Baltimore City Drug Treatment Court

(Adult Offenders in District Court)

Process Evaluation

FINAL REPORT

Submitted to:

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September 2007

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EXECUTIVE SUMMARY

Drug treatment courts are one of the fastest growing programs designed to reduce drug abuse and criminality in nonviolent offenders in the United States. The first drug court was implemented in Florida in 1989. As of April 2007, there were at least 1,700 adult and juvenile drug courts. Drug courts are operating or planned in all 50 states (including Native American Tribal Courts), the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam (BJA, 2007).

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

This report contains the process evaluation for the Baltimore City Drug Treatment Court (BCDTC)–District. Information was acquired for this process evaluation from several sources, including observations of court sessions, key informant interviews, focus groups, and the Baltimore City Drug Treatment Court Procedures Manual. The methods used to gather this information from each source are described in detail in the main report.

According to its procedures manual, BCDTC–District's program goals are to:

- Divert pre-trial detainees who have been assessed as drug-dependent and who present low risk to public safety into treatment systems with close criminal justice supervision and monitoring
- Provide an alternative to incarceration for criminal defendants whose crimes are drug involved, in turn providing the judiciary with a cost-effective sentencing option, freeing valuable incarceration related resources for violent offenders, and reducing the average length of pre-trial jail time
- Provide the criminal justice system with a fully integrated and comprehensive treatment program
- Provide graduated levels of incentives and sanctions for defendants as motivators to fully participate in, and successfully complete, the program
- Reduce criminal justice costs over the long run, by reducing addiction and street crime
- Facilitate, where appropriate, the academic, vocational, and pro-social skill development of criminal defendants

Process Evaluation 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 Research (NPC) examined the practices of the BCDTC–District program. This program has a wide array of treatment resources, including peer support and encouragement, job readiness training and employment support, and inclusion of supportive housing. These services create a holistic service plan that helps ensure participant success. They also represent strong community connections and support of the program.

BCDTC–District shares information across agencies through the University of Maryland's Automated Tracking System

(HATS) data system. The program also uses data from partner agencies to inform team members and decision-making, and to generate community support for the program. The program has implemented comprehensive training and professional development of key personnel.

There are other areas in which the program could make further efforts. The program would benefit from treatment representation on the team, and treatment attendance at pre-court meetings and court sessions. A review and analysis of case flow and creation of a set goal for the number of days it should take for potential participants to enter the program is suggested. The policy body should also consider increasing treatment capacity for the drug treatment court, and creation of a court for dually-diagnosed (chemical dependence and mental health issues) offenders, so that the court is not forced to determine which diagnosis receives greater focus for clients who have issues in both areas, and that the person can be treated more holistically.

The program should consider increasing the frequency of drug tests (especially in the first few months of program participation) and expanding the use of incentives and rewards. Also, the advisory committee or other appropriate group should discuss ways to decrease the time between behaviors and program responses to those behaviors (rewards and sanctions).

Additional community outreach and participation would help to build connections and may result in increased program resources.

It would be of value to participants to increase the frequency with which they interact with the judge, and for the DTC to consider extending the amount of time a judge serves the drug court to at least 2 years.

Training plans should include extensive orientation and training for every team member, and should include treatment providers.

Finally, program leadership should use this evaluation to identify areas of potential program adjustment and improvement, and conduct an outcome study in the future.

Interpretation of the findings of this process evaluation is provided in an analytic framework that distinguishes among community, agency, and program level issues. Understanding the needs of drug court participants and the larger community and the impacts of a person's environment on her/his behavior is crucial to establishing a program that best serves the population.

SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

The drug court team should engage new agencies and organizations in the program in creative ways, build connections to access rewards and incentives that are meaningful and motivating to participants, and work with community partners to increase treatment capacity.

Because of the large community need, the team may want to consider expansion of the capacity of the program, and a focus on identifying the additional resources that would be necessary to support additional staff and supplies.

African Americans are overrepresented in this program, compared to the general population, while Whites are underrepresented. If the team has not already done so, it should look to see where in the criminal justice system this discrepancy is occurring. If the overrepresentation

occurs at the point of drug court entry, the team should review recruitment and admission procedures to identify where biases may be present. A review of client demographics at each decision point from arrest to drug court completion can be a useful exercise in learning more about the populations being served and where additional or culturally specific resources might need to be focused.

Summary of Agency-Level Recommendations

Work within the policy body to discuss the creation of a court for dually-diagnosed clients, or expand the program's capacity to serve clients with both mental illness and chemical dependency issues.

All team members should receive initial and continuing drug court training (including extensive orientation and training for every judge).

The program would benefit from treatment representation on the team, and from identifying ways more efficient procedures may be implemented (such as ways to decrease the time between behaviors and responses). Also, the team should discuss who is responsible for finding housing options for participants, and what barriers need to be addressed.

Summary of Program-Level Recommendations

The team should consider whether the STEP program's structure is appropriate and applicable to BCDTC—District.

The program should consider expanding the capacity of the program, expanding the use of incentives and rewards, and implementing a random testing process or increasing the testing to 3 per week in the first few weeks of participation. It would also be of value to increase the frequency with which participants have contact with the judge and to extend the amount of time that a judge serves to at least 2 years.

The program should continue to use HATS, but transition to the new Statewide Maryland Automated Records Tracking (SMART) management information system (MIS), and discuss findings from this process evaluation as a team. The team should continue to accumulate and analyze drug court program and participant data, and plan to conduct an outcome study in the future.

