reading. The Coordinator attended an initial coordinator training in October 2004. She also attended the Office of Problem-Solving Courts' winter symposium, along with the ASA, the Judge, and two case managers.

New members on the HCADDC team attend the Drug Court 101 training offered by the Office of Problem-Solving Courts, in addition to learning while on the job.

The DUI Case Manager attends ongoing education programs given by the Maryland Office of Problem-Solving Courts about 4 times each year. She, the Coordinator, and the Judge gave a presentation at the National Association of Drug Court Professionals conference/training in June 2007.

TEAM MEETINGS

The HCADDC team consists of the Judge, Coordinator, Drug Court Clinical Case Manager, ASA, APD, and the DUI Case Manager. The team meets twice per month before court hearings—every other Wednesday between 9:30-10:30 for a pre-court meeting, and 10:30 until finished for drug court. Until December 5, 2007, the DUI team then met from 1:00 to 2:30 for a pre-court meeting, and from 2:30 until finished for DUI court. After December 5, they began to meet at 12:00 or 12:30 p.m. until 2:30 p.m. The team also meets outside of drug court hearings to discuss policy issues, as needed (generally 2 times per year). Changes in policy decisions are a team decision, decided during pre-court

team meetings or in a separate lunch or dinner meeting. While the Judge makes the final decisions, the entire team has input—it is a full team approach that is used for all decisions.

The Judge, ASA, APD, and Drug Court Coordinator meet once every 2 weeks to discuss the eligibility of referrals to the program.

Communication outside of meetings and court usually occurs via e-mail.

PROVIDER AND TEAM COMMUNICATION WITH COURT

Written reports are submitted to the court prior to pre-court team meetings, including information on individual comprehensive treatment plans, any drug screen results, and any non-compliance with program requirements including how many groups participants have attended and missed, the number of UAs they had, and their results.

DRUG COURT HEARINGS

The HCADDC hearings occur every Wednesday from 2:30 until 4:30 or 5:30 p.m. (whenever they are finished). In attendance are the Judge, Coordinator, Clinical Case Manager—drug side, ASA, APD, DUI Case Manager, sometimes community partners, and family members of participants. Fifteen to 25 participants attend each session; 5 to 10 minutes on average is spent with each participant during the hearings. Individuals in Phase I attend hearings every two weeks, Phase II participants attend once or twice monthly, and Phase III and IV participants attend monthly.

As observed during a hearing, as each participant was called by the ASA, he/she stood at the counsel table when speaking to the Judge. The Judge was interactive with the participants and with the team during the court session. In each case, if a participant had a task to complete (such as a psychological appointment, family responsibilities, search for

employment), the Judge inquired about whether that task was completed. He dedicated a few minutes to discussing each participant's progress in treatment and acknowledged the amount of clean/sober time for most participants. He congratulated participants who were making progress in treatment and staying clean. For participants who were struggling, he addressed his concern in a nurturing and supportive manner. The Judge identifies and offers as many tools and services as possible in order to facilitate recovery for each participant.

The Judge speaks directly to the participants while they stand at the counsel table. He is respectful to them at all times during the hearing. Along with other staff and participants in the courtroom, the Judge applauded participants who have established clean and sober time.

SUBSTANCE ABUSE TREATMENT FEES AND OTHER COSTS

To the extent that they are financially able to do so, participants contribute to the cost of their treatment and drug testing services. No fee is required to participant in drug court.

If a participant has an interlock⁸ (requires a breathalyzer test before the car's ignition can be turned on) on his/her car, he/she must pay for it. The coordinator helps with transportation costs by providing cab vouchers. She also helps pay for some of the urine testing and for some of the treatment—she has a grant to help pay for those who cannot. Because the program can pay a certain amount, if a participant goes to a provider where that amount is the total bill, then that is all they have to pay.

⁸ If required to obtain an interlock by the court or the Department of Motor Vehicles, the participant is responsible for obtaining one and paying for it. Failure to do so may result in loss of driver's license.

As a condition of probation, participants are required to pay restitution to victims for the costs associated with their actions.

DRUG TESTING

Drug testing occurs on a scheduled, random, and for-cause basis. The giving of urine samples is fully observed by health providers, the DUI Case Manager, or private providers. Drug/alcohol use is also tested using breathalyzer tests, a SCRAM bracelet (an ankle bracelet that monitors alcohol use), and/or a patch test to determine drug use.

During Phase I of the drug court program, participants have UAs twice per week, plus a random test, or as directed. In Phase II, UAs are once per week, plus randomly or as directed; during Phases III and IV, UAs occur on a random basis, or as directed. Testing is provided by the Health Department or by private treatment providers.

On the DUI side, the DUI Case Manager tests every Monday, and participants are tested randomly as well, depending on their phase requirements. If the court order requires two random tests per week, the treatment provider tests one of those times. The DUI Case Manager has a 5- and a 10-panel test. The test is analyzed by Redwood Bio Tech. The instant test (2 or 3 minutes) tests for opiates, PCP, TCA, THC, amphetamines, methamphetamines, benzodiazepines, cocaine, and barbiturates. The DUI Case Manager also does a breathalyzer test each time a participant is tested. They also use SCRAM bracelets, and currently have three participants on them. Participants are sometimes tested the day of drug court as well.

