

Worcester County Adult Circuit and District Drug Treatment Courts *Process Evaluation*



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Submitted By

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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 (NADCP, 2008).

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

The WCADTC is an integration of two programs: The Worcester County District Court Adult Drug Treatment Court, which began in Winter 2005/2006, following a year of planning and training, and the Worcester County Circuit Court Adult Drug Treatment Court, which began in Spring 2006. As of April 2008, the average length of stay in the program, for graduates, was 17 months. The WCADTC had enrolled 35 participants since implementation, with 6 participants graduating, 5 terminated from the program, and 3 leaving administratively during that time period. Program capacity is currently 40 participants total between Circuit and District Courts.

Information was obtained for the process evaluation from several sources, including observations of a court session and a team meeting during a site visit, key stakeholder interviews, a focus group with participants, and program materials.

The WCADTC's primary goals, according to program manuals, are:

- 1) Decrease substance abuse of nonviolent (as defined by Maryland law) habitual offenders
- 2) Increase public safety by reducing recidivism
- 3) Help participants to lead healthier, more productive lives

Process Results

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

The WCADTC fulfills several of the 10 key components through its current policies and structure. It has an integrated drug court team, prosecution and defense counsel use a non-adversarial approach while protecting public safety and protecting participants' due process rights, it has diverse specialized treatment services available, it is flexible in offering multiple locations and hours for drug testing, its participants have frequent contact with the judge, and the judge's drug court position is voluntary and not time limited.

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

SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

The program is encouraged to assess the most common or important participant needs and continue to work on connecting with other human service agencies to address those issues.

The community as a whole is encouraged to consider how it is addressing the issue of alcohol use. The steering committee in particu-

lar could help determine the scope of the community's alcohol problem by looking at how many people are screened out of the drug court program because they have alcoholism as a primary diagnosis. The committee could then consider whether there are community resources available to address this issue, or whether it is incumbent on them to expand the drug court program to include this population and what resources would need to be in place in order to do so.

SUMMARY OF AGENCY-LEVEL RECOMMENDATIONS

Contact all possible sources of drug court referrals to explain the drug court program and how participants benefit—thus encouraging referrals. The program's partner agencies should discuss how to increase referrals to bring the numbers served to the program's capacity.

Continue searching for funding to cover the costs of alcohol use/abuse testing and consider accepting individuals with alcohol as a primary diagnosis, if it is determined that this population's needs are not being met by other resources in the community.

Program data should be reviewed at the yearly steering committee meeting in December to assess the program's functioning and any areas that may benefit from adjustment.

The drug court team, in collaboration with partner agencies, should continue to ensure that all team members receive initial and continuing drug court training. To support this goal, a log system and training plan should be established, the results of which should be reviewed by administrators periodically. These tools will be useful in keeping track of training activities and reinforce the importance of professional development.

SUMMARY OF PROGRAM-LEVEL RECOMMENDATIONS

- Reexamine eligibility criteria to see whether less stringent criteria are possible and consider identifying more opportunities for participants to receive incentives—both of which may increase participation.
- Identify structural barriers and/or bottlenecks and points in the drug court admission process where more efficient procedures may be implemented and shorten time to drug court entry. Conduct a review and analysis of case flow from referral to eligibility determination to drug court entry in both Circuit and District Courts. The program should set a goal for how many days it should take to get participants into the program and work toward achieving that goal. The program may want to discuss options for referring offenders to treatment as needed, regardless of their drug court participation.
- Include more information in the Participant Handbook about possible treatment requirements, such as the average number of individual and group treatment sessions per week during each phase to ensure that participants are well informed.
- A backup judge who is familiar with the drug court model is suggested. If a new judge eventually replaces the current drug court judge, try to build as much transition time as possible from the current to the incoming judge, so that the incoming judge can learn the drug court model and understand his/her role in the program.
- In order to maximize the benefits of future evaluations, determine whether the program is collecting the data elements recommended in Appendix C, and begin to collect any from that list that are not being gathered to date.

BACKGROUND

In the last 18 years, one of the most dramatic developments in the movement to reduce substance abuse among the U. S. criminal justice population has been the spread of drug courts across the country. The first drug court was implemented in Florida in 1989. As of December 31, 2007, there were 2,147 drug courts operating 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 crime committed by drug court participants, resulting in reduced costs to taxpayers and increased public safety.

In the typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives who operate outside of their traditional roles. The team typically includes a drug court coordinator, addiction treatment providers, judge, prosecuting attorneys, defense attorneys, law enforcement officers, and parole/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, 2004a & 2004b; Carey et al., 2005).

This report contains the process evaluation for the Worcester County Adult Circuit and District Drug Treatment Courts (WCADTC). The first section of this report is a description of the methods used to perform this process evaluation, including site visits and key stakeholder interviews. The second section contains the evaluation, including a detailed description of the drug courts' process. The final section of the report assesses this drug court program's implementation of the 10 Key Components of drug courts, and offers suggestions for the program.

¹ Retrieved August 2008 from http://www.ndci.org/publications/PCPII1_web.pdf

METHODS

Information was obtained for the process evaluation from several sources, including observations of a court session and a team meeting during a site visit, key stakeholder interviews, a focus group with participants, and program materials. The methods used to gather information from each source are described below.

Site Visits

An NPC Research (NPC) evaluation staff member observed a WCADTC session and a drug court team meeting in August 2007; interviewed key drug court staff; and facilitated a focus group with current drug court participants in September 2007. These observations, interviews, and the focus group provided information about the structure, procedures, and routines used in the drug court.

Key Stakeholder Interviews

Key stakeholder interviews, conducted by telephone, were a critical component of the WCADTC process study. NPC staff conducted detailed interviews with individuals involved in the administration of the drug court, including the current Judge, Drug Court Coordinator, Assistant State's Attorney, Assistant Public Defender, treatment staff, Probation Agent, and a case manager.

NPC has designed a Drug Court Typology Interview Guide², which provides a consistent method for collecting structure and process information from drug courts. In the interest of making the evaluation reflect local circumstances, this guide was modified to fit

the purposes of this evaluation and this particular drug court. The information gathered through the use of this guide assisted the evaluation team in focusing on the day-to-day operations as well as the most important and unique characteristics of the WCADTC.

For the process interviews, key individuals involved with WCADTC administration and program implementation were asked questions in the Typology Guide during telephone interviews, a site visit and follow-up telephone contact. This approach allowed us to keep track of changes that occurred in the drug court process from the beginning of the project to the end.

Focus Group

NPC staff conducted a focus group with current participants of WCADTC during a September 2007 site visit. The focus group provided participants with an opportunity to share their experiences and perceptions regarding the drug court process. A summary report from this focus group can be found in Appendix B.

Document Review

In order to better understand the operations and practices of the WCADTC, the evaluation team reviewed program documents including the Worcester County District Court Drug Treatment Court Policy and Procedures Manual, Worcester County Circuit Court Drug Treatment Court Policy and Procedures Manual, and the Worcester County District and Circuit Courts Drug Treatment Court Program Participant Handbook.

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. A copy of this guide can be found at the NPC Research Web site at [http://www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_\(copyrighted\).pdf](http://www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_(copyrighted).pdf)

WORCESTER COUNTY ADULT CIRCUIT AND DISTRICT DRUG TREATMENT COURTS PROCESS DESCRIPTION

Worcester County, Maryland

Worcester County is the easternmost county located in the State of Maryland. The county covers the entire length of the state's Atlantic coastline. It is home to the popular vacation resort area of Ocean City, and its county seat is Snow Hill.

As of the 2000 census, this county had a population of 46,543, with more than 79.5% of the population over the age of 18 (with a median age of 43). The racial composition of the county was 81% Caucasian, 17% African American, and 2% other races. Approximately 4% of the adult population was unemployed. The median household income was \$40,650, and the median family income was \$47,293, with approximately 10% of individuals and 7% of families living below the federal poverty level.³

Worcester County Drug Treatment Court Overview

The Worcester County District Court began organizing the adult drug treatment court (DTC) in Fall 2004. After more than a year of planning and training with the Bureau of Justice Assistance, Worcester County District Court began its adult drug treatment court in Winter 2005/2006. The Worcester County Circuit Court began organizing such a program in Spring 2006. All Worcester County drug treatment courts are located in the county seat of Snow Hill.

³ U.S. Census, Worcester County, Maryland, http://factfinder.census.gov/servlet/SAFFacts?_event=Search&geo_id=&_geoContext=&_street=&_county=Worcester&_cityTown=Worcester&_state=04000US24&_zip=&_lang=en&_sse=on&pctxt=fph&pgsl=010&show_2003_tab=&redirect=Y retrieved on Aug. 10, 2007

The WCADTC is an integration of two programs: the Worcester County Circuit Court Adult Drug Treatment Court and the Worcester County District Court Adult Drug Treatment Court. Participants are placed by Circuit or District Court judges, depending on their initial cases. Individuals coming from Circuit Court cases enter as a special condition of probation. Prospective participants from District Court cases may be involved as a special condition of probation, but may also have new charges which have not yet resulted in new convictions. Other than the difference in participant backgrounds, the two programs are functionally a single program in all but name and minimal differences. They both receive funding from the Administrative Office of the Courts, Office of Problem-Solving Courts. This report, therefore, describes the drug treatment court as a single program, but points out where there are differences between District and Circuit Court participants.

The WCADTC targets offenders with substance abuse problems, many of whom have been identified as habitual offenders (not first offenders). The WCADTC combines treatment, education, intensive case management, and court supervision, for a minimum program duration of 12 months in order to assist participants in overcoming substance abuse challenges and related criminal behavior.

Entry into the DTC program is voluntary. A defendant has the choice of either entering standard court procedures and facing a jail sentence, or entering DTC and receiving a smaller (or no) jail sentence. Once DTC is entered, however, it becomes a condition of the participant's probation, and continued participation is not considered voluntary.