A training plan and log system should be established to support the suggested goal of there being an expectation of, and encouragement for, staff taking advantage of ongoing learning. Treatment providers should be included in the overall training plan for the program.

BACKGROUND

In the past 18 years, one of the most notable 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. There were over 1700 drug courts as of April 2007, with drug courts operating or planned in all 50 states (including Native American Tribal Courts), the District of Columbia, Northern Mariana Islands, Guam, and Puerto Rico[1] (BJA Drug Court Clearinghouse, 2007).

Drug courts are designed to guide offenders identified as drug-addicted into treatment that will reduce drug dependence and improve the quality of life for the offenders and their families. As a public policy initiative, the drug court model was intended to reduce criminal recidivism, increase public safety, and make more efficient and effective use of resources in state and local criminal justice and community treatment systems.

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, addictions treatment providers, district/state's attorneys, public defenders, law enforcement officers, and parole and probation agents who work together to provide supervision and an array of services to drug court participants.

Drug court programs can be viewed as blending resources, expertise and interests of a variety of jurisdictions and agencies

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

From 2001 to 2003, NPC Research (NPC), under contract with the Administrative Office of the Courts of the State of Maryland (AOC), conducted a cost study of adult drug courts in Baltimore City and Anne Arundel County, Maryland. Subsequently, NPC was hired to perform evaluations on 5 adult and 10 juvenile drug courts in Maryland, two of which are process evaluations of the Baltimore City Drug Treatment Court (BCDTC), which serves adults in both the circuit and district courts.

BCDTC's two components—Circuit and District—use many of the same or similar processes and procedures in their operations, although there are several fundamental differences. In the interest of clarity, NPC has created a separate report for each drug court. This particular report contains the process evaluation for the BCDTC—District. (For information about the BCDTC—Circuit, please see that court's report, and for a summary of the primary differences between the two reports, please see Appendix A.)

The first section of this report is a description of the methods used to perform this process evaluation, including site visits and key stakeholder interviews. The second section contains the evaluation, including a detailed description of the drug court's process.

[1] Update retrieved 6/27/07 from http://spa.american.edu/justice/documents/1966.pdf

METHODS

Information was acquired for the process evaluation from several sources, including observations of court sessions during site visits, key informant interviews, focus groups, and the Baltimore City Drug Treatment Court Procedures Manual. The methods used to gather this information from each source are described below.

Site Visits

NPC evaluation staff traveled to Baltimore, Maryland, in April 2006, to observe a Baltimore City Drug Treatment Court—District session, and to facilitate a focus group with BCDTC—District participants. NPC returned to Baltimore in July and conducted a focus group with BCDTC—District graduates. These activities provided the researchers with firsthand knowledge of the structure, procedures, and routines of the program.

Key Informant Interviews

Key informant interviews were a critical component of the process study. NPC staff interviewed 11 individuals involved with the BCDTC—District, including the BCDTC coordinator, the supervising judge for BCDTC (both circuit and district courts), the district court (presiding) judge, two private treatment providers, the criminal justice coordinator for the Baltimore Substance Abuse System (BSAS), an assistant public defender, an assistant state's attorney, a probation agent/case manager, and a probation field supervisor.

NPC has designed and extensively utilized a Drug Court Typology Interview Guide,[2] which provides a consistent method for collecting structure and process information from drug courts. To better reflect local circumstances, this guide was modified to fit the purposes of this evaluation and of this particular drug court. The information gathered through the use of this guide helped the evaluation team focus on the most significant and unique characteristics of the BCDTC. For the process interviews, key individuals involved with the BCDTC were asked the questions in the Typology Interview Guide most relevant to their roles in the program.

Focus Groups and Participant Interviews

NPC's researchers conducted a focus group with current participants in BCDTC—District in April 2006, and a focus group with graduates of BCDTC—District in July 2006.

The focus groups[3] and interviews allowed the current and former participants to share with the evaluators their experiences and perceptions about the drug court process.

Document Review

The evaluation team reviewed the Baltimore City Drug Treatment Court Procedures Manual which, in addition to a description of the drug court's process and procedures, included copies of agreements, forms, and other information used in the operation of the drug court. Review of this documentation helped to further the evaluation team's understanding of the drug court operations and practices.

[2] Under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. See Appendix C for typology description.

[3] See Appendix B for a summary of participant focus group responses.

BALTIMORE CITY ADULT DISTRICT DRUG TREATMENT COURT PROCESS DESCRIPTION

The information that supports the process description was collected from interviews, focus groups, observation of the BCDTC, and the drug court's procedures manual. The majority of the information was gathered from one-on-one key informant interviews. The evaluators have attempted to represent the information as it was provided by drug court staff.

Implementation

Baltimore City's Drug Treatment Court (BCDTC) was implemented in 1994, with the goal of identifying people with a substance abuse addiction and offering them a program with treatment rather than incarceration. The BCDTC consists of two courts—the circuit court for felony cases, and the district court for misdemeanor cases. Participants in both courts are supervised by Maryland Department of Public Safety and Correctional Services, Division of Parole and Probation (Parole and Probation).

Capacity and Enrollment

On September 4, 2007, there were 374 active participants in the BCDTC—District program, with a program capacity of 300-360 (depending on the agent's case load maximum). Of those participants, 273 (73%) were male and 103 (27%) were female; 339 (91%) were African American, 32 (9%) were White, and 3 (1%)[4] were Latino. As reported in the U.S. Census Bureau's 2000 Census, the population of Baltimore City is 64% Black or African American and 32% White.