REWARDS

HCADDC participants receive rewards (a round of applause and a gift certificate) every time they move to a new phase of the program. If a participant has been clean and sober for 6 months, then the coordinator will make that person a certificate and provide a

\$10 gift certificate to the Giant Food Store, Payless Shoes, Target, Wal-Mart, or McDonald's.

Rewards are used more often than sanctions in the HCADDC program, and may take the form of applause and praise.

If a participant has been fully compliant with program requirements, he/she can call the coordinator to ask to skip reporting one week.

SANCTIONS

Sanctions are imposed by the Judge at the next HCADDC hearing. The hearings take place every other week, so sanctions are imposed within 2 weeks of the offense or issue leading to the sanction (such as unexcused absences from NA/AA, treatment, case management meetings, or court; use of alcohol or drugs; missed drug/alcohol testing; or other violations of HCADDC probation terms).

The following are examples of sanctions written in the Participant Handbook (which is given to participants when they enter the program):

Behavior: Violations in general

Range of Sanctions:

- 1st offense – verbal warning
- 2nd offense – 8 hours of community service
- 3rd offense – 16 or more hours of community service or 2 to 5 days in jail
- 4th offense – 5 to 10 days in jail
- 5th offense – 10 to 30 days in jail; termination from program

Behavior: Failure to pay restitution

Range of Sanctions:

Depending upon the period of delinquency, the Court may give a verbal warning, impose community service, send the participant to jail, or terminate her/him from program.

Behavior: Appear in court under the influence

Range of Sanctions:

The participant can be taken into custody; sent to jail; sent to detoxification, if appropriate; receive a relapse evaluation/ intervention; or have her/his treatment plan adjusted.

Behavior: Absconding

Range of Sanctions:

Depending on the circumstances, the person could receive 10 to 30 days in jail, be returned to an earlier phase, or be terminated from the program.

Behavior: New arrest

Range of Sanctions:

New arrests may result in termination from the program.

Behavior: New conviction

Range of Sanctions:

New convictions may result in termination from the program or sanctions as set forth above.

UNSUCCESSFUL PROGRAM COMPLETION (TERMINATION)

In order to be removed from the program (unsuccessful program completion/termination), participants would either have to re-offend or violate conditions of probation several times. Depending on how they have reoffended, they are sometimes allowed to stay in the program. If the offense is a felony, distribution, or an act of violence, however, they most likely will be terminated. If the offense is another DUI, on the DUI side, more than likely they will be terminated from the program. If participants continue to use drugs and they are still in the beginning of the program, it is taken as an indication that they are drug-dependent, and they will be sanctioned, but not removed from the program. A participant who has been sanctioned

several times, keeps coming up with dirty UAs, and is not attending treatment—in other words, not working with the program—may also be terminated.

The HCADDC team discusses whether to remove participants from the program, and the Judge makes the final determination.

If a participant is to be removed from the program, a separate termination hearing is scheduled. After hearing from the state and the defense, if a participant is terminated from the program for violations of the drug/DUI court probation, the proceeding is similar to a violation of probation hearing and the individual is sentenced for violating probation.

DATA COLLECTED BY THE DRUG COURT FOR TRACKING AND EVALUATION PURPOSES

The HCADDC reports program statistics to the Office of Problem-Solving Courts semi-annually. The program does not currently have a central database to collect and track participant information.

DRUG COURT FUNDING

In November 2003, funding was appropriated through the Local Law Enforcement Block Grant Program to initiate the adult district court drug treatment court. Subsequently, the drug court has been funded through a variety of grants through the State Highway Administration, Governor's Office on Crime Control and Prevention, and the Maryland Office of Problem-Solving Courts. The judge's time is donated by the district court, although it is calculated in terms of being their match for State Highway Administration funding. Although not all of the team's time is completely compensated, part of the grants goes to support or reimburse their participation—such as the SAO and the OPD. The case manager and the coordinator are paid through grant funds, and the case manager on the drug court side is an employee of the Health

Department, so part of the grant funding reimburses the Health Department.

Team members expressed concern during interviews about future funding, and would prefer to have an assured amount of adequate funding for future years.

COMMUNITY LIAISONS

A variety of community agencies contribute to the HCADDC: HCADDC participants do community service through the Sheriff's Office, the YMCA sometimes provides scholarships for graduates, and the Health Department refers participants to social services.

10 KEY COMPONENTS OF DRUG COURTS

This section 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.

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 HCADDC operations team is made up of the Judge, Drug Court Coordinator, Clinical Case Manager—drug court, DUI Case Manager, Assistant State’s Attorney, and Assistant Public Defender. The drug/DUI court team makes all policy decisions.

The Health Department is the central intake for the drug/DUI court, and provides treatment to approximately 60 to 65% of drug/DUI court participants, with private providers providing treatment to the remaining participants.

A team member was concerned that the Health Department did not share sensitive information such as history of abuse with the HCADDC due to confidentiality issues. The respondent indicated that such information would be valuable to the team members, to help them understand the issues and traumas the participants are facing that may put them at risk for relapse.