Although transportation issues arise for participants of many drug courts, the WCADC

provides bus passes to all of its participants, thus ensuring that they have the means to attend all required treatment sessions and court, as well as get to the Health Department or other locations for drug testing.

The Drug Treatment Court Commission of Maryland designated the Worcester County Drug Courts the state's Most Innovative Drug Courts Campaign in a ceremony on May 23, 2006.⁴ saying that by their "...creative ways to involve the drug courts in the community, the courts are attracting exceptional—and exemplary—community support."

IMPLEMENTATION

Worcester County's DTC was implemented after Worcester County officials, including Chief Judge Bell and Judges Norton and Bloxom, sought to establish a drug court program. Chief Judge Bell established a drug treatment court advisory committee with the Maryland Drug Treatment Court Commission's Executive Director, Gray Barton, and Deputy Director, Jennifer Moore, who conferred with other Worcester judges who were interested in the program. These judges and other staff attended federal and regional trainings, such as those presented by the Bureau of Grants Administration (BGA); visited other drug courts in Maryland; and met with local agencies. A planning committee was formed, the members of which were essentially the same as the ongoing advisory committee, including representatives from business, education, public health, faith-based communities, vocational and job training/placement agencies, program evaluators, citizen groups and community-based entities.

Originally, the program was funded in-kind by partnering agencies. Maryland Division of Parole and Probation, the Worcester County Health Department and other groups pro-

vided funding during the pilot period. Drug courts in Maryland now receive funds from the Maryland Office of Problem-Solving Courts.

PARTICIPANT POPULATION AND PROGRAM CAPACITY

Since it became operational, the WCADTC has been able to accommodate all eligible participants.

Between July and December 2007, there were 10 participants in the Circuit Court DTC—5 were African American and 5 Caucasian; 5 were male and 5 female. In the District Court DTC there were a total of 16 participants during the same time period—6 were African American and 10 Caucasian; 6 were male, 10 female. At an NPC-observed drug court proceeding, there were more women than men drug court participants appearing. The Health Department offers both male and female groups, and groups that are facilitated in Spanish. The WCADTC has not yet had a participant who needed an interpreter for treatment or court services.

Program staff noted that during the existence of the drug court, there have been sporadic trends in the demographics of new participants, such as several 18- to 25-year-old Caucasian heroin addicts entering around the same time, followed by a number of 35- to 45-year-old African American crack addicts. The trends have remained consistent in terms of gender.

Most, if not all, drug court participants are considered hard-core addicts, at "rock bottom," having exhausted most other chances and possibilities, such as family resources and connections. Many participants are 35 or older, as one staff member suggested, "20-somethings tend to either not have enough addiction issues or desire to change their lives." For most drug court participants, the primary drug of choice was cocaine, followed by heroin and marijuana. Alcohol use is common.

⁴ Retrieved from <http://www.courts.state.md.us/press/2006/pr051906.html> on 10/22/2007

Approximately 80% of participants are served by the public defender, with the remaining 20% served by private attorneys.

As of April 2008, the average length of stay in the program, for graduates, was 12 to 18 months. The WCADTC had enrolled 35 participants since implementation, with 6 participants graduating, 5 terminated from the program, and 3 leaving administratively (not able to complete the program for a reason that is not negative, such as moving out of the County) during that time period. Program capacity is currently 40 participants total between Circuit and District Court. Before Circuit Court participants were included in the program, the District Court DTC capacity was 25.

DRUG COURT GOALS

The WCADTC program has a detailed list of goals, with specific objectives and measures for each goal. The primary goals, according to program manuals, are:

- 1) Decrease substance abuse of nonviolent (as defined by Maryland law) habitual offenders
- 2) Increase public safety by reducing recidivism
- 3) Help participants to lead healthier, more productive lives

In addition to these official goals, members of the drug court team have noted in a number of ways the important unofficial goal of making people's lives better, including getting participants out of homelessness and prostitution, and encouraging them to spend more and better time with their families.

Another goal of the program is to save money, as the drug court program costs less than standard court proceedings and jail.

Team members unanimously stated that the program as a whole is succeeding at its goals, citing both statistics of sober time of participants and graduates, as well as informal observations about the improved quality of life, even for participants who do not graduate.

ELIGIBILITY CRITERIA

WCADTC manuals specify that the target population of the drug court program is non-violent adult offenders with habitual substance abuse problems who live in Worcester County, with specific program eligibility requirements applying to both the offender and the offense.

In order to enter into the WCADTC, a defendant must:

- Be a Worcester County resident
- Show evidence of substance abuse
- Be convicted of a drug-motivated crime
- Have committed only nonviolent offenses—as defined by Maryland law

A potential participant is disqualified by:

- Felony distribution of a controlled dangerous substance (CDS) (District ONLY)
- DWI/DUI as current offense
- Dealing drugs for profit
- Violent offenses—as defined by Maryland law, including past convictions, current charges, or past or current gang involvement
- Former graduation from DTC
- Qualifying for the First Offenders Drug Program
- Possession With the Intent to Distribute (PWID); determined for eligibility on a case-by-case basis by the Office of the State's Attorney
- Denying having a drug problem

Team members share information gathered from outside sources, including any personal history with candidates, which may lead to a belief that a candidate may not be able to complete the program. For example, if the candidate's mental health is too poor (developmentally disabled, would not be capable of completing program requirements, unable to read or learn to read), that person would not be accepted into the program.

These qualifications and disqualifications are also discussed in the program's policy and procedure manuals, which are provided to team members, partnering agencies, and all private attorneys who are members of the Worcester County Bar Association.

The program specifically works to keep drug dealers out of the program for a number of reasons; including the perception that dealing is a greater crime than using, which is considered a health issue. Furthermore, having a dealer in a program with individuals beginning recovery could lead to relapse and other problems.

DRUG COURT PROGRAM SCREENING AND ASSESSMENT

A potential participant is referred to drug treatment court when arresting officers, defense counsel, addictions specialists in jail, or other team members believe an individual would benefit from the DTC program. Referrals are made to the DTC coordinator, who acts as a "hub," receiving and disseminating information to all team members. A legal screening is typically conducted by the State's Attorney's Office, although the Office of the Public Defender, Division of Parole and Probation may also conduct this screening, which looks at criminal history and type and severity of offense. The attorneys for the State and the potential participant then prepare a referral for a clinical screening, which looks at substance abuse, social history and willingness to participate in the program. (A full assessment is later conducted after a participant is signed into the program, which prevents resources from being used on candidates that do not enter the program.) The DTC team discusses the candidate's situation and potential with the program, and the judge places the offender into the program (if that is the decision). If not referred into the program, the judge continues to treat the case as if it were a standard criminal proceeding.

Entry into the program usually occurs on a selected trial date. With District Court, the entry date can be 30 to 60 days after arrest; with Circuit Court, there is an arraignment shortly after arrest, but 30 to 90 days before the trial date. In certain situations, the screening process has occurred at an accelerated rate, allowing individuals to enter DTC within 2 weeks' time.

The final determination for each offender is made by the team, with the judge presiding.

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

The main and most direct incentive of the WCADTC program is that participants do not go to jail. While treatment is the means to this end for some participants, many are also actively seeking for help getting off drugs and getting their lives together.

WCADTC is a post-adjudication program. Upon a participant's successful completion of the program, the case may be closed without additional probation.

DRUG COURT PROGRAM PHASES

WCADTC is designed to be a 1-year program, but actual length in the program is based on participant progress and sobriety.

Participants are given copies of written phase requirements, which are included in the Worcester County Drug Court Participant Handbook.

The DTC operates on a four-phase structure. In order to move from each phase, participants must have completed all items and receive approval from the DTC team.

Successful completion of the requirements of each phase results in graduation from the program.

Table 1. Drug Treatment Court Phases

	Phase I	Phase II	Phase III	Phase IV/ Graduation Requirements
Participant Expectations	Participate in and maintain compliance with substance abuse treatment as directed by the treatment counselor and individualized treatment plan	Continued participation and compliance with substance abuse treatment as directed by the treatment counselor and individualized treatment plan. Continued compliance with clinician’s health care orders	Compliance with all probation requirements; including a minimum of 1 community contact per month with an agent that must be face-to-face. Agents will continue to perform employment checks. Sanctions may result in increased supervision requirements	
Length of Time	2-month minimum	4-month minimum	4-month minimum	2-month minimum
Probation and Judicial Supervision	Compliance with all probation requirements; including a minimum of 2 agent contacts /month. Both will be face-to-face visits and one must be at the participant’s residence or other approved community location. Agents will also check with employers, on a regular basis, for employment status. Sanctions may result in increased supervision requirements.	Compliance with all probation requirements; including a minimum of 1 contact per month with an agent that must be face-to-face. Agents will continue to perform employment checks. Sanctions may result in increased supervision requirements. Compliance with any case management plan from Phase I referral,	Compliance with all probation requirements; including a minimum of 1 contact per month with an agent that must be face-to-face. Agents will continue to perform employment checks. Sanctions may result in increased supervision requirements. Compliance with any case management plan from Phase I referral,	Compliance with all probation requirements; including a minimum of weekly call-ins to the agent. Sanctions may result in increased supervision requirements. Compliance with any case management plan from Phase I referral. Compliance with judicial supervision; Attend all hearings as scheduled, minimum of 1 time per month and provide pay stubs slips as required.