In terms of participant age, as of September 4, 2007, 233 (62%) of BCDTC—District participants were 40 years old or older, 95 (25%) were 30 to 39 years old, 25 (7%) were 22 to 29 years old, and 23 (6%) were 18 to 21 years of age.

From 2002 until July 31, 2007, a total of 637 participants graduated from the BCDTC—District program. During that period, a total of 2,637 individuals were enrolled in the program.

According to drug treatment court staff, the drugs of choice for BCDTC—District participants are heroin and cocaine. This reflects current drug use trends[5] among the general population of drug addicts in Baltimore City.

The district court's target population includes mostly long-term heroin and cocaine addicts who have had a considerable number of contacts with the criminal justice system (light contact would not provide the same kind of incentive as heavier contact would provide, as resulting jail sentences would generally be lighter if the participant fails to complete DTC in the district court).

Drug Court Goals

According to its procedures manual, BCDTC's program goals are to:

- Divert pre-trial detainees who have been assessed as drug-dependent and who present low risk to public safety into treatment systems with close criminal justice supervision and monitoring.
- Provide an alternative to incarceration for criminal defendants whose crimes are drug involved, in turn providing the judiciary with a cost-effective sentencing op-

[4] Does not add up to 100% due to rounding.

[5] National Institutes of Health, Division of Epidemiology, Services, and Prevention Research (2000) http://www.drugabuse.gov/PDF/CEWG/CEWG600.pdf

tion, freeing valuable incarceration-related resources for violent offenders, and reducing the average length of pre-trial jail time.

- Provide the criminal justice system with a fully integrated and comprehensive treatment program.
- Provide graduated levels of incentives and sanctions for defendants as motivators to fully participate in, and successfully complete, the program.
- Reduce criminal justice costs, over the long run, by reducing addiction and street crime.
- Facilitate, where appropriate, the academic, vocational, and pro-social skill development of criminal defendants.

BCDTC Program Eligibility

Criminal charges that qualify a participant for drug court at the district court level include possession (primarily), prostitution and some theft.

Participants entering the BCDTC—District must meet the following criteria:

- No convictions within the last 5 years for crimes of violence (as defined in the Maryland code), assault and/or battery, drug king pin (as defined in the Maryland code), or possession or use of a firearm.
- No past conviction for child abuse, rape, sex offenses, or homicides.
- The current offense cannot be for any of the charges listed above.
- No firearm involvement with regard to the present offense (that brought them to the drug court).
- Be 18 years of age or older.
- Be a resident of Baltimore City, though some people who live in Baltimore County may be eligible on a case-by-case basis (e.g., if a person who receives a Baltimore City charge lives in the Baltimore metro area and is able get into the city for treatment).
- Have a serious or chronic substance abuse problem, with the emphasis placed on taking people with heroin or cocaine use. (According to a BCDTC team member, the vast majority of addicts in Baltimore City are using either heroin or cocaine, so the program focuses on serving that population.)
- No serious psychiatric disorders (i.e., the drug addiction has to be the primary diagnosis), if identified by assessment prior to BCDTC entry. If a psychiatric disorder is identified after entry, the individual is referred to the appropriate services and, depending on the severity of the mental health issue, may be transferred to Mental Health Court.
- Not on active parole or mandatory supervision release.
- No charges pending outside of Baltimore City, though sometimes exceptions will be made for individuals charged in Baltimore County or other counties that are close by, if the judge in that county is willing to release the defendant to drug court. This is a case-by-case decision made by the judge in the other court and has to do with jurisdiction and supervision.
- Must be assessed by the Division of Parole and Probation (DPP) and must be determined to be suitable for, and amenable to, treatment.

The step-by-step process for persons entering BCDTC—District is as follows:

1. Arrest.
2. Individuals are referred to BCDTC through one of several pathways:

a. Central Booking.

b. Judge referral (e.g., after a Violation of Probation hearing) from another court.

c. During a Bail Review Hearing.

d. State's Attorney referral.

e. Self-referrals – generally inmates in the jail who request participation in the program by contacting the drug court coordinator or the state's attorney.

3. A State's Attorney's Office (SAO) staff person screens prospective participants, and refers those who may be appropriate for BCDTC for an extensive needs assessment, which takes place at the DPP's Assessment Unit. If the individual is being detained, then the assessment takes place in jail.

4. A clinician, who is also an addictions counselor, at the DPP's Assessment Unit assesses the prospective participant with the Level of Supervision Inventory-Revised (LSI-R) and the Addiction Severity Index (ASI) assessment tools. The LSI-R assesses for risks and individual needs for services. The ASI is one of the most widely-used tools for the assessment of substance use-related problems.

   From 1994 to 2003, prospective BCDTC participants were given the Psychopathology Checklist-Revised (PCL-R) [Hare, 2003], along with the ASI. The PCL-R is designed to assess a person's tendency to take charge, manipulate situations, etc. People with high scores on this assessment generally do not do well in group treatment settings, so they were seen as less ideal candidates for drug court. However, when the licensed psychologist working for the BCDTC program left in 2003, he was replaced by an unlicensed psychologist who began to use the LSI-R, since it does not require a licensed psychologist for test administration (though it does require sufficient training experience in implementation and interpretation).