Written reports are submitted to the court prior to pre-court team meetings, including information on individual comprehensive treatment plans, any drug screen results, and any non-compliance with program requirements, including how many groups participants have attended and missed, the number of UAs they had, and their results.

Drug/alcohol tests are performed by the Health Department or by private treatment providers. For those who are found to be non-compliant with the program, their behaviors will be discussed by the team and dealt with at the next drug/DUI court hearing (within 2 weeks). According to the

HCADDC Policy and Procedures Manual, the time between unacceptable conduct or violations of drug/DUI court probation and sanctions should be as close to the conduct as possible. The goal of the program is to ensure that the participant is fully aware of the relationship between their actions and resulting sanctions.

Suggestions/Recommendations

- The drug/DUI court team should review the type of participant information being provided to them by the Health Department and determine whether additional information would alert the team to possible relapse and other participant issues. If so, and if the program's consent forms authorize sharing of that information, the team should meet with the Health Department to request such information. If the current release forms do not cover such sharing of information, revise the forms so that they do. Coordination between all partner agencies is important for success of drug court programs.

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 and the State's Attorney satisfied that the mission of each has not been compromised by Drug Court?

National Research

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

In addition, allowing participants into the drug court program only post-plea was associated with lower graduation rates and higher investment costs. Higher investment costs

were also associated with courts that focused on felony cases only and with courts that allowed non-drug-related charges. However, courts that allowed non-drug-related charges also showed lower outcome costs. Finally, courts that imposed the original sentence instead of determining the sentence when participants are terminated showed lower outcome costs (Carey et al., 2008).

Local Process

Eligibility for drug/DUI court is determined by the SAO. The APD may suggest an individual for the program, but does not make the eligibility determination.

Both the APD and the ASA are part of the drug/DUI court team. They participate in pre-court team meetings and attend the drug/DUI court hearings.

The APD and the ASA present a united front in the drug/DUI court. There may be exceptions where there is disagreement among the team members, and the Judge may give them some latitude to voice disagreement, but generally the expectation is that the team will discuss differences of opinion in the pre-court meeting and make decisions there, and then present a unified voice during the court sessions. Disagreements are rare on what sanctions should be imposed.

Beginning in 2007, individuals plead guilty in front of the drug court judge prior to drug court entry, so it is the drug court judge that does the sentencing when a participant is terminated from the program. Previously, participants were pleading guilty in front of a non-drug court judge, and would be returned to that judge for sentencing if they were terminated from the program.

Suggestions/Recommendations

The HCADDC program has implemented Key Component #2: It uses its team effectively to understand participant progress and make decisions collaboratively that are in the

best interest of both the participant and the community.

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

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

National Research

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

Local Process

Many different agencies and individuals may refer candidates to the drug/DUI court: The SAO, the OPD, the Court/Judge, Drinking Driving Monitors, defendants (self-referral), and the Health Department. The eligibility requirements are included in the Policy and Procedures Manual, which is available to all agencies involved in the drug/DUI court.

The HCADDC program is intended to serve 25 participants at a time in each component (drug court and DUI court). As of October 2007, there were 14 active participants in the drug court program and 26 in the DUI program.

According to a respondent, “the present system does not process drug cases in a timely fashion.” This drug court team member explained that VOPs are greatly delayed due to lags in indentifying, reporting, and acting on violations. In addition to delays in VOPs, delays also occur at various other points in the court process, including the time it takes to 1) provide notice to the judges, 2) generate a warrant for a VOP hearing, 3) advise the participant of her/his legal rights, 4) schedule and hold court hearings, and 5) agree on and

impose sanctions. However, the drug/DUI court has streamlined the formal court process, which eliminates or greatly reduces these problems.

Time from arrest to referral to the program averages about 6 weeks. When the person is arrested, the commissioner may flag his/her file for referral to HCADDC or the judge may make the referral.

Time from referral to HCADDC entry is 2 weeks to 1 month. The individual needs to be assessed by the Health Department prior to acceptance into the program.

Suggestions/Recommendations

- The drug court side of the drug/DUI court is not operating at capacity. The team needs to determine what the barriers are that are preventing eligible participants from entering the program, and address those barriers so that the drug court may operate at capacity.
- The DUI side of the HCADDC is operating above capacity. A team member expressed concern that funding is not adequate to increase DUI court capacity in order to meet the needs of the community. It is incumbent on the team to search all possible avenues for additional funding for the program.

To identify bottlenecks or structural barriers, and points in the process where more efficient procedures may be implemented, HCADDC should conduct a review and analysis of the case flow from referral to eligibility determination to drug court entry. The Judge and coordinator should use the drug court team to brainstorm—and test—possible solutions to issues that are identified.

- The team could review the systems of programs that have shorter lapses between arrest and drug court entry, to gain ideas. The program should set a goal for how many days it should take to get par-

ticipants into the program, and work toward achieving that goal, keeping in mind that the sooner individuals needing treatment are connected with resources, the better their outcomes are likely to be.

- Strategize how to decrease the time from arrest to entry into the program, or consider ways to refer offenders to treatment services even prior to drug court participation.

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

Research Question: Are diverse specialized treatment services available?