	Phase I	Phase II	Phase III	Phase IV/ Graduation Requirements
	Compliance with judicial supervision; Attend all hearings as scheduled, minimum of 2/month, and provide pay stubs as required.	Compliance with judicial supervision; Attend all hearings as scheduled, 1-2 times per month minimum and provide pay stubs as required	Compliance with judicial supervision; Attend all hearing as scheduled, minimum of 1 time per month and provide pay stubs as required	
Case Management	Addictions assessment by Worcester County Health Department	Compliance with any case management plan from Phase I	Compliance with any case management plan from Phase I	Compliance with any case management plan from Phase I
Substance Abuse Treatment	Physical exam, health assessment, diagnostic testing, treatment, education and follow up, with special attention to mental illness and communicable diseases. Medical records made available for review by the DTC team by a signed release from the participant	Continued participation and compliance with substance abuse treatment as directed by the treatment counselor and individualized treatment plan Continued compliance with clinician's health care orders	Continued participation and compliance with substance abuse treatment as directed by the treatment counselor and individualized treatment plan Continued compliance with clinician's health care orders	Successful completion of substance abuse treatment, including all fees paid Continued compliance with clinician's health care orders
Random Drug Testing	2-6 random urinalyses done at Worcester County Health Department, Division Parole & Probation, or the Worcester County Jail	2-6 random urinalyses. Same rules apply in all phases for testing sites and sample provisions	1-6 random urinalyses. Same rules apply in all phases for testing sites and sample provisions	1-6 random urinalyses. Same rules apply in all phases for testing sites and sample provisions

	Phase I	Phase II	Phase III	Phase IV/ Graduation Requirements
	Disputed positive tests are verified by lab verified GCMS test. (A second positive means participant must pay for lab costs and may incur harsher sanctions.) Sanctions imposed for all positive tests as well as any no shows, refusals, or adulterated samples			
Social Curfew	Compliance with any curfew imposed by the DTC team	Compliance with any curfew imposed by the DTC team	Compliance with any curfew imposed by the DTC team	
School/ Employment	Obtain approved employment within 30 days of program initiation ⁵	Continued regular employment	Continued regular employment	Continued regular employment
Community Service and Restitution	Begin community service and complete 4 hours	Continued community service; completion of 16 hours	Continued community service; completion of 16 hours	Completion of all required community service, including 8 hours for this phase

⁵ The case manager assists participants in finding employment. If they do not find work, they must provide proof that they are actively looking (turn in copies of applications, etc.).

	Phase I	Phase II	Phase III	Phase IV/ Graduation Requirements
Clean Time	21 days CONSECUTIVE clean time immediately before moving into the next phase, as determined by UA results and self-reports.	90 days CONSECUTIVE clean time immediately before moving into the next phase, as determined by UA results and self-reports. This carries over from the 21 days from Phase I.	120 days of CONSECUTIVE clean time in this phase, as determined by UA results and self-reports. This carries over from the 90 days from Phase II.	150 days of CONSECUTIVE clean time. This carries over from the 120 days from Phase III.
Housing	Obtain housing approved by the DTC team	Maintenance of housing approved by DTC team	Maintenance of housing approved by DTC team	Maintenance of housing approved by DTC team
Other	Referrals will be made upon assessment for basic living skills education if necessary			All fines; including Health Department fees, standard court fees, or restitution paid in full Completed aftercare plan-to include pro-social activities, relapse prevention and recovery management plan

AFTERCARE

An aftercare program is established when participants are still in the program. During the last individual session, the treatment representative and participant discuss an aftercare plan focusing on relapse prevention for the next 6 months to 1 year.

Once participants leave the program and no longer have DTC case numbers, there is no more program funding allocated for treatment services. Graduates may seek Health

Department support resources, but this information is not reported to DTC staff.

TREATMENT OVERVIEW

Clinical assessment determines the level of care of treatment for the participant based on American Society of Addiction Medicine (ASAM) criteria. The available placements are listed in the following table. Participation in them is fluid—individuals may move in and out of any or all of them, depending on their needs.

Table 2. Treatment and Services Provided

Treatment	Services provided	Services include
<i>Early Intervention Services</i>	Treatment of early stages of alcohol or drug use	<ul style="list-style-type: none"> • Assessment • Treatment planning • Group or individual counseling
<i>Detoxification Services</i>	Monitors the decreasing amount of alcohol and other drugs in the body, manages withdrawal symptoms and motivates the individual to participate in an appropriate treatment program for alcohol or other drug dependence	<p>Outpatient (specific):</p> <ul style="list-style-type: none"> • Medical evaluation • Monitoring vital signs <p>Inpatient (specific):</p> <ul style="list-style-type: none"> • Nursing assessment • Monitoring of vital signs • Family services • Alcohol and drug education • Motivational counseling <p>Outpatient and Inpatient:</p> <ul style="list-style-type: none"> • Physical examination • Assessment • Treatment planning • Administering and monitoring medication • Discharge or transfer planning • Referral services

Treatment	Services provided	Services include
<i>Intensive Outpatient</i>	Provides structured outpatient evaluation and treatment of patients who require programming 9 or more hours weekly	<ul style="list-style-type: none"> • Assessment • Treatment planning • Case management services • Individual counseling • Group counseling • Support system development
<i>Outpatient Treatment</i>	Provides structured outpatient evaluation and treatment of patients who require programming a minimum of 1 hour per week, but less than 9	<ul style="list-style-type: none"> • Assessment • Treatment planning • Case management services • Individual counseling • Group counseling • Support system development
<i>Halfway Houses</i>	Offers a living space, plus treatment services directed toward preventing relapse, applying recovery skills, promoting personal responsibility, and reintegration	<ul style="list-style-type: none"> • Case management services • Individual counseling • Group counseling
<i>Therapeutic Community</i>	Provides a highly structured environment in combination with moderate to high intensity treatment and ancillary services to support and promote recovery, and uses the treatment community as a key therapeutic agent	Medical assessment, physical examination, assessment, treatment planning, medication monitoring, therapeutic activities (which may include, individual and group counseling, alcohol and drug education, career counseling, nutrition education, and family services)
<i>Medically Monitored Intensive Inpatient Treatment (Intermediate Care)</i>	Provides a planned regimen of 24-hour, professionally directed evaluation, care and treatment in an inpatient setting	Individual counseling, treatment planning, group counseling, alcohol and drug education, nutrition education, family sessions, case management, medical evaluation, physical examination, medication monitoring, sub-acute detoxification, medical services, diagnostic services, and referral services
<i>Medication-Assisted Treatment</i>	Uses pharmacological interventions such as methadone to provide treatment, support and recovery services to opium-addicted patients.	Medical assessment, physical examination, counseling, drug testing, medication administration and monitoring, and referral services.

As participant needs change or are reassessed, the level of treatment may change throughout the program.

Other services staff may identify and recommend include: job training and placement, educational training, life skills training, parenting classes, housing assistance, mental health counseling, legal assistance, family or relationship counseling, trauma support groups or counseling, money management, AIDS counseling, anger management, community support programs, self-help groups, and social/recreational activities.

Home visits are conducted with all participants. Clients receive an average of 10 to 15 visits over a 12-month period, with the frequency of visits reducing as treatment progresses. Participants are also often met in community settings, such as the library or other neutral location, to work on resumes or to talk about concerns. Home visits may also be conducted by the case manager on as-needed basis, such as in situations where participants have been out of contact and are not answering the phone. Often, home visits are conducted in lieu of office contact because it is more convenient for the participant.

Active participation is defined as regularly and timely attendance at all group and individual treatment and court hearings, contacting the case worker weekly, and passing all drug tests. Participants who have not attended for 4 weeks are considered inactive participants.

Approximately 90% of clients are placed in an intensive outpatient program. Group sessions are conducted after all court hearings. Participants also attend AA/ NA meetings.

THE DRUG COURT TEAM

The Worcester County Adult District DTC is comprised of a team of key stakeholders from the Worcester County District Court (District 2 Administrative Judge and Worcester County District Court Judge), Worcester County Health Department (Clinical Director

of the addictions program at the Health Department), Worcester County Jail (Assistant Warden of the Worcester County Jail), Maryland State Division of Parole & Probation, Worcester County State's Attorney's Office, Office of the Public Defender, Worcester County Sheriff's Department, and representatives from the Police Departments of Berlin, Snow Hill, Ocean City, Pocomoke City, and Ocean Pines.

The Worcester County Adult Circuit DTC team includes all of the above members, plus Circuit Court judges and staff.

The advisory committee includes (but is not limited to) representatives from business, education, public health, and faith-based communities, as well as vocational and job training/placement agencies, program evaluators, citizen groups and community-based entities. This committee meets quarterly.

Key decisions are generally made by team consensus or majority decision. While the Judge has the authority to make the final decision, he usually works with the team. Participant-related decisions are made at bi-weekly pre-court team meetings; the advisory committee decides policy.

Judge

The WCADTC District Court Judge volunteered for the position. He is the only District Court Judge in Worcester County involved with DTC and expects to be involved until he steps down from the bench. The Judge presides over all hearings; decides the order in which participants will appear; presents all decisions made by the DTC team to participants; issues rewards; conveys what was discussed and decided at meetings; ultimately decides jail times and other sanctions; and signs warrants, releases, and other orders. The Judge is the "team leader" of drug treatment court. In addition to DTC, the Judge hears a variety of cases, including misdemeanors and preliminary hearings for felo-

nies. However, the District Court generally cannot hear felony cases.

The current Judge has been involved with the WCADTC since implementation. He is extremely knowledgeable about the field of addiction and treatment and applies this knowledge to assist the participants in their recovery process. He is viewed as the primary participant advocate. The Judge was described as having an intimate and personal relationship with the participants. While the Judge is has the final say in both participant-based and program decisions, he solicits and respects opinions of all other key players.

Drug Court Coordinator

The Drug Court Coordinator is the key staff person who ensures the drug court operates according to its mission and vision. The Coordinator is responsible for the administration and daily needs and operations of the Worcester County Adult combined Circuit /District Court DTC, Worcester County Juvenile Drug Court, and the Worcester County Family Recovery Court.