5. The SAO performs a final review upon receiving assessment results from the DPP.

6. The SAO schedules a court date and time for the BCDTC candidate.

7. The potential BCDTC participant attends a regular drug court session and the judge describes the program again in more detail; this takes between 15 to 30 minutes. The judge then asks the prospective participant whether he/she understands what will be required of him/her and whether he/she still wants to participate in the program. If the answer is "yes," the participant pleads guilty to the charge for which he/she is eligible for BCDTC. At this point, if accepted into the program, the participant signs all necessary documents required by the drug court prior to entry.

8. The BCDTC judge makes the final decision about entry into drug court.

   There is no arraignment in district court. Drug court clients are scheduled weekly. Currently, the period from referral to plea-in is approximately 6-10 weeks.

   When individuals are referred to drug court, the public defender (PD) receives their files. If the potential participant has a pending case(s), the PD contacts the district court and arranges to consolidate the charges.

   If the prospective participant is on probation, the PD contacts the judge to see whether the probation can be transferred to BCDTC. If individuals are on probation in another court or another county, the judge in that jurisdiction may be con-

tacted to transfer probation or hold it in abeyance (basically, freezing the probation) pending the participant's completion of the BCDTC program.

The reason for these efforts to consolidate charges is so that the person in BCDTC has one probation officer and one judge.

PARTICIPANT ACCEPTANCE OF THE DRUG COURT OPTION

The PDs in the district offices have copies of a brochure that was created by the BCDTC coordinator, which explains what the BCDTC program offers and what is involved in terms of participation in the district court. There are also copies of this brochure in the jail library, in Central Booking, in the Office of the Public Defender (OPD), and in the Baltimore Police Department's offices.

Some participants are provided information regarding the program once they arrive at the court hearing. As mentioned earlier, at the district court, the judge takes a significant amount of court time to describe the participant's responsibilities with regard to the program.

According to an interviewed staff member, one challenge faced by the district court is that the legal community outside of BCDTC is a little desensitized to the problem of chronic drug addiction in Baltimore City, as it is so commonplace and leads to a large number of drug-related crimes. As a result of this perspective, sentencing recommendations for drug-related offenses are often somewhat lower than one would expect. Potential participants are aware that they will have to work much harder in BCDTC than on regular probation, so it may seem easier to take the sentence that is offered by traditional court. In addition, the consequences of not succeeding in the program are sometimes viewed as more severe than serving the original sentence.

Incentives for Offenders to Enter (and Complete) the BCDTC Program

The BCDTC is a post-plea program, which means that all participants must admit to the charges against them to be eligible for drug court. Once they plead guilty, they are placed on probation. Upon successful completion of the BCDTC program, probation is closed. For offenders in district court, drug court is a good alternative to being sentenced in traditional court because they would otherwise be facing jail time. In many cases, defendants who successfully complete and graduate from the program have the final disposition changed to probation before verdict, thus eliminating the conviction.

Drug court participants in the district court generally come in on misdemeanor charges, so mandatory sentences[6] do not necessarily apply. Individuals with distribution charges are sent to the circuit court program. In a small number of cases, distribution charges are stetted or dismissed so that a defendant can enter the district court's drug treatment court.

Drug Court Program Steps

Contrasting with the traditional drug court model, the BCDTC program does not use a "phase" system as it moves participants through the program. Instead, the program has always been termed a "STEP" (Substance Abuse Treatment and Education Program), though in practice the steps operate similarly to phases.

The following requirements are among the criteria for graduation/successful program completion:

[6] Under Maryland law, a second offense for distribution can result in a 10-year sentence without parole and a third offense can get 25 years without parole.

- At least 12 months participation in the program.
- Compliant with all program requirements.
- At least 9 months drug free, with the intention being that this time period is consecutive.

Treatment Overview

There are approximately 12 private treatment providers serving the BCDTC—District program. Individuals are referred to a treatment provider by Parole and Probation, based on program vacancies and proximity to participants' homes. The treatment providers are funded by Baltimore Substance Abuse Systems, Inc. (BSAS). The state of Maryland covers the cost of criminal justice substance abuse treatment (including BCDTC treatment) through state and local funding streams (e.g., Institution Funds, Correctional Options Funds, Cigarette Restitution). In 2008, funding for treatment will come from pooled state and local funds.

Drug court participants receive individualized treatment, primarily based on the Stages of Change, Cognitive Therapy, and Behavior Modification treatment models.

For new drug court participants, the treatment process generally begins with intensive outpatient (IOP) treatment services, which occur 3 hours a day, 3 times a week for a total of 2 months. After about 2 months, the requirement changes to 2 hours of outpatient treatment once a week over the next 4 months. According to one interviewee, the contract with private treatment providers calls for 20 IOP visits 3 times a week per participant initially, and then 20 OP visits once a month as they progress through the program; this "20-20" requirement is also part of the BSAS-treatment provider contract for services.

Usually, BCDTC participants are in outpatient treatment for 3 to 6 months during the first part of their participation in the program. They may begin treatment 3 or 4 days a week, which will gradually be reduced down to one individual and one group session a week, depending on the treatment provider. If participants are not doing well, they are placed in more intensive treatment, such as that offered in a therapeutic community or inpatient treatment setting.