National Research

Programs that have requirements around the frequency of group and individual treatment sessions (e.g., group sessions 3 times per week and individual sessions 1 time per week) have lower investment costs⁹ (Carey et al., 2005) and substantially higher graduation rates and improved outcome costs¹⁰ (Carey, Finigan, & Pukstas, 2008). Clear requirements of this type may make compliance with program goals easier for program participants and also may make it easier for program staff to determine if participants have been compliant. They also ensure that participants are receiving the optimal dosage of treatment determined by the program as being associated with future success.

Clients who participate in group treatment sessions two or three times per week have

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

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

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

Local Process

The drug court clinical case manager and the DUI case manager are part of the drug/DUI court team.

The Health Department is one of the treatment providers for this drug/DUI court, and receives the most referrals. Central intake is provided by the Health Department.

As discussed in Key Component #1 above, some concern was expressed that the Health Department is reluctant to share information with the drug/DUI court team, such as a list of other providers or mental health information about participants, even though such information may be important in alerting the team to a possibility of relapse. It was also mentioned that mental health issues have

⁹ 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.

¹⁰ 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.

been flagged during the substance abuse evaluation but the Health Department did not order a psychiatric evaluation, despite having a psychiatrist on staff.

Another concern brought to the attention of the evaluators was regarding inadequate information from treatment providers (such as whether participants were actually attending treatment or if there was documentation when they missed appointments).

A respondent indicated that while the drug/DUI court program has worked to streamline the formal court process, it lacks sufficient treatment resources to provide a full continuum of services as well as deal with present offenders.

The drug court requires 38 weeks (9 ½ months) of services following the program's phase requirements. However, most treatment programs are 26 weeks long, which means that treatment is finished before participants complete the program. When participants graduate they are sometimes placed on low-level supervision by parole/probation, or they may be placed on unsupervised probation, which requires a record check before the case is closed. A team member expressed concern that the record checks do not occur in a timely manner.

Suggestions/Recommendations

- As discussed in Key Component #1, the team needs to determine which additional information from the Health Department would help the team meet the needs of the program's participants, and request such information. A formal meeting between the team members and Health Department officials would provide the opportunity to discuss and resolve information sharing issues and confidentiality concerns.
- In addition, greater monitoring is needed to be sure that treatment providers are recording and reporting ongoing treatment information for the drug/DUI court. It

may be necessary to meet with Health Department staff to discuss an appropriate format for the information that is needed by the program and to establish a timeline for when providers need to share participant progress information with the court. Communication between treatment and the court is crucial for a successful drug court program.

- Respondents indicated that additional treatment resources are needed in this program. If the needed treatment resources are not available in the community, the team may want to investigate funding opportunities or structure existing funds to establish needed services. If the resources exist but are not yet connected to the drug/DUI court program, the team may want to designate the responsibility for making these connections to certain team members so that these relationships can be established.

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

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

National Research

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

Programs that tested more frequently than three times per week did not have any better or worse outcomes than those that tested three times per week. Less frequent testing resulted in less positive outcomes. It is still unclear whether the important component of this process is taking the urine sample (having clients know they may or will be tested) or actually conducting the test, as some 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 the number of urinalyses (UAs) given by the large majority of drug courts nationally during the first two phases is two to three per week.

Local Process

Based on findings from the American University National Drug Court Survey (Cooper, 2001), the number of urinalyses (UAs) given to drug court participants in HCADDC is comparable to the majority of drug courts nationally. During Phase I of the drug court program, participants have UAs twice per week, plus a random test, or as directed. In Phase II, UAs are once per week, plus randomly or as directed; during Phases III and IV, UAs occur on a random basis, or as directed.

On the DUI side, the DUI case manager tests every Monday. Participants are tested randomly as well, depending on their phase requirements. If the court order requires two random tests per week, the treatment provider tests one of those times. Participants are sometimes tested the day of drug court as well.

Suggestions/Recommendations

The HCADDC appears to have effectively implemented Key Component #5, using frequent and observed testing, using varied testing methods, and testing for a variety of substances.

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

Research Questions: Does this court 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 sanctions and rewards compare to what other drug courts are doing nationally?

National Research

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

Carey, Finigan, and Pukstas, 2008, found that for a program to have positive outcomes, it is not necessary for the judge to be the sole person who provides sanctions. However, when the judge is the sole provider of sanctions, it may mean that participants are better able to predict when those sanctions might occur, which might be less stressful. Allowing team members to dispense sanctions makes it more likely that sanctions occur in a timely manner, more immediately after the non-compliant behavior. Immediacy of sanctions is related to improved graduation rates.

Local Process

A variety of rewards and sanctions are imposed in the drug/DUI court.

Non-compliant behaviors and their possible sanctions are written in the Participant Handbook, which is given to participants when they enter the program and is also provided to the drug/DUI court team. Sanctions are graduated.

Non-compliant behaviors are dealt with at the next drug/DUI court hearing. Hearings take place every 2 weeks, so such behaviors would be addressed within 2 weeks. However, depending on the timing of the infraction, a wait of almost 2 weeks is possible before the non-compliant behavior receives a court response.

This court is post-plea, post-sentence. As an incentive for participants to join the drug/DUI program, if they do well, their sentence may be reduced. For example, upon graduation, the Judge may take a 3-year probation and change it to 6 months.