The Coordinator has been with the program since implementation. She was regional director for the entire Judicial and Circuit Court District, which contains four counties, and thus helped implement drug courts for all four counties. After a year-long training period, she was able to choose which of these counties she would work in and chose Worcester.

The coordinator's position has been described as the center of activity of the drug court. She attends team meetings and drug court hearings; attends advisory committee meetings, collaborates with other professionals to coordinate participant services and administer the program; ensures compliance with all rules and regulations; keeps the team informed on training and relevant information; acts as the judge's "right hand;" and supervises DTC staff, such as case managers. When needed, she performs home visits

and/or drug testing, writes grants, and "...will do almost anything when needed, to help the program..." including helping new staff train and become familiar with the program. She does not directly manage or counsel participants. The Coordinator communicates with other staff regularly, usually daily, mostly by phone and e-mail.

The coordinator is supervised by the Circuit and District Court judges.

Treatment Providers

The formal title of the treatment provider is Lead Addictions Counselor for Worcester County DTC. She works for the Health Department. Her job duties include participant intake and assessment, coordination of treatment plans, daily work with participants, conduct of group and individual treatment sessions, home visits with clients, and randomization and administration of UAs. Most participants are seen in person at least once every 2 weeks, and spoken to on the phone almost daily. Home visits may be conducted by the treatment provider, but these are usually for participant convenience more than as a home inspection. When needed, the treatment provider negotiates special programs for pregnant women, developmentally-disabled people, or other special situations; and ensures participants have bus tickets and transportation. She reports test results and treatment progress to the rest of team.

The current addictions counselor has been involved with the drug court program since August 2006.

In addition to the treatment provider, treatment staff includes a clinical supervisor, who works with adult clients regarding mental health. Other treatment, addictions, and Health Department staff may be involved with participants as well.

Probation

The formal title of the probation officer involved in the DTC is Parole and Probation

Agent, Senior. Probation is “eyes and ears on the client for the court.” She does traditional parole and probation supervision with each offender, including regular reporting, two or more face-to-face contacts with participants each month, community supervision, curfew checks, verification of treatment, and verification that restitution, fees, and/or fines are being paid. When possible, she makes a point of talking to family members during home visits, and encourages families to come to court, call, or visit her with problems. If a participant violates probation rules, she prepares a report of violation for court.

Her drug court-specific responsibilities include participating in team meetings and planning sessions; and sharing information with case managers, addiction counselors, mental health workers, and other team members. When participants miss appointments, she contacts other team members for any information they have and to discuss an immediate response to the noncompliant behavior. Like most staff, she also serves as motivator and cheerleader for participants.

Public Defender

The Assistant Public Defender provides legal representation to participants and sits on the drug court’s advisory committee. Most of his duties focus on the participant, acting as the participant’s advocate, explaining DTC procedures, listening and sharing with the participant and the team, and helping create a DTC plan for the participant. The Assistant Public Defender maintains his traditional legal advocacy role in WCADTC.

Once the participant has begun DTC, the Assistant Public Defender’s main task is to ensure participant rights are respected, but otherwise is mostly an observer and another “client cheerleader.”

The prosecution and defense contribute their opinions in pre-court meetings where they may or may not agree about treatment options. On some occasions, prosecution and

defense may “reverse” ideas of more or less punishment for the participant. Both parties act in the best interest of the participant. As the nature of the drug court is a team approach, the prosecution and defense present a united front. However, neither party speaks up much in court except on rare occasions when the defense might meet with participants before court about potential options or choices in the course of drug court treatment.

Roughly 80% of all DTC participants are represented by the public defender.

Prosecutor

The role of prosecutor is filled by an Assistant State’s Attorney (ASA), who represents the state, completes referrals and participant background checks, and may veto to keep a client out of the program, usually for dealing, violence, or other serious concerns. (The State’s Attorney’s Office is able to veto potential drug court participants because it has information, such as that from narcotics officers, which the drug court does not and cannot have.)

The ASA makes recommendations regarding rewards and sanctions. At no point does the prosecutor have much interaction with the participant. Once the participant begins DTC, the public prosecutor’s main task is as watchdog to be sure that legal concerns are respected, but otherwise is mostly an observer and “client cheerleader” like the public defender.

The current prosecutor began working in the DTC program in October 2006.

Law Enforcement Agencies

Curfew checks on all adult and juvenile participants are performed once or twice per week by their jurisdictional law enforcement agency (there are six jurisdictional agencies in the county). Each law enforcement agency has a point person for curfew reporting. Those reports go to the case manager and to the coordinator.

Law enforcement representatives also participate in the advisory meetings, and they report to the court twice per month for court review hearings; they do not participate in staffing meetings.

Case Manager

The WCADTC Case Manager, who works directly for Worcester County DTC, joined the drug court in July 2006. She begins working with offenders once they have been screened, tracks participants to ensure they are compliant with the drug court program, and attends team meetings and DTC hearings. The Case Manager has daily contact with other team members, usually by phone. Case management services are provided based on each participant's need as determined by the comprehensive assessment. In addition to the DTC Case Manager, case management may be performed, partially or in full, by the Drug Court Coordinator, Division of Parole & Probation, or the Worcester County Health Department.

Other Staff

Courtroom clerks are involved with DTC proceedings to deal with filing and other administrative activities. The administrative clerk signs invoices for payments, but there are no clerks who have any direct input in the drug treatment courts. In Circuit Court, the administrative clerk is a member of the advisory committee, but does not attend drug court hearings.

DRUG COURT TEAM TRAINING

All key drug court staff members were trained within similar time frames: Judges and attorneys began training at or close to implementation, and have attended all relevant trainings. While not every staff member has attended the same number or level of trainings, it was unanimously noted by interviewees that staff have been thoroughly trained, feel adequately trained, and have great interest in attending future trainings.

Newer employees tend to have less formal training, often due to scheduling issues or because a superior attended the specific training that is being offered. Although new team members are trained only partially before starting, additional information (including clear definitions of all roles) is presented in the drug court manual. Several drug court team members commented that most training is done in house, on the job.

The State of Maryland presents a Drug Court 101 training in Annapolis twice per year for new members, and a symposium every February. Many interview respondents praised these trainings and the staff presenting them.

TEAM MEETINGS

There are two types of team meetings in the WCADTC: Team meetings that take place twice per month immediately prior to court hearings and focus on participant progress, and quarterly advisory committee meetings that focus on the program as a whole. Treatment-specific decisions are made outside of these meetings by the treatment staff. On rare occasions, specific team members may be called to meet by the Judge for time- and issue-specific reasons. While the Judge has the right to make final decisions in both participant-specific and program-level matters, he generally waves this right in favor of a consensus.

The team meeting, which is also called a staff meeting/staffing, involves reviewing of every participant's case. The majority of the team stays for court immediately following the team meeting in case anything arises to which they need to respond. The only exceptions are when a team member has scheduling or other issues preventing court attendance. Attendees at the team meeting usually include the Judge, Case Manager, DTC Coordinator, Probation Agent and addictions staff, Assistant Public Defender and Assistant State's Attorney. These meetings usually last about an hour to an hour and a half.

Team meetings are led by the Judge, but input of all team members is considered valuable. The team feels comfortable sharing information and concerns in team meetings. Collectively, the team is knowledgeable about the program and each individual participant; and they are respectful of one another.

The quarterly advisory committee (sometimes referred to as the steering committee) meetings are attended by the Judge, DTC Coordinator, Parole and Probation personnel, clinical assessment staff, mental health staff, Case Manager, Public Defender, and State's Attorney, as well as law enforcement and others. More individuals represent a larger range of departments and agencies in the advisory committee than in team meetings. The focus of advisory meetings is policy and procedures. Every December, the advisory team meeting focuses on making program-level changes needed based on a review of the previous year. This process involves a review of the policy manual and updating it if necessary.

TREATMENT PROVIDER AND TEAM COMMUNICATION WITH THE COURT

The treatment provider fills out a report that is submitted to the DTC team in staffing immediately before drug court hearings. This report contains information that is both objective (documentation of treatment sessions and counselor visits attended, UA results, etc.) and subjective (participant behavior, attitude, etc.). Personal information, such as intimate details of treatment sessions, is not shared per HIPAA regulations. The consent form that participants sign upon enrolling in drug court says that information such as attendance, behavior, attitude and compliance with treatment will be shared. This information is used to develop ongoing treatment plans, and is the basis of positive reinforcement if appropriate. When participants sign the consent form, the coordinator tells them that this limited release of information does

not include intimate details of treatment sessions (such as family problems).

Outside of official meetings, the treatment provider is in frequent communication with other team members. All staff members communicate frequently, usually by phone or e-mail.

DRUG COURT REVIEW HEARINGS

WCADTC hearings are held the second and fourth Thursday of the month at 3 p.m., following the pre-court team meetings. Court hearings last about 1 hour to 1.5 hours. Staff members attending court hearings include the Judge, courtroom staff, treatment coordinator, Drug Court Coordinator, parole/probation, case manager, Assistant Public Defender, Assistant State's Attorney, addiction staff, mental health staff and private attorneys.

At a DTC session observed by NPC staff on August 9, 2007, proceedings began at 3:10 p.m. The DTC session followed the previously-held team meeting. Participants were all seated in the court room prior to the Judge entering the court room. The coordinator, the Assistant State's Attorney and the Assistant Public Defender were seated at the counsel table, with all other team members sitting in the front areas of the court room. Participants on the docket were called individually. Each one stood at the counsel table when speaking to the Judge. Twelve participants were listed on the docket; 11 of them were addressed, and one failed to appear.

The Judge spoke directly to participants, initiating contact with them by asking how they were doing. The focus was on each participant's progress, such as inquiring about completion of assigned tasks and congratulating progress made. Those who were struggling were treated in a supportive manner, emphasizing that the DTC program exists to help the participant on a positive path. Participants with established clean and sober time

were given a round of applause by staff and other participants.