Ideally, drug court participants receive about 6 months of outpatient treatment. However, the program coordinator did some research a few years ago and found that very few BCDTC participants received just 6 months of outpatient treatment. What he observed was that most program participants received a few months of treatment, then relapsed (often "disappearing" for a bit), then they returned to the program, were referred to the Addicts Changing Together-Substance Abuse Program (ACT-SAP) in the jail, then perhaps were sent to a recovery house (or two). Overall, he found that most participants spent 8 to 12 months in treatment. Also, he observed that some defendants entered the BCDTC program, spent 6 months in treatment, went to aftercare and were doing fine, but then relapsed and had to start IOP/OP all over again (essentially, they ended up graduating from treatment twice).

Mental Health Treatment Resources

Because mental health assessments are not routinely conducted as part of BCDTC, the actual number and percent of people needing these services are unknown, though criminal justice systems nationally are dealing with large numbers of people who have mental health issues, as well as substance abuse disorders. For example, the rate of mental illness among prison inmates is four to five times higher than the rate found in the community, and approximately 16% of all state

prison inmates (16% of all males and 24% of all females) have some sort of mental illness (Hartwell, 2004).

By contract, treatment providers have to be able to handle at least some mental health issues. Most providers also have ties with other resources in the community to assist with addressing mental health concerns. However, if a case is too difficult to address in-house, the BCDTC staff can transfer supervision to a more appropriate location/service. Also, the initial assessment that the DPP addictions counselors perform includes a few questions related to mental health (if the person being assessed answers these questions truthfully or accurately), so it is hoped that those with serious mental health issues can be screened out before entering the BCDTC program. Further, there is always a question regarding the chronology of onset of drug abuse and mental illness.

Several interviewees also reported that because prospective participants do not normally receive a thorough mental health screening prior to referral to BCDTC, the program often does not identify mental health needs until later in the program. After the person's addiction issues have been addressed in treatment, mental health issues will become more apparent and will need to be addressed appropriately.

If drug court staff members are able to identify participants with severe mental health issues, they can also send those individuals to Mental Health Court. According to one team member, the greatest challenge is placing individuals who fall between being ideal for BCDTC (because their mental health issues are so severe) and meeting all Mental Health Court requirements (because their substance abuse issues are too extreme). Several respondents suggested that a program should be developed to help people with both serious mental illness and serious drug abuse issues (i.e., a dual diagnosis track).

Challenges Facing Program Participants

One interviewee commented, "Baltimore City drug court clients are as deep-end as you can get, in terms of how deeply addicted the people in the program are and how long they have been addicted to heroin, cocaine, and occasionally Oxycontin or other prescription drugs." This BCDTC team member went on to say that, in addition to experiencing profound concerns related to addiction and to co-occurring mental health issues, the drug court population, in general, is also deeply involved with the criminal justice system, is very low on the socioeconomic scale, and has a lower level of educational achievement compared to the general population.

Another challenge for many drug court participants is finding money to pay child support while in the drug court program. To meet this financial requirement, they must continue working, even if doing so conflicts with the BCDTC program's intensive treatment requirements (which could ultimately result in relapse). One staff member respondent pointed out that if these individuals stop working, even if doing so will help them stay clean and ultimately lead to a future of productive work and increased earning power, they can be arrested for not paying child support, and sent to jail. Another interviewee indicated that a large number of drug court participants have large arrearages in this area. As a rule, however, the Child Support office will try to work with drug court clients, so those consistently paying at least something against the arrearage will be okay.

Inpatient Treatment Resources

The BCDTC program can send participants who require inpatient treatment to a long-term residential program where they will live and receive needed treatment services for as long as 6 months. Treatment beds are scarce, however, and the drug court program finds

itself competing often with DPP and other local programs for available space.

Participants who need inpatient treatment when there are no available beds may receive one of several options. First, they may be sent to jail while they wait for an opening (to keep them safe). If they have waited a while in jail and still nothing opens up, the BCDTC program may look into putting them into supportive housing (also referred to as non-certified housing), where they will also receive IOP services.

Individuals needing an inpatient placement may be sent to the ACT-SAP with the intention of eventually finding them a bed/halfway house—in an effort to keep them off the street. ACT-SAP is a 45-day therapeutic community-based program (also called the "acupuncture" program), located in the Baltimore City Detention Center (the local jail). This program provides participants with acupuncture treatment, among other therapeutic modalities. According to one team member, ACT-SAP is a "program 'behind the walls' that gives defendants a chance to dry out a bit while receiving some treatment." ACT-SAP participants receive up to 14 acupuncture sessions.

Although ACT-SAP does not always serve all drug court participants' needs, according to one respondent, it is the only program that is immediately available. In fact, another interviewee reported that the waiting list for inpatient treatment can be as long as 6 to 8 weeks.

The district court refers approximately 80% of participants to ACT-SAP during some time in their program participation, and about 40% of participants go directly to ACT-SAP upon program entry. Persons sent to ACT-SAP at sentencing are persons whom the judge generally thinks need to "dry out" a little longer. A few are recommended for this placement at assessment. (However, most defendants are recommended for IOP.) Persons sent to ACT-SAP after being in the DTC program for a while are generally sent because of an FTA (failure to attend) or relapse. Being sent to ACT-SAP is considered a treatment intervention by DTC staff, but the clients still think of it as being sanctioned to ACT-SAP. BCDTC participants may even choose to continue acupuncture treatment after being released from jail. In fact, a few of the outpatient treatment providers that the drug court works with offer acupuncture as a voluntary program component/option.