Suggestions/Recommendations

- It is important that drug court programs differentiate treatment responses from sanctions. This program may want to have additional discussions about relapse as part of the recovery process. If a participant admits to use or is found to have used, increasing treatment supports is an appropriate therapeutic response. Committing new crimes or missing appointments require gathering additional information to determine the circumstances, but likely warrant sanction-oriented responses, such as community service.
- One of the goals of the program is to ensure that participants are fully aware of the relationship between their actions and resulting sanctions. Research has demonstrated that for sanctions and rewards to be most beneficial, they need to closely follow the behavior that they are intended to change or reinforce.
- The program may want to discuss expanding its use of incentives and strength-based practices. Identifying the strengths of each participant and using them to build on can increase program engagement, identify individualized incentives to participation, and contribute to greater success.

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

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

National Research

From its national data, the American University Drug Court Survey (Cooper, 2000) reported that most drug court programs require weekly contact with the judge in Phase I, contact every 2 weeks in Phase II, and monthly contact in Phase III. The frequency of contact decreases for each advancement in phase. Although most drug courts follow the above model, a substantial percentage reports less court contact.

Further, research in California and Oregon (Carey et al., 2005; Carey & Finigan, 2004) demonstrated that participants have the most positive outcomes if they attend at least one court session every 2 to 3 weeks in the first phase of their involvement in the program. In addition, programs where judges participated in drug court voluntarily and remained with the program at least 2 years had the most positive participant outcomes. It is recommended that drug courts not impose fixed terms on judges, as experience and longevity are correlated with cost savings (Carey et al., 2005; Finigan, Carey, & Cox, 2007).

Local Process

In the HCADDC program, participants are required to attend court sessions twice per month during Phase I, once or twice per month during Phase II, and monthly during Phases III and IV, which is consistent with most drug courts nationally.

The Judge speaks directly with participants during court sessions, and provides guidance and follow-through on warnings. The Judge works with the treatment providers and others on the team to determine appropriate res-

ponses to participants' actions, then makes the final decision about the court's response.

The Judge's position on drug court is voluntary, and is not time limited.

Suggestions/Recommendations

The HCADDC program appears to have effectively 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 led to modification of drug court operations, 3) results of program evaluations have led to modification to drug court operations, and 4) drug court has participated 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 HCADDC reports program statistics to the Office of Problem-Solving Courts semi-annually. The program does not currently have a central database to collect and track participant information.

The drug/DUI court team has limited access to treatment information.

The drug/DUI court staff members have and understand common goals for the program, which are included in the Policy and Procedures Manual.

According to a key stakeholder, the program plans to use at least some program data to make program adjustments; for example, adults of any age, race or ethnicity, and gender are eligible for participation in the drug/DUI court program, and tabulations prepared periodically by the evaluator (Health Department) will be compared with demographic statistics for the arrestee population to spot disparities. Should any disparities occur, they would be investigated and corrected.

Suggestions/Recommendations

- As the State implements its new State-wide Maryland Automated Record Tracking (SMART) Management Information System (MIS), the program will be able to utilize electronic management information for program monitoring and evaluation purposes. HCADDC should make a commitment to transition to electronic drug court records to facilitate program monitoring and evaluation. Program staff should be trained to use the management information system, both in entering data consistently and extracting information to use for program reviews and planning.
- Please retain hard copy records of all prior participants for use in future outcome evaluations.
- When electronic monitoring is in place, the program should plan to perform self-monitoring of program data to be sure that it is moving toward its goals, and to inform the team about the types of participants who are most and least successful in the program.
- Plan time in a team meeting to discuss the results of this process evaluation and make a plan for how to use the information.

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 that drug court programs requiring: all new hires to complete formal training or orientation; team members to receive training in preparation for implementation; and all drug court team members be provided with training were associated with positive outcomes costs and higher graduation rates.

Local Process

New members on the HCADDC team attend the Drug Court 101 training offered by the Office of Problem-Solving Courts, in addition to learning while on the job.

The Coordinator attended an initial coordinator training in October 2004. She also attended the Office of Problem-Solving Courts' winter symposium, along with the ASA, the Judge, and two case managers. The APD has not received formal drug/DUI court training, but has gained relevant knowledge through reading.

The DUI Case Manager attends ongoing education programs given by the Maryland Office of Problem-Solving Courts about 4 times each year, and gave a presentation at the National Association of Drug Court Professionals conference/training in June 2007.

Suggestions/Recommendations

- The program, in collaboration with its partner agencies, should ensure that all team members receive initial and continuing drug court training. There should be an expectation of, and encouragement for, staff taking advantage of ongoing learning opportunities (both locally and nationally). To support this goal, a train-

ing plan and a log system should be established, the results of which should be reviewed by program administrators periodically. These tools will be useful in keeping track of training activities and in reinforcing the importance of professional development.

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

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

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 AA and NA, medical providers, local education systems, employment services, faith communities, and Chambers of Commerce.

Local Process

A variety of community agencies contribute to the HCADDC: HCADDC participants do community service through the Sheriff's Office, the YMCA sometimes provides scholarships for graduates, and the Health Department refers participants to social services. Program participants attend NA/AA meetings.