Most discussion between the Judge and the team was focused on participant lack of progress and non-compliance. The Assistant State's Attorney also acknowledged participant compliance and progress in particular cases. Treatment program staff gave updates on participant progress. Overall, the team seemed comfortable speaking to the Judge, and supportive of the participants. On average, an estimated 15 participants attend each session, with participants in front of the Judge for an average of 5 minutes.

The rewards/sanctions given out by the Judge were consistent with those proposed during the pre-court meeting.

Family Involvement

Formal family involvement is neither required or nor expected in the WCADTC. However, individual participants have family support: parents, children, spouses and/or other family members may and often do attend court proceedings. Staff consistently reported that family members, anyone the participant invites, are made to feel welcome in court and are encouraged to support participants.

Parole staff makes a point of talking to participants' family members during home visits when possible, and encourages families to come to court, call, or visit if they have problems, noting an "open door" policy for participant family members. Treatment providers also have informal contact with families.

While family members cannot be held to any program expectations, participants are expected to have a clean and sober living situation.

DRUG TESTING

All participants are tested for drug use at both scheduled and random times. Tests are randomized by counselors who collectively create a random chart for all participants each

month. A computerized randomization program has been discussed, but deemed to be cost prohibitive at this time. Participants call in Monday through Friday, with Friday's call also covering potential testing on Saturday. Participants may go to any Health Department site for testing. Locations are in the middle, North and South ends of the County. Individuals do not need to be tested at the same location where they receive treatment.

Probation also may test participants when they arrive for appointments, and they may be tested prior to any drug court session. The probation and court testing is not considered random, because participants know that they may be tested on those days. Those who will be tested are randomly determined, however. Participants may also be tested if suspected of use.

Participants may go to the jail for testing (they enter the building, but are not in custody) if they are not able to be tested during the 8 a.m. to 8 p.m. weekday hours during which testing takes place at the Health Department. The jail is open 24 hours, so anyone who needs Saturday testing (if the counselor has reason to think the weekend is too long to go without testing) or whose work hours are such that testing is more convenient outside of Health Department hours may be tested at the jail. Having multiple test sites is one of the ways in which this drug court makes it as easy as possible for participants to meet requirements.

Urinalyses (UAs) are collected under observation of jail staff and/or drug court staff, which may include a substance abuse counselor, case manager, or Drug Court Coordinator. Drug tests are always observed by a person of the same gender as the person providing the sample, when they are conducted at the Health Department or the jail. If the Coordinator or the case manager needs to test someone not of the same gender, they use an oral swab (saliva) test.

Probation Department tests are returned within 1 to 2 weeks. Tests conducted by a case manager at court are instant tests (results are available within 5 minutes). Hard copy results of Health Department tests can take 3 to 14 days, depending on the courier cycle, but the results are faxed instantly.

Tests are generally a 6-panel test, including tests for marijuana, cocaine, amphetamines, barbiturates, benzodiazepines (such as Xanax), and opiates; but a full panel test may be conducted if inhalant use is suspected. Confirmations are automatically done for positive results, including tests to confirm if an opiate positive is from poppy seeds, or benzodiazepines from a prescription drug.

There have been no changes in drug testing procedures during the program's operation, although individual participant testing requirements may change during the course of treatment.

DRUG COURT PROGRAM FEES

Drug courts in Maryland may not charge fees; thus, WCADTC does not have any drug-court specific fees for participants or for their families. There may be a court case fee, but that is a standard criminal court cost. In some cases, the court fee may even be waived as a drug court incentive.

SUBSTANCE ABUSE TREATMENT FEES

Participants pay for treatment based on a sliding scale for Health Department resources, which is roughly 10% of normal prices. Participants may submit a letter of support in case of financial hardship.

REWARDS

During drug court hearings, verbal praise from the Judge and applause from the team is given to participants for compliant behaviors, which include maintaining sobriety, and appearing for and actively participating in drug treatment sessions.

As participants advance through the program phases, they may be given rewards; for example, having fewer requirements, such as fewer drug screens or court appearances; less supervision; reduced curfews; or material gifts donated from local businesses.

Any direct service provider, probation agent, or the coordinator can dispense incentives or punishments in the context of their own role, as per guidelines set by Dr. Douglas Marlowe, J.D., Ph.D.⁶ For instance, parole officers can give curfew extensions as rewards. However, most responses are held for court proceedings in order to preserve the power of the judge and team in court. In these cases, rewards and sanctions are determined by team decision and announced by the judge.

Both rewards and sanctions are handled based on the specific context of a case, so changes in rewards and sanctions are expected to be gradual, both for individual clients and program-wide. A goal of the program is to give out more incentives than sanctions, and one of the ways they work toward that goal is to always try to provide praise at the same time as a sanction is given. For example, even if a participant is going to jail as a sanction, the Judge will say, "I still believe in you, but this is a response to your behavior."

SANCTIONS AND TREATMENT RESPONSES

The WCADTC formally separates sanctions and treatment responses. One action by the participant often will prompt both a treatment response and a sanction, but these are given to the individual in different contexts, and different reasoning is presented.

⁶ Dr. Marlowe is a member of the Board of Directors of the National Association of Drug Court Professionals (NADCP), Director of the Division on Law & Ethics Research at the Treatment Research Institute, among other roles.

Table 3. Treatment Responses and Sanctions

Treatment Response	Sanction
Occurs immediately, or as soon as possible	Issued at next drug treatment court session
May be issued by specific staff first, who then contact other staff (although may be altered later after team discussion)	Issued by judge after coming to team consensus at pre-court meeting
Response to the clinical needs of the participant, with relapse and related behavior seen as part of the addiction recovery process	Punishment for breaking rules
<ul style="list-style-type: none"> • Increased drug testing • Increased AA/NA attendance • Detoxification • Inpatient treatment • Higher level of care/treatment • Increased intensity of treatment • Program behavioral contract • Program participation extension • Demotion to earlier treatment phase 	<ul style="list-style-type: none"> • Increased drug testing • Admonishment from Judge in open court • Extension of program phases • Essay writing • Increased frequency of court appearances • Earlier curfew • Community service • Increased community supervision or restrictions • Escalating periods of jail confinement (including substance abuse treatment while confined) culminating in a 28-day jail-based treatment program • Termination from drug court and imposition of original sentence

Sanctions are predominantly given when the drug court team provides the judge with input regarding responses to participant behaviors during pre-court team meetings and through other communication. The judge then issues the sanction in court.

As with rewards, on some occasions, drug court staff can issue sanctions in the context of their own roles, as per Dr. Marlowe’s guidelines. For instance, probation can restrict curfew after a curfew violation. Immediate responses are done as deemed necessary, but most responses are held for court proceedings in order to preserve the power of the judge and team in court. Sanctions are

graduated and imposed for non-compliant behaviors including testing positive for alcohol or drugs and/or not appearing for required meetings or drug court hearings. Non-compliant behavior includes any drug use, refusing or tampering with drug tests, any violation of laws, dishonesty, or missing any requirements of treatment.

Staff reported that participants understand the difference between treatment response and sanctions, having had separate conversations about treatment activity as opposed to court activity. Staff consensus is that this separation works well and is entirely beneficial.

REMOVAL/UNSUCCESSFUL COMPLETION

Participants may be removed from the program at the discretion of the drug court judge, after continued non-compliance with the program participant agreement, treatment plan or other court orders. Participants who are violent or threaten violence against themselves, program staff or other participants; who are arrested for violent offenses; or are found in possession of a dangerous weapon would be immediately terminated from the program, although this has not happened yet. Absconding from the program may result in termination, although some participants have absconded and returned. New charges may be, but are not automatically, grounds for removal from the program.

Participants who are terminated go back before the judge and are sentenced. When they enter the program, participants are informed of this potential consequence.

Some participants are removed from the program not as a sanction, but because their needs would be better met in another program (removed “administratively”). An example is participants with developmental disabilities more extensive than originally realized, who are not able to work well within the program.

Since program inception, serious violations have more frequently been met with sanctions than with termination. Eight participants have been dropped from the program to date (5 were terminated, 3 left administratively).

GRADUATION

To be considered for graduation from the WCADTC, participants must successfully complete all required treatment and all four phases of the drug court program. Participants must also have maintained sobriety for at least 150 continuous days at the time of graduation, and have completed all court-ordered requirements. Participants are re-

quired to be regularly employed and have paid all outstanding court costs, fees, and fines. Other requirements, such as school, may be made on a case-by-case basis.

Graduations occur whenever an individual meets all requirements, not on any schedule, due to the small number of participants in this program. A group ceremony would happen only if more than one participant is ready to graduate at a given time. Graduation usually takes place about 12 to 18 months after an individual enters the program.

Graduations take place as the last case in a DTC session, with reception and cake following. Supportive family members are invited. The Judge makes a praising speech, including an overview of the participant’s progress, and seeking the individual’s needs, next steps, and feedback for the program. The participant is given a plaque, framed certificate, and gifts such as a gift certificate or card to a family restaurant. Gifts may be given by different staff and departments on a case-by-case basis. Participants return to the Health Department, as there is always a post-court group session, and may have further celebratory activity. Graduation may mean an end of probation, or may lead to a supervised or unsupervised probation, depending on the original crime or personal needs.

As of April 2008, 6 participants had graduated from the program.

DATA COLLECTED BY THE DRUG COURT FOR TRACKING AND EVALUATION PURPOSES

The WCADTC reports program statistics to the Administrative Office of the Courts, Office of Problem-Solving Courts, as required. This semi-annual report details age, race, sex, and other demographics of participants; participant background; and program enrollment information.

The WCADTC program collects more information than it reports: time between

events, police contacts (results of curfew checks), drug test results, etc. Many details about participant progress are documented, even if information is not currently reported outside of the team or the quarterly advisory meetings. The coordinator also uses this information to monitor whether the program is meeting its standards.