ADDITIONAL TREATMENT RESOURCES AND SUPPORTS

Mental health/psychiatric services (e.g., medication support) and family counseling are also available for participants in need of those services.

Some treatment providers and many of the recovery housing programs require attendance at Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) meetings. The BCDTC—District program regularly requires daily NA attendance at time of entry until treatment begins, then as required by the treatment provider.

A support group called Friends in Recovery Maintaining (FIRM) was implemented as an alumni group; however, while many active drug court participants also attend these meetings, few alumni do. The FIRM group was facilitated by the former BCDTC coordinator and a graduate of the district court's drug treatment court program. Generally, about 35 people attend the meeting. The FIRM group meets every other week (the 1st, 3rd, and 5th Monday of the month) at a local church. Beyond the peer support function, the group brings in local speakers, such as a representative from the City Office of Employment Development to talk about employment and skills training, and a Court Master to talk about custody issues, divorce, child support and visitation rules.

Other Drug Court Services

HOUSING

One of the biggest challenges for staff in BCDTC, according to several interviewees, is finding appropriate housing for participants. Many of the participants cannot go home after they are released from jail, as they have either burned bridges, were living with drug users/abusers, or do not have homes to go to. This problem is most often the case for new participants coming out of jail-based programs (for whom "transitional housing" is generally a recommendation following release). BCDTC participants who are in need of long-term residential housing, of which there is an admitted shortage, often end up in supportive (i.e., non-certified) or recovery housing as a part of an IOP program instead. Among the drawbacks to this particular type of placement is the lack of quality control (supportive housing does not need to meet the same strict regulatory requirements that certified housing is required to meet).

Because of the lack of certified housing available to participants in the Baltimore City area, a number of supportive housing programs have opened up in the community. Such housing is much needed to fill the void. In fact, in an effort to address the lack of housing options in the area, and to give back to the community, one BCDTC graduate has opened several supportive housing establishments.

BCDTC has developed a Supportive Housing Service Agreement that it uses with all of the housing programs to which it refers participants. The agreement basically states that the houses will comply with all zoning requirements; should have insurance; will provide adequate food and shelter for occupants; and will not interfere with court, probation, and treatment requirements; among other things. Under Baltimore City zoning laws, there can be a maximum of 8 people in a house (with 9 to 16 people, it needs to be certified as an institution and meet specific structural requirements).

During a site visit in early 2006, NPC staff facilitated two focus groups with current participants in one of these supportive housing settings. That particular program accepts both drug court and non-drug court individuals. Focus group participants said that they were thankful for the opportunity to have this housing, and suggested that the BCDTC help pay for it. As mentioned earlier, supportive (non-certified) housing receives no drug court funding. Participants pay as they can, with the director of this particular housing complex picking up all costs for those unable to pay, until they are able to contribute. Participants did not think it was fair that the BCDTC did not help support this housing option, since it served so many participants.

The funds for supportive housing placements come from the Temporary Disability Assistance Program (TDAP), until 2006 referred to as Temporary Emergency Medical Assistance (TEMA), as the BCDTC has not received funds earmarked for this expense.

Recently, a group of around 25 housing providers in Baltimore City have come together to form a group called Baltimore Area Association of Supportive Housing (BAASH). This group's self-imposed charge is to develop standards, self-regulate, and self-certify, and they are working with another area group, Citizens Planning and Housing Association (CPHA) to achieve those ends. The CPHA is a non-profit organization that is concerned with housing in the Baltimore City Area, particularly the affordability and quality of housing; it works mainly as a facilitator to support helping BAASH's work.

With the program's increasing housing needs in mind, the BCDTC coordinator approached BAASH and CPHA, offering to pay for the first 90 days of housing for participants, including the $50 admission fee and $10 a day

for each BCDTC participant receiving housing (with the help of TEMA monies). In 90 days, it is then expected that BCDTC participants will be sufficiently stabilized to find employment, so will then be able to pay for housing costs themselves.

In terms of the self-certification process, BAASH agreed to provide the BCDTC coordinator with a list of housing that meets certain requirements. Essentially, BAASH has developed a set of standards and is doing a "peer review" to see if the houses the group inspects meet those standards. The review is voluntary, but only those houses that are reviewed and given the BAASH "seal of approval" will be recommended for placements. The inspection form that is used is the same as that used by the Department of Health and Mental Health's Office of Health Care Quality as part of their licensing process for halfway houses. The plan was for the BCDTC program to make approximately seven referrals a month until the end of the June 2007 fiscal year.

EMPLOYMENT SERVICES

Probation agents may refer participants to job training, if deemed appropriate. Currently, the BCDTC program, through a Bureau of Justice Assistance grant, has been working with the Goodwill Industries of the Chesapeake, Inc.'s Jobs Program. Participants who are deemed ready by their probation agents are enrolled in the job training program, which may last up to 4 weeks. According to one respondent, the amount of time in the program depends on participant needs—some may be ready to start looking for a job and can do so, while others need the employment readiness or refresher job training program, which includes resume writing, interviewing skill development, etc. The goal of the program is to get people to work quickly so they can begin earning an income, to provide further job training support when required, and to provide assistance with finding employment (based on the participant's newly identified skills).

As of November 2006, 104 BCDTC participants had been referred to Goodwill, with 63 referred individuals reporting to the program. Of those who participated, 38 completed job readiness training, 10 were currently active in the program, and 15 had dropped out. Of the 38 who completed job readiness, 29 were employed, with an average hourly salary of $8.13. The BCDTC did not have statistics regarding participant "no-shows" (e.g., for those who get other jobs, get sanctioned, or just are not interested), but they were working on collecting those data.