The drug/DUI court team makes all policy decisions. The team meets to discuss policy issues as needed (generally 2 times per year).

A participant suggested that the program provide transportation to ensure that participants are able to get to court and to appointments.

Suggestions/Recommendations

- When the drug court team meets to discuss policy issues, consider adding a discussion item to brainstorm about possible community connections and resources or ideas for generating outside support to enhance the program. Because a concern was raised by a respondent about the need for additional treatment resources (discussed in Key Component #4), this topic will be important to discuss as a team.
- Consider implementing outreach efforts to potential community partners, such as education, faith-based institutions, etc., to

engage new agencies and organizations in the program in creative ways. If the program plans to provide transportation to participants with transportation issues, establishing relationships with transportation resources, such as taxi companies, may result in a reduced rate for drug/DUI court participants. HCADDCC should consider enhancing its policy group (now consisting of the drug/DUI team only) by adding representatives from public and private community organizations. This committee would be responsible for advising partner agencies on program design and ensuring that the program is meeting community needs.

HOWARD COUNTY ADULT DRUG/DUI COURT: A SYSTEMS FRAMEWORK FOR PROGRAM IMPROVEMENT

Drug courts are complex programs designed to deal with some of the most challenging problems that most communities face. Drug courts bring together multiple stakeholders, some of whom have traditionally adversarial roles. These stakeholders come from different systems, with different training, professional language, and approaches. They work with a client group that generally comes to the program with serious substance abuse treatment needs and social and psychological issues.

The challenges and strengths found in the HCADDC can be categorized into three areas: community, agency, and program level issues. By addressing problems 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 implementing the recommendations included in the prior section.

Community Level

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

Social service and criminal justice systems are designed to respond to community needs. To be effective, they should clearly understand those needs. These two critical public systems need to 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 would help to define what programs and services should look like, who the stakeholders are, and what role each will play.

The key agency partners involved in the HCADDC seem to have a clear understanding of their service population. However, the program could benefit by more effectively reaching out to public and private community agencies to generate more tangible and intangible resources for the program.

SUMMARY OF COMMUNITY LEVEL RECOMMENDATIONS

- When the team meets to discuss policy issues, add a discussion item to brainstorm about possible community connections and resources or ideas for generating outside support to enhance the program. Additional treatment resources would be part of this discussion.
- If additional treatment resources exist but are not yet connected to the drug/DUI court program, the team may want to designate certain team members to take on the responsibility of making these connections and establishing relationships.
- HCADDC should consider enhancing its policy group to include representatives from public and private community organizations.

Agency Level

Once community and participant needs are clearly defined, and program stakeholders are identified, the next step is to organize and

apply resources to meet those needs. However, 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 its unique resources (e.g., staff time and expertise) to contribute. At this level of action, partner agencies must come together to develop (or share) a common understanding of each other's roles and contributions. They must also each make commitments to the common goals of the program.

This level of analysis involves a strategy to 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 among program partners at this level can solidify a process for establishing workable structures for programs and services, as well as identify key individuals who will have ongoing relationships with the resulting program and with the other participating agencies and key stakeholders.

SUMMARY OF AGENCY LEVEL

RECOMMENDATIONS

- The drug/DUI court team should review the type of participant information being given to them by the Health Department to determine whether additional information would alert them to the possibility of relapse and other participant issues.
- If it is determined that additional information from the Health Department would be useful to the team and if the consent forms authorize sharing of that information, the team should meet with the Health Department to request such in-

formation. If the current consent forms do not cover sharing that information, they will need to be revised.

- The HCADDC should conduct a review and analysis of case flow from referral to eligibility determination to drug court entry in order to identify barriers and points in the process where more efficient procedures may be implemented.
- Consider changes that would reduce time between arrest and drug/DUI court program entry, or between arrest and entry into treatment services.
- Greater monitoring is needed to be sure that treatment providers are recording and reporting ongoing treatment information for the drug/DUI court. Meet with the Health Department, if necessary, in order to discuss a timeline and format for information to be shared with the court.

Program Level

Once a common understanding of need exists and partner agencies and associated resources are at the table, relevant and effective programs and services can be developed. Services that are brought together, or created, in this manner will result in a more efficient use of public resources. Further, they are more likely to have a positive impact on the issues/challenges being addressed. Organizational and procedural decisions can then be made, tested, and refined, resulting in a flow of services and set of daily operations that will work best for the program's target population.

It is important to note that the recommendations provided at the community and agency levels already have program-level implications. However, there are additional areas where program-specific adjustments might be considered.

**SUMMARY OF PROGRAM LEVEL
RECOMMENDATIONS**

- The team needs to determine which barriers are preventing the drug court side of the court from operating at capacity and address those barriers.
- The team should search all possible avenues for additional funding for the program in order to increase DUI court capacity to meet the needs of the community.
- It is important to differentiate between treatment responses and sanctions. For example, committing new crimes may warrant sanction-oriented responses, while increasing treatment supports may be an appropriate response to a participant admitting use or being found to have used.
- The program should discuss expanding the use of incentives and strength-based practices. They should also consider providing transportation to participants to ensure that they are able to attend all appointments and court, as suggested by a participant.
- HCADDC should commit to transition to electronic drug court records (such as SMART) to facilitate program monitoring and evaluation.
- Program staff should be trained to use the electronic data system.
- Hard copies of all prior participants' records should be retained for use in future outcome evaluations.
- When electronic data management is in place, the program should self-monitor program data to be sure that the program is moving toward its goals and to inform the team about the types of participants who are most and least successful in this program.
- A training plan and log system for all program staff should be established, and the results should be reviewed periodically by program or agency administrators/supervisors.
- Plan time in a team meeting to discuss the results of this process evaluation and how to use this information.