DRUG COURT FUNDING

Originally, the program was not funded, with all services provided in-kind from partnering agencies. The Worcester County Health Department's Addictions Program paid for 1.5 counselors, and Parole and Probation provided funding for agents in counties with drug courts, including Worcester. Current funding for the drug court comes through the Office of Problem-Solving Courts from state-level general funds.

Treatment providers are paid a salary, based on education and years of service, through the Health Department. They are not paid based on the amount of treatment provided.

COMMUNITY LIAISONS

The primary connections between the WCADTC and community resources are:

- 1) Community service with non-profits. (Examples include participants doing cleanup at Assateague State Park and local beaches, working with local churches to serve dinners and other community service projects, and working for the Health Department.)
- 2) Community agencies assisting the

WCADTC on an as-needed basis. A team member reported that most local community agencies have informal relationships with the program, where they play advisory roles and/or provide services, but are not formally part of the program. Such organizations include:

- Worcester Family Youth & Family Counseling Services, a non-profit organization that provides mental health services on a sliding scale
- Family Connections (a sub-component of Worcester Family Youth & Family Counseling Services) that provides case management (this is in addition to the drug court's case manager). Family Connections helps participants find services such as fuel and clothes.
- Social service agencies (such as child protection agencies)
- Agencies which help the developmentally disabled
- Local businesses and local franchises of businesses
- Self-help groups, including ones specifically for DTC participants and alumni
- Worcester County Health Department, which has programs such as special assistance for women who are pregnant or post partum and have substance issues.

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 participants. Additional work in progress will contribute to our understanding of these areas.

Key components and research questions are followed by a discussion of national research available to date that supports promising practices, and relevant comparisons to other drug courts. Comparison data come from the National Drug Court Survey performed by Caroline Cooper at American University (2000), and are used for illustrative purposes. Then, the practices of this drug court in relation to the key component of interest are described, followed by recommendations pertinent to each area.

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

Research Question: Has an integrated drug court team emerged?

National Research

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

Research has also demonstrated that drug courts with one treatment provider or a one central agency coordinating treatment resulted in more positive participant outcomes (Carey et al., 2005, Carey, Finigan, & Puksatas, 2008).

Local Process

The Worcester County Adult District DTC is comprised of a team of key stakeholders from the Worcester County District Court (District 2 Administrative Judge and Worcester County District Court Judge), the DTC Coordinator, Worcester County Health Department (Clinical Director of the addictions program at the Health Department), Worcester County Jail (Assistant Warden of the Worcester County Jail), Maryland State Division of Parole & Probation, Worcester County State's Attorney's Office, Office of the Public Defender, Worcester County Sheriff's Department, and police departments of the towns of Berlin, Snow Hill, Ocean City, Pocomoke City, and Ocean Pines.

The Circuit Court team includes all of the above members, plus Circuit Court judges and staff.

The team meeting involves review of every participant's case. The majority of the team stays for court immediately following the team meeting. Attendees usually include the Judge, Case Manager, DTC Coordinator, probation and addictions staff, Assistant Public Defender and Assistant State's Attorney.

Treatment-specific decisions are made outside of these meetings by the treatment staff. On rare occasions, specific team members may be called to meet by the Judge for time- and issue-specific reasons.

The WCADTC formally separates sanctions and treatment responses. One action by the participant often will prompt both a treatment response and a sanction, but these are given to the individual in different contexts, and different reasoning is presented.

The advisory committee includes (but is not limited to) representatives from business, education, public health, faith-based communities, vocational and job training/placement agencies, program evaluators, citizen groups, and community-based entities, according to the District Court manual. This committee's focus is on the program as a whole. The advisory committee meets quarterly, with every December meeting devoted to making program-level changes based on a review of the previous year. This process involves reviewing the policy manual and updating it if necessary.

In addition to the treatment provider (who works for the Worcester County Health Department), treatment staff includes a clinical supervisor who works with adult clients regarding mental health issues. Other treatment, addictions, and Health Department staff may be involved with participants as well. The Health Department is the central intake for the DTC.

The treatment provider fills out a report which is submitted to the DTC team in staffing immediately before drug court hearings. This report contains information such as treatment

sessions and counselor visits attended, UA results, client compliance, behavior, attitude, etc. Detailed treatment information is not shared with the team.

Outside of official meetings, the treatment provider and other staff communicate frequently, usually by phone or e-mail.

Suggestions/Recommendations

With several program staff involved in dispensing rewards, treatment responses and sanctions, frequent communication between staff members is vital so they can work together to stabilize and support the participants as well as monitor the ratio of rewards to sanctions for each individual participant. We would suggest the WCADTC review their communication protocols and make any communication enhancements necessary to be sure that they are adequate to keep all staff members immediately informed when decisions are made. For example, when a decision is made to impose a reward, sanction, or treatment response, other team members, especially those who have the ability to impose a reward, sanction or treatment response, need to be immediately informed.

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

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

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 hearings had a

positive effect on graduation rate and on outcome⁷ costs.

In addition, allowing participants into the drug court program only post-plea was associated with lower graduation rates and higher investment⁸ 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, Finigan, & Pukstas, 2008).

Local Process

The State's Attorney's Office and the Office of the Public Defender are both involved in the drug court eligibility process: The State's Attorney's Office usually performs the legal screening (criminal history, offense type and severity) of potential drug court participants, although the Office of the Public Defender, the Division of Parole and Probation, or court personnel may also conduct this assessment. Either the attorney for the state or for the participant can prepare the referral for clinical screening.

Prosecution and defense counsel are both part of the drug court team. They present a united front during drug court hearings, sharing their opinions in pre-court meetings where they may or may not agree on treatment options. While the Assistant Public De-

fender maintains his traditional role providing legal advocacy to the participant, the manner in which he does this is adjusted to be consistent with the drug court model. Both defense and prosecution work together in the WCADTC to act in the best interests of the participant. All staff communicate frequently, usually by telephone or e-mail.

Once the participant has begun DTC, the Assistant Public Defender's main task is to ensure participant rights are respected, but otherwise is mostly an observer and another "client cheerleader."

Team members reported a positive, non-adversarial relationship between the public defender and the state's attorney.

Suggestions/Recommendations

- The WCADTC appears to be implementing this key component successfully; there are no suggestions for this area at this time.

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.

Those courts that expected 20 days or less from arrest to drug court entry had higher savings than those courts that had a longer time period between arrest and entry (Carey, Finigan, & Pukstas, 2008).

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

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

Local Process

The arresting officers, defense counsel, addictions specialist working in the jail, and other team members may refer individuals to the drug court program.

Eligibility requirements are written in the Worcester Country Drug Treatment Court Manuals, and they target the drug court's intended population. These requirements are available to all drug court team members.

The WCADTC was both a pre- and post-plea court, but now all participants are post-plea and on condition of probation.

As of April 2008, 35 participants had entered the WCADTC since the program's inception, with 6 participants graduating, 5 unsuccessful departures, and 3 leaving the program administratively. There were 21 active participants total as of April 2008, between the Circuit and District Courts, although program capacity is 40 participants. Before Circuit Court participants were included in the program, the District Court capacity was 25 participants.

Entry into the program usually occurs on a selected trial date. The District Court entry date can be 30 to 60 days after arrest at the trial date (there is no arraignment); Circuit Court entry follows arraignment and subsequent 30 to 90 days before the trial date. In certain situations, the screening process has occurred at an accelerated rate, allowing individuals to enter drug court within 2 weeks' time.

Suggestions/Recommendations

- The WCADC's current number of active participants, 21, falls far short of its capacity of 40. A team member, perhaps the coordinator, should be charged with contacting all possible sources of drug court referrals, explaining the program and how its participants benefit from being in the program, thus encouraging referrals from previous and new sources. For ex-

ample, law enforcement, which has made one referral to date, should be a prime source of referrals due to being the initial contact with potential participants. The team should re-examine its eligibility criteria, particularly those that are informal, to determine whether there are any areas where less stringent criteria are possible and, therefore, may increase participation. Also, the team and/or the steering committee, should consider identifying more opportunities for participants to receive incentives, increasing the likelihood that individuals will enroll in (and remain in) the program.

- To identify bottlenecks or structural barriers, and points in the process where more efficient procedures may be implemented and time to drug court entry shortened, WCADTC should conduct a review and analysis of the case flow from referral to eligibility determination to drug court entry in both Circuit and District Courts. The Judge and the Coordinator should use the drug court team to brainstorm—and test—possible solutions to issues that are identified. The program should set a goal for how many days it should take to get participants into the program, and work toward achieving that goal. The closer program entry is to 20 days, the better in terms of their outcome costs (Carey, Finigan, & Pukstas, 2008). Working on possible arrangements to get participants into treatment even before they plea would be beneficial.

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 costs (Carey et al., 2005) and substantially higher graduation rates and improved outcome costs (Carey, Finigan, & Pukstas, 2008). Clear requirements of this type may make compliance with program goals easier for program participants and also may make it easier for program staff to determine if participants have been compliant. They also ensure that participants are receiving the optimal dosage of treatment determined by the program as being associated with future success.

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

The American University National Drug Court Survey (Cooper, 2000) showed 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 WCADTC program has four phases, so participants can feel that they have made progress over time and begin to take responsibility for restructuring their lives while still under program supervision.

Each phase of the program has clear requirements that must be satisfied before the participant may move to the next phase or graduate from the program. Participants receive a written copy of phase requirements, which are included in the Worcester County Drug Court Participant Handbook.

Information about the program’s phases does not include numbers of individual or group treatment sessions required, or if they are required at all. Treatment information provided to the evaluators lists types of treatment services available and the services that are included, including group or individual counseling.