From July 2004 to summer 2005 participants were referred to a 12-week computer training program, as part of a federally-funded research project through John Hopkins Bayview Medical Center. Participants were trained in data entry and paid weekly for their work. Payment was in vouchers for needed services instead of cash. Program participants worked about 2 to 3 hours per day. To participate in the program, participants had to provide a urinalysis (UA) sample at the beginning of each day.

The computer training program was strictly voluntary. When participants completed the program, the goal was for them to have attained relevant computer skills that would make it easier for them to secure higher paying, more rewarding employment (higher skilled, one with good benefits and security). Johns Hopkins, which sponsored the program, also had a data entry service that the persons completing the program were eligible to enter. It was not known whether anyone participating in the program was ever referred to the service, as the doctor who ran the program and had the grant moved out of state.

A weeklong electrical skills program, called JumpStart, was also offered in 2005, for a total of 4 weeks in June, July and September.

According to one interviewee, BCDTC initially "bought" training for about 40 people, but only about half of that number went through the program. The problem was that there was minimal follow up for job placement after completion of the training. As a result, BCDTC decided to direct funds earmarked for that program elsewhere.

A few BCDTC participants have been referred to the Jericho Project, a job training and placement program usually serving those recently released from jail (i.e., recent parolees). The program also requires that participants not have a violent felony conviction on their records, are male, and are over 18.

Baltimore City also runs a Re-Entry Center (the REC) for persons released from prison; a number of BCDTC participants have been involved in that program. The director of the REC has also spoken to the FIRM group a few times.

BCDTC also can refer participants to DORS (Division of Rehabilitation Services), which is through the Maryland State Department of Education Division of Rehabilitation Services. DORS is designed to help people with physical or mental disabilities so that they will be able to work, become self-sufficient, and stay independent.

The Drug Court Team

JUDGE

The administrative judge for the district court assigns the drug treatment court judge by rotation from a pool of district court judges. The length of each rotation is 12 to 18 months. According to one BCDTC—District team member, the BCDTC process has not been adversely affected by the turnover in judges because the APD and the ASA have extensive experience with this drug court and can advise new judges as they rotate in. The current judge has been presiding over the BCDTC—District since January 2006.

Another respondent pointed out that one of the benefits of having different judges rotate through the BCDTC is that, when they go back into the system, they often handle their cases differently as a result of the drug court experience—often their sentences are tailored to promote drug court, and they also make more referrals to the BCDTC program.

The role of the BCDTC—District judge is to preside over the drug court status hearings (sessions) and to provide the appropriate response from the bench to program participants' behaviors. The purpose of judicial involvement is to motivate these individuals to follow program rules and expectations, so that they can meet the ultimate program goal of becoming drug-free.

With an emphasis placed on treatment and support, BCDTC staff members see their program as very different from the traditional court process. The drug court judge spends considerable time and effort interacting directly with participants, making an extra effort to encourage those who are doing well in the program.

The supervising judge of BCDTC oversees the program, attends the BCDTC advisory meeting, the working group meeting, and the treatment provider group meeting, providing input and support as needed.

DRUG COURT COORDINATOR

The former drug court coordinator, who was interviewed in 2006, was responsible for coordinating both the circuit and the district drug treatment court programs. Much of his role involved troubleshooting challenges that arose during the week, such as trying to find appropriate housing for BCDTC participants that would meet minimal program standards. He also was responsible for producing the Baltimore City Drug Treatment Court Procedures Manual, which applies to both the district and circuit court programs. The BCDTC coordinator gathered data and produced re-

ports, scheduled and attended program-related meetings, and wrote up meeting notes. Technically, the drug court coordinator was employed by the Baltimore City Police Department under a 3½-year Byrne grant, which ended in June 2006. Since July 2006, the drug court's coordinator has been employed by the Baltimore City Circuit Court. The coordinator was supervised by two judges—one from the district court and one from the circuit court.

Division of Parole and Probation (DPP)

The role of the DPP in the BCDTC is to provide case management services—active supervision of drug court participants. Clients are instructed to report to DPP the day after being released from jail (and the day after entering DTC) for intake. At that time, they are put on a UA schedule, given a treatment appointment, and given their reporting instructions/schedule.

In working with BCDTC participants, the probation agents (PAs) address any issues that arise, and make sure that participants under their supervision are attending their UA and treatment appointments (determined by talking with providers and supervisees, and reviewing the HATS database). The PAs determine which services participants need in order to get clean and stay clean. After referring participants to needed treatment services, PAs also make sure that they follow through with those services, and that participants have the necessary support services in place prior to graduation from the drug court program.

PAs attend progress hearings, where they report on whether the participants are doing everything they are supposed to be doing, and they suggest changes in their treatment plans, if necessary.

PAs are required to make home visits; one or two contacts per month are in the home. The program standard is three to four contacts per month with the assigned PA, and a total of two contacts per week between the participant and any agent. Most of the contacts occur in the office. Generally, drug court participants see their PAs once a week. When reporting for UAs, participants see a duty PA to check in and confirm that they are present and on track.

There are four PAs working with drug court clients in the district court program. Their supervisor, who also supervises two agents in BCDTC—Circuit Court, was the first PA for the BCDTC in 1994.