SUMMARY AND CONCLUSIONS

The Howard County Adult Drug/DUI Court program has been successful at implementation, when compared to the 10 key components of drug courts.

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

- The Health Department is the central intake for the drug/DUI court. Treatment is provided by the Health Department (60-65%) and by private providers.
- The Assistant Public Defender and the Assistant State's Attorney present a united front in the drug/DUI court.
- Delays in processing drug cases have occurred at several points in the past, but the drug/DUI court has streamlined the formal court process, which has reduced the problems.
- In drug court, participants in Phase I have UAs twice per week plus a random test, or as directed. In Phase II they have UAs once per week plus randomly, or as directed. In Phases III and IV, UAs occur on a random basis, or as directed.
- On the DUI side of the court, UAs occur every Monday. Participants are tested randomly as well, according to their phase as requirements or by court order. Participants are sometimes tested the day of court as well.
- A variety of sanctions and rewards are imposed by the drug/DUI court. Sanctions are graduated.
- Non-compliant behaviors and resulting sanctions are written in the Participant Handbook, and provided to all participants and to the team.
- Participants are required to attend court sessions twice per month during Phase I, once or twice per month during Phase II, and monthly during Phases III and IV.
- The Judge speaks directly with participants during court sessions, providing guidance and follow-through on warnings.
- The Judge works with the team, including the treatment providers, to determine appropriate responses to participants' actions.
- The Judge's position is voluntary, and is not time limited.
- HCADDC team members attend initial and on-going trainings.
- A variety of community agencies contribute to the HCADDC.

There were several findings that suggest areas for program improvement:

- Non-compliant behaviors are dealt with at the next drug/DUI court hearing. Such hearings take place every 2 weeks. The program should assess how to minimize the time (potentially close to 2 weeks) between a non-compliant behavior and the sanction that follows it.
- The program should strategize how to decrease the time from arrest to program entry and receipt of treatment services.
- A team member is concerned that mental health issues have been flagged during the substance abuse evaluation, but the Health Department did not order a psychiatric evaluation.
- A record check is required if graduates are placed on unsupervised probation. A team member is concerned that record checks do not happen in a timely manner.
- The drug/DUI court team should review the type of participant information being

provided to them by the Health Department to determine whether additional information (such as a history of abuse) would alert the team to possible relapse or other issues. If so, the team should meet with the Health Department to request such information.

- If the consent forms do not authorize sharing of such information, revise the forms so that they do.
- The drug/DUI court is designed to serve 25 persons in each component. In October 2007, the drug court portion was under capacity at 14 participants. The team needs to determine the barriers to the drug court side of the drug/DUI court operating at capacity, and address those barriers. The DUI court was over capacity in October 2007, at 26 participants. It is incumbent on the team to search all possible avenues for additional funding in order to increase the capacity of the DUI side of the HCADDC so that it will be able to meet the needs of the community.
- Time from arrest to referral to the program averages 6 weeks. Time from referral to HCADDC entry is 2 weeks to 1 month. The team should set a goal for how many days it should take to get participants into the program, then work toward achieving that goal.
- A review and analysis of case flow from referral to eligibility determination to drug court entry is suggested in order to identify bottlenecks or structural barriers that are prolonging the process.
- The judge and the coordinator should use the team to brainstorm and test possible solutions to issues that are identified in the case flow review.
- Treatment providers are not always providing adequate information to the team about participants, such as whether they are attending treatment. Greater monitoring is needed to ensure that they are re-

coding and reporting ongoing treatment information for the drug/DUI court.

- Respondents indicated that additional treatment resources are needed to provide a full continuum of services as well as deal with present offenders. If such resources are not available in the community, the team may want to investigate funding opportunities or structure existing funds to establish needed services.
- It is important to differentiate treatment responses from sanctions.
- The program may want to have discussions about relapse as part of the recovery process.
- The program may want to discuss expanding the use of incentives and strength-based practices. Building on strengths can increase program engagement, identify individualized incentives to participation, and contribute to greater success.
- A participant suggested that the program provide transportation to the participants to ensure that they are able to get to all appointments and to court.
- The program currently does not use a central database to collect and track participant information. HCADDC should commit to transition to electronic drug court records, such as the SMART system, and to see that program staff are trained in its use.
- HCADDC must retain hard copy records of all prior participants for use in future outcome evaluations.
- When electronic monitoring is in place, the program should perform self-monitoring of program data to be sure that it is moving toward its goals and to inform staff about which participants are most and least successful.
- The HCADDC should reserve time during a team meeting to discuss the results

of this process evaluation and plan how to use the information.