In addition to treatment services, participants may receive additional services that will assist them to better function in their communities, including job training and placement, educational training, life skills training, parenting classes, housing assistance, mental health counseling, legal assistance, family or relationship counseling, trauma support groups or counseling, money management, AIDS counseling, anger management, community support programs, self-help groups, and social/recreational activities.

This program does not serve individuals who have developmental disabilities or mental health issues that prevent them from being fully capable of understanding the program’s expectations and requirements. If participants are found to have these types of challenges, they are administratively released.

The program has an aftercare component that includes an aftercare plan focusing on relapse prevention for the next 6 months to 1 year. After participants leave the program, there is no funding allocated for them. However,

graduates may seek Health Department support resources as needed.

Suggestions/Recommendations

- The evaluators would like to see group and individual treatment requirements in the phase information published in the Participant Handbook, in order to ensure that participants are well informed about the program’s expectations. If specific numbers of group and individual treatment sessions cannot be determined in advance because they depend on individual needs, then an average number should be offered as an example.

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 programs take multiple urine samples and then select only some of the samples to test. Further research will help answer this question.

Results from the American University National Drug Court Survey (Cooper, 2000) show that the number of urinalyses (UAs) given by the large majority of drug courts

nationally during the first two phases is two to three per week.

Local Process

All participants are tested for drug use at both scheduled and random times. Participants call in Monday through Friday, with Friday’s call also covering potential testing on Saturday. Participants may go to any Health Department site for testing. Individuals do not need to be tested at the same location where they receive treatment. On Saturdays and outside of Health Department hours (8 a.m. to 8 p.m.) participants may go to the jail for testing. Probation also may test participants when they arrive for appointments, and they may be tested prior to any drug court session.

Urinalyses (UAs) are collected under observation of jail staff and/or drug court staff, which may include a substance abuse counselor, case manager, or drug court coordinator. Drug tests are always observed by a person of the same gender as the person providing the sample, when they are conducted at the Health Department or the jail. If the coordinator or the case manager needs to test someone not of the same gender, they use an oral swab (saliva) test.

The program tests participants for alcohol use/abuse using breathalyzer and ETG urine testing as long as alcoholism is a secondary diagnosis. The program is not able to accept individuals for whom alcoholism is the primary problem because testing for alcohol use with the frequency necessary for such individuals is prohibitively expensive.

Suggestions/Recommendations

- The WCADTC should be commended for its flexibility in offering multiple test locations and the option of being tested at the jail after work hours or on the weekend, in order to accommodate participants’ work schedules and to make testing as accessible as possible.

- The WCADTC should continue searching for funding to cover the costs of alcohol use/abuse testing and consider accepting individuals with alcoholism as a primary diagnosis, if it determines that community needs are sufficient to warrant this program change. (See Key Component 10 for related recommendations.)

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

Research Questions: Do program staff 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

As participants advance through the program phases, they may be given rewards, such as having fewer requirements (e.g., drug screens or court appearances) less supervision, reduced curfews, or material gifts donated from local businesses. Rewards may change as individuals progress through the program's phases.

The WCADTC has a formal separation of sanctions and treatment responses. One action by a participant will often prompt both a treatment response and a sanction. The treatment response is a response to the clinical needs of the participant, while sanctions are punishment for breaking rules. Treatment responses and sanctions are listed in the participant manuals.

There are a variety of treatment responses and sanctions. Treatment responses take place immediately or as soon as possible after the behavior in question. The treatment response may be issued by treatment staff.

Sanctions are graduated, beginning with increase drug testing and ending with removal from the program, and are imposed at the next drug treatment court session. Any direct provider, probation, or DTC coordinator can issue incentives or responses to unacceptable behavior in the context of their own role, but most sanctions are imposed at a drug court session by the judge, after the team reaches consensus at a pre-court meeting. The program works toward making sure that the number of sanctions does not exceed the number of rewards. One of the ways they do this is by offering a positive comment at the same time as a sanction is imposed.

Suggestions/Recommendations

- Staff members reported that participants understand the difference between treatment responses and sanctions. They also reported that this separation works well and is entirely beneficial. This process ensures that treatment responses occur as

soon as possible following the behavior that prompts a response. Therefore, this program has implemented a coordinated strategy that governs drug court responses to participants' compliance.

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

Participants attend court hearings as scheduled, with a minimum of 2 per month during Phase I, 1 to 2 per month during Phase II, and 1 per month during Phases III and IV.

During court appearances, the Judge speaks directly to participants.

The WCADTC Judge volunteered for his position. He began working with the drug court at implementation and may continue in that role until he decides to step down from the bench.

Suggestions/Recommendations

- Having a back-up judge who is familiar with the drug court model is suggested, in case of illness or vacation of the current judge. Also, if a new judge eventually replaces the current drug court judge, try to build in as much transition time as possible from the current to the incoming drug court judge, so that the replacement judge can learn the drug court model (and understand his/her role in the program). If possible, allow the incoming judge to observe drug court hearings and learn directly from the experience of the sitting judge. At least, try to arrange time for the current judge to be available for consultation or questions.

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 gradu-

ation rates, while the first process listed was associated with lower graduation rates.

Local Process

The advisory committee includes (but is not limited to) representatives from business, education, public health, faith-based communities, vocational and job training/placement agencies, program evaluators, citizen groups, and community-based entities, according to the District Court manual. The advisory committee meets quarterly, with every December meeting devoted to making program-level changes based on a review of the previous year. The program uses data to inform discussions about the program's success and to make program-level improvements. This process involves reviewing the policy manual and updating it if necessary.

The WCADTC reports program statistics to the AOC, Office of Problem-Solving Courts, semiannually; including age, race, sex, and other demographics; participant background; and program enrollment information. The program also collects additional information that is not reported anywhere yet: time between events, police contacts, etc.

Data are collected and maintained in the University of Maryland's Automated Tracking System (HATS). The program is in the process of transitioning to the new Statewide Maryland Automated Records Tracking (SMART) system. Staff have been trained in its use, and they are waiting for the Health Department records to be included in the SMART system before they will be able to transition to this new system.

Suggestions/Recommendations

- In order to maximize the benefits of future evaluations, NPC recommends that the drug court staff determine whether they are collecting the data elements in the recommended data elements list found in Appendix C, and begin to collect any data elements from that list that

they have not been collecting to date. NPC is available to answer any questions staff may have about these data elements.

- Program data should be included with other program aspects for review at the yearly steering committee meeting that takes place in December and used to assess the program's functioning and any areas that may benefit from adjustment.

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

Key WCADTC staff members were trained at or close to implementation, and have attended all relevant trainings since that time. Newer employees tend to have less formal training, due to timing or other reasons. New members attend Maryland's Drug Court 101 training and team members attend the symposia that take place yearly, both of which are presented by the Maryland Office of Problem-Solving Courts.

Suggestions/Recommendations

- The drug court team, in collaboration with partner agencies, should continue to ensure that all team members receive initial and continuing drug court training. There should be an expectation of, and encouragement for, staff taking advan-

tage of ongoing learning opportunities, both locally and nationally. To support this goal, a training 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

WCADTC has connected with many community partners, including non-profit organizations that provide participants with com-

munity service opportunities, and with other community agencies that play advisory roles and/or provide services to the program.

Community agencies serve on the WCADTC advisory committee.

Suggestions/Recommendations

- The program is encouraged to assess the most common or important needs that participants have and continue to work on connecting with other human service agencies to address those particular issues and meet the needs. It is difficult for any one program alone to meet all needs, so partnerships are key to leveraging resources.
- Generally, alcohol use is a large community issue, and the community as a whole needs to look at how they are addressing it. The WCADTC advisory committee could help determine the scope of the population not receiving services for this problem by determining how many people have been screened out of the drug court because alcoholism was a primary diagnosis. The committee could then consider whether there is a shortage of capacity to treat alcoholism in the community and whether the need exists for expanding the drug court to include participants with alcoholism as a primary diagnosis. If so, the next step would be to determine how to develop the program so that it addresses this community need.

WORCESTER COUNTY ADULT CIRCUIT AND DISTRICT DRUG TREATMENT COURTS: 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 WCADTC 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 WCADTC 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 assess community needs, especially related to the population with alcohol problems, and to generate more resources for the program.

SUMMARY OF COMMUNITY LEVEL RECOMMENDATIONS

- The program is encouraged to assess the most common or important participant needs and continue to work on connecting with other human service agencies to address those issues and meet the needs.
- The community as a whole needs to look at how they are addressing the issue of alcohol. The steering committee in particular could help determine the scope of the problem by looking at how many people are screened out of the drug court program because they have alcoholism as a primary diagnosis. The committee could then consider whether there are community resources available to address this issue, or whether it is incumbent on them to expand the drug court program to include this population and what re-

sources would need to be in place in order to do so.

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

- Contact all possible sources of drug court referrals to explain the drug court program and how participants benefit—thus encouraging referrals.
- Continue searching for funding to cover the costs of alcohol use/abuse testing and

consider accepting individuals with alcohol as a primary diagnosis, if it is determined that this population’s needs are not being met by other resources in the community.

- Program data should be reviewed at the yearly steering committee meeting in December to assess the program’s functioning and any areas that may benefit from adjustment.
- The drug court team, in collaboration with partner agencies, should continue to ensure that all team members receive initial and continuing drug court training. To support this goal, a log system and training plan should be established, the results of which should be reviewed by administrators periodically. These tools will be useful in keeping track of training activities and reinforce the importance of professional development.