Although there is a cap of 50 participants for every PA, at the time of the program evaluation interviews caseloads appeared to exceed this goal for some staff. Caseload statistics from the BCDTC—District program show that in 2005 and 2006 (through October 31), caseload averages were 59 and 68 participants per PA, respectively.

The SAO classifies as an active drug court participant anyone who is due to come back to the court for a court review (even people who are in placement/incarcerated are brought into court every few weeks to check in with the court). The DPP considers participants to be active only if they are not in detention or in a placement center. It classifies those in detention or placement as "Not Active Unavailable" (NAU). Therefore, from DPP's perspective, there are currently about 50 active participants per PA.

Many of the team members interviewed recognized that the DPP and the BCDTC program calculate PA-to-participant ratios differently. One interviewee commented that this difference impacts funding and resource allocation decisions that are made for the BCDTC program, and another reported that it is an ongoing discussion at advisory committee meetings.

Caseloads are determined by supervision requirements and, because BCDTC clients re-

ceive intensive supervision, the ratio is 50 to 1. All agents providing intensive supervision (not just drug court cases) have a caseload size of 50, while the caseload ratio for regular probation is about 120 to 1. Having comparatively fewer clients allows the PAs to do a more thorough job of connecting participants with needed services, talking with current and former participants about their lives and any problems they may have, assisting (when needed) BCDTC participants who have been placed in long term treatment/residential settings, and searching for additional needed resources in the community.

Thus, the PA's role with BCDTC is different from the traditional PA role in that the PA develops a more personal relationship with drug court participants. It is still a professional relationship, but the PA has the opportunity to learn more about the participant (e.g., how their family is, what is going on in their lives). The PA works to build trust with the participants, who eventually realize that the PA is there to help them get their lives together, not to put them in jail. The trust and rapport that is developed between the participant and the PA and between the participant and the judge, helps to motivate participants because they feel as though somebody cares about them and believes that they can be successful.

The PA also refers participants to psychiatric services and family treatment. The BCDTC PA schedules drug testing, but is not involved in the actual testing process.

One of the biggest challenges PAs face is finding enough time to do what is required of them. Some team members felt that the transition to a more "community based" supervision process (attention based on participant needs) instead of "contact-based" supervision (where everybody gets the same amount of attention) may address this issue. Switching to the community-based approach is expected to give the PAs freedom to spend more supervision time with those who need it and less supervision time with those who are doing well.

ASSISTANT STATE'S ATTORNEY

The assistant state's attorney (ASA), who works out of the State's Attorney's Office (SAO), is the prosecutor representing the State of Maryland at progress hearings (BCDTC sessions). The ASA's role in the BCDTC—District includes screening prospective participants for the program and facilitating the entrance of any individuals determined to be potentially appropriate for the program. If prospective participants have records that qualify them for participation in drug court, then they may be allowed into the program; if they are found inappropriate for the program, then their cases are sent to trial.

The ASA, who works full-time with the BCDTC, became involved with program in 1995.

The ASA is assisted by a paralegal who does the initial legal screening and who has the authority to send potential participants to DPP to be assessed without the ASA's approval. However, whenever there is a question as to appropriateness of an individual (based on history), the paralegal consults with the ASA, who then makes the final decision about entry. The paralegal also looks up individuals on a criminal justice database, to make sure that they do not have any other pending cases.

If an individual in drug court picks up a new charge, the ASA decides whether or not that person's case can still be handled by the BCDTC; specifically, it depends on her/his past record and how well they have been doing in the program, how they picked up that charge, and what the charge is. The ASA has the final veto power over whether to accept the additional charge into drug court. If participants are doing well in BCDTC but are

later arrested on misdemeanor charges, the ASA generally includes those charges with the original charges that brought the individual into drug court. The ASA makes these determinations with the advice of the PA, who generally knows the individual better than anyone else on the team.

Law enforcement. Law enforcement has a very small role in BCDTC—District: The district court engages the Baltimore City Police Department to serve warrants. A representative from this office is also invited to attend the drug court advisory committee meetings.

The bailiffs at district court who attend the drug court sessions are employed by the court.

ASSISTANT PUBLIC DEFENDER

The assistant public defender (APD)'s role in the BCDTC—District is to represent clients in hearings. The APD tries to maintain a voice with regard to decisions on the structure of the drug court, in an effort to make sure that the court stays client-centered and not sanction-centered. There are currently two full-time APDs on staff with the drug court.

The APDs try to be less adversarial than they would be in traditional court, and work as part of a team to help the individuals in the drug court program.

The challenge for the APD is to be sure that BCDTC participants are treated fairly, and that any changes in the drug court's principals and personalities do not hurt the APD's clients.

The APDs assist the ASAs in finding certified transitional treatment/housing. They also help the ASA with getting participants into the BCDTC program as quickly as possible (e.g., if a judge in another court has not responded to the ASA's request to turn over probation to drug court, even though they have been assessed and deemed appropriate for the program, the APD helps with contacting the judge and getting results).

Compared with traditional court cases, the ASAs and APDs who work with the BCDTC program talk to each other more often and cooperate to a greater degree. They work together with the shared goal of helping program participants overcome their drug problems and become productive members of society. Much of the success of the drug court program is based on the informal agreements created between the SAO and the OPD, and their success at having created a non-adversarial working relationship.

BALTIMORE SUBSTANCE ABUSE SYSTEMS, INC.

Baltimore Substance Abuse Systems, Inc. (BSAS) is the