- A training plan and log system should be established in order to ensure that all team members receive initial and ongoing training. Program administrators should review the plan and log periodically.
- A discussion item to brainstorm about possible community connections and resources should be added to the agenda when the team meets to discuss policy issues. An important topic for discussion will be the need for additional treatment resources.
- Consider implementing outreach to potential community partners to engage them in the program in creative ways.

- HCADDC should consider enhancing its policy group (now consisting of the drug/DUI court team only) by adding representatives from public and private community organizations. The policy committee would be responsible for advising partner agencies on program design and ensuring that the program is meeting community needs.

Overall, the HCADDC is doing well in implementing its drug/DUI court program. Taken together, these findings indicate that the HCADDC is operating in a manner that should be beneficial to participants.

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

Drug Court Typology Interview Guide Topics

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

Although the typology guide is modified slightly to fit the context, process and type of each drug court (e.g., juvenile courts, adult courts), a copy of the generic drug court typology guide can be found at [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)

APPENDIX B: SUMMARY OF FEEDBACK FROM PARTICIPANTS

Howard County Adult Drug/DUI Court Feedback from Participants

Location: Ellicott City, MD

Date: November 14, 2007

As described in the methodology section of this report, NPC planned to conduct at least one focus group with participants. However, because of confidentiality concerns, the site arranged for individual interviews with three participants. One participant was in Phase I, one was in Phase II, and the third was in Phase III. The interviews provided participants with an opportunity to share their experiences and perceptions regarding the drug court process, as follows:

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

- I grew to really appreciate the structure of the program. It has helped me get my life in order in more ways than one.
- I was surprised to find out that people care and care about my sobriety. I found it easier knowing that someone cares. This is a great support group.
- I like everything about it. It pushes you to stop drinking, and in the end you have a better understanding of your own problems. I am involved in AA now, and I don't know what I would do without this program and the support.
- The staff here really cares about us. They really seem to have feelings about our sobriety and they want us to do well. Even the Judge.
- The program helps you in all aspects of your life. I mean, I have seen them help people with jobs and education. Everything. You can't ask for any more.

What do you dislike about the drug court program?

- I don't have anything bad to say about the program.
- The program has really helped me, so there is nothing that I dislike about it.
- How can you dislike something that really helps you? You can't.

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

- I was treated well by all of the staff. I mean, I really can't think of one bad thing to say about anyone I have had contact with.
- All of the staff have been excellent. I found them to be extremely helpful. They give us resources to use for our education and for work.
- I feel that everyone here has treated me good. Not just the staff here at court, but the substance abuse treatment staff, too. I learned that if we do as they direct us, it only has a positive end result. Clean time, better family relationship and doing better at work.

Why did you decide to participate in drug court?

- I did drug court because I was offered this option instead of a trial. I also felt that something with treatment would help me more than if I just went to jail.
- Believe it or not, I really wanted to stop doing what I was doing and living the way I was living. I was tired, and I wanted to better myself.
- My lawyer recommended drug court after my third DWI.

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

- There were not any obstacles that I can think of. I have a good counselor, and Judge Axel is excellent.
- I did have a relapse...but I have it together now.

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

- Well the new EM [electronic monitoring] is a Godsend. It helps keep people on the straight and narrow when they are not strong enough on their own. I would have recommended something like that, but we have it now.
- I would recommend that they add some type of transportation to get here and to all of the many appointments. I know some people who have real difficulty with transportation.

Did your family participate in any way in the process?

- My family has been supportive of me being in drug court.
- My family knows that I am in the program. They have seen a change in me for the better. They encourage me and have stuck beside me.
- If you mean the counseling or anything, I guess you could say yes. Because my family has gone to some AA meetings with me. It makes me feel proud.

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

- Like I said before, these people, the drug court staff, have referrals for us for jobs and things.
- I have gotten to know a few people in the drug court. I know for a fact that they have helped people with working on their GED.
- You know people who have records and history of drug charges have a hard time finding a job. Being in drug court has made that a little easier because the drug court staff know of places that will give us a chance for jobs and they refer us there.

Why do you think there is a drug court?

- To help people like us. We need structure and we need people who care. That is what drug court gives you.
- I guess it is here to offer you a better option than going to jail. If you just go to jail, then you don't really get a chance to improve yourself.

- So that along with someone keeping us in line, we also can better ourselves.

What is the hardest part of drug court?

- It is a little hard if you relapse. You don't want to let yourself down.
- Well, you do have to get used to coming to court. You have to fit it into your schedule. Once you get use to the schedule and do what you are suppose to do, it isn't that hard.
- It is not really that hard if you do what you are told by the counselors and staff.

What are your own individual goals in the program?

- Now that I am sober, most importantly, I want to stay sober. If I do that, everything else will fall in line.
- My main goal was to do well in drug court. So far so good. I will keep thinking of new goals as I go along.
- Graduate from the program and keep working and striving to do better.

What is the drug court session like?

- Judge Axel is great. He lets us know when he sees that we are trying and making progress. It makes me feel good and want to keep doing well.
- I don't have any problems with the drug court sessions. Everybody is nice. If you do get called on the carpet, it is only because you did something wrong.
- The Judge makes us feel welcomed in his court room. All of the staff are nice and supportive of us trying to stay clean and sober.