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

- Reexamine eligibility criteria to see whether less stringent criteria are possible and consider identifying more opportunities for participants to receive incentives—both of which may increase participation.
- Identify structural barriers and/or bottlenecks and points in the process where more efficient procedures may be implemented and shorten time to drug court entry. Conduct a review and analysis of case flow from referral to eligibility determination to drug court entry in both Circuit and District Courts. The program should set a goal for how many days it should take to get participants into the program and work toward achieving that goal. One option is to consider accepting potential participants into treatment even before they plea.
- Include more information in the Participant Handbook about possible treatment requirements, such as the average number of individual and group treatment sessions per week during each phase.
- Dedicate a team member to working with participants to train them for and assist them with finding jobs.
- A backup judge who is familiar with the drug court model is suggested. If a new judge eventually replaces the current drug court judge, try to build as much transition time as possible from the current to the incoming judge, so that the incoming judge can learn the drug court model and understand his/her role in the program.
- With SMART in place, the program will be able to utilize electronic management information for program monitoring and evaluation purposes.
- In order to maximize the benefits of future evaluations, determine whether the program is collecting the data elements recommended in Appendix C, and begin to collect any from that list that are not being gathered to date.

SUMMARY AND CONCLUSIONS

The Worcester County Adult Circuit and District Drug Treatment Courts seem to possess a thorough understanding of the 10 key components and have been successful at implementing their drug court programs.

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

Unique and/or Promising Practices:

- Integrated drug court team comprised of representatives from multiple collaborating agencies
- Distinction recognized between treatment responses and sanctions
- Positive non-adversarial relationship between prosecution and defense counsel
- In addition to treatment, offer a range of services to meet participant needs
- Flexibility in offering multiple drug test locations as well as the option of being tested at the jail after work hours or on the weekend to accommodate participant work schedules and make testing as accessible as possible
- Advisory committee devotes the December meeting each year to making program-level changes based on a review of the previous year

Areas that could benefit from more attention:

- Review and possible enhancement of communication protocols (such as immediately informing all staff when rewards or sanctions take place outside of court)
- Ways to increase drug court referrals to help the program meet its capacity
- Case flow analysis from referral to eligibility determination to drug court entry to assist in shortening the time from referral to the start of services
- Consider referring offenders who may need it to treatment services at any point in their court involvement, even prior to drug court participation
- Expanded treatment information in Participant Handbook
- Assessment of whether the community is adequately serving individuals with alcoholism as primary diagnosis; if not, consider expanding drug court eligibility to serve this population
- Review and collection of recommended data elements for future evaluation

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APPENDIX A: DRUG COURT TYPOLOGY INTERVIEW GUIDE

Drug Court Typology Interview Guide

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

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.npresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_\(copyrighted\).pdf](http://www.npresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_(copyrighted).pdf)

APPENDIX B: FOCUS GROUP SUMMARY

Worcester County Adult Circuit and District Drug Treatment Courts FOCUS GROUP SUMMARY

Location: Snow Hill, MD

Date: 9/27/2007

This focus group consisted of six adult participants who represent all phases of the Worcester County Drug Court Program. The sample included one participant who was scheduled to graduate within 2 weeks. The group consisted of African American and Caucasian participants, both male and female. The participants appeared to have positive attitudes about participating in the focus group.

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

- I haven't been using drugs since I have been in the program. I have slipped a few times, but at least I got back on track. I guess that is a good thing.
- I have learned some things from coming to treatment. I kind of now know the benefits of not using drugs.
- My family seems more stable. And they are not on my back as much.
- Some of us could be in jail. I guess this kept us out of jail and gave us a chance to start over or get it together.
- Drug court has forced me to look at my actions and forces you to become honest. That benefits everything.
- I have a stable job now and am doing better at working.

What do you dislike about the drug court program?

- I don't like having to come to so many appointments. We have to go to treatment here at the Health Department and all of the court hearings.
- I don't really like much about it, except it is better than being in jail.
- All of the drug tests. You feel like you can't get a break.
- I have just learned that if you do what you are suppose to do, it is not so bad.
- Sometimes I have trouble getting to all of the appointments. I don't always have a ride.

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

- I have not had any problems with any staff.
- My treatment counselor has helped me the most.
- Everyone seems nice, and I can say that I have not been treated unfairly.

Why did you decide to participate in drug court?

- I did drug court instead of having to possibly get jail time.
- I messed up, and now I have to do drug court. I did not really feel like I had a choice. Anyone would choose this over going to jail.

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

- The only obstacles we have, we tend to create ourselves.
- I don't know of any obstacles. Only you can make your own obstacles by not doing what you are suppose to do. Like if you slip up and smoke a blunt. Then you know you are going to be in trouble with the drug court.

- The whole drug court program is too long. It takes too long to complete the whole program. It should be shorter.

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

- Making it a shorter program would make it better.
- If there were more access to jobs through the program.

Did your family participate in any way in the process?

- My family is glad I am in drug court.
- Yea, every now and then someone in my family comes to court with me.
- Of course your family does not want you using drugs. So they are happy that I am clean and working.

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

- Well, the program helps you get enrolled for GED if you need to. All you have to do is ask.
- They encourage you to get a job. Some of the staff know who will likely hire us. Like at restaurants and businesses in Ocean City.

Why do you think there is a drug court?

- I guess to help us have better lives and stop using drugs.
- It helps us stay out of jail. While you are in the program, you can complete some goals if you stick to it.

What is the hardest part of drug court?

- You have to get use to all of the appointments, coming to treatment, going to court and all of that stuff. When you haven't had to do all of that, it seems like a bit much at first. But if you do okay, it gets a little easier.
- When you get sanctioned. You might have to go back to jail for a weekend or so.

What are your own individual goals in the program?

- Keep my job and get out of the drug court program.
- I am looking forward to graduating from the program.
- I hope to be taking college classes soon.

What is the drug court session like?

- Going to court is no problem. Judge Purnell is fair and pretty nice.
- Sometimes I am nervous. I haven't been perfect so if it is one of those weeks that I know I did not do something, then I am nervous. But Judge Purnell will give you a chance to correct the problem. It is when you don't that you might get a sanction.
- Court is okay. I will just be glad when I don't have to come anymore.

APPENDIX C: DRUG COURT DATA ELEMENTS WORKSHEET

DRUG COURT DATA ELEMENTS WORKSHEET

Notes:

DRUG COURT PROGRAM (OR PROGRAM PARTNERS) DATA

	Variable/Data element	Where located/ who collects? (electronic/written records?)	When agency began collecting or plans to begin?	Notes
	DEMOGRAPHICS & ID (collect from all possible sources)			
1	Name			
2	SSN, state ID, FBI ID, DL#, DC case number, state TX number			
3	Birth Date			
4	Gender			
5	Race/Ethnicity			
	CLIENT INFORMATION			
6	Employment status at drug court entry			
7	Employment status at drug court exit			
8	Highest grade of school completed at time of drug court entry			
9	Number and ages of children			
10	Housing status at entry			
11	Housing status at exit			
12	Income at entry (if self-supporting)			

	Variable/Data element	Where located/ who collects? (electronic/written records?)	When agency began collecting or plans to begin?	Notes
13	Income at exit (if self-supporting)			
14	Other demographics			
15	Drug court entry date			
16	Drug court exit date			
17	Date of drug court-eligible arrest, VOP, or modification of sentence			
18	Charge for DC arrest			
19	Arresting agency			
20	Court case number for case leading to drug court participation			
21	Date of referral to drug court program			
22	Drug court status on exit (e.g., graduated, revoked, terminated, dropped out)			
23	If participation in drug court is revoked or terminated, reason			
24	Dates of entry into each phase			
25	Criminal justice status on exit (e.g., on probation, charge expunged, etc.)			
26	Dates of UAs			

	Variable/Data element	Where located/ who collects? (electronic/written records?)	When agency began collecting or plans to begin?	Notes
27	Dates of positive UAs			
28	Dates of other drug tests			
29	Dates of other positive drug tests			
30	Agency provided test results			
31	Drugs of choice (primary and secondary)			
32	Dates of drug court sessions			
33	Attitude toward treatment/readiness to change at entry			
34	Dates of services received with types of service received (see examples below) [Note: If dates are not available, then we would at least need the different types of services received and approximate time periods or the number of times the individual received a particular service].			
34a	Group A&D sessions			
34b	Individual A&D sessions			
34c	Mental health services			

	Variable/Data element	Where located/ who collects? (electronic/written records?)	When agency began collecting or plans to begin?	Notes
34d	Anger management classes			
35	Agency providing TX			
36	Mental health or A&D diagnoses			
37	Aftercare services (dates and types), if applicable			
38	Dates of re-arrests/re-referrals during program participation			
39	Charge(s)/allegation(s) associated with re-arrests/re-referrals during program participation			
40	Outcome(s) of re-arrests/re-referrals (conviction, dismissed, etc.) during program participation			
41	Other noncompliant behavior (types, dates) during program participation			
42	Probation violations during program participation			
43	Rewards and sanctions (dates, types, and duration)			
44	Detention/jail time as a sanction			

OUTCOME DATA (DATA COLLECTED BY THE EVALUATION TEAM; USUALLY FROM OTHER AGENCIES, NOT DRUG COURT PROGRAM)

	Variable/Data element	Where located/ who collects? (electronic/written records?)	When began collecting or plans to begin?	Notes
	TREATMENT DATA			
45	Subsequent treatment episodes	Case Manager/Health Department (SMART)		
45a	○ Start and end dates/Dates of sessions	Case Manager/Health Department (SMART)		
45b	○ Modality	Case Manager/Health Department (SMART)		
45c	○ Name of provider(s)	Case Manager/Health Department (SMART)		
	Other very useful information			
46	Health care use (type of service, date of service, agency)	Case Manager/Health Department (SMART)	At Program Start	Case Manager enters information into SMART after receiving it from reporting agency
47	Social service use (type of service, date of service, agency)	Case Manager/Health Department (SMART)	At Program Start	Same as above
48	Child Welfare involvement	Case Manager/Health Department (SMART)	At Program Start	Same as above
49	○ Out of home placements (placement and return dates)	Case Manager/Health Department (SMART)	At Program Start	Same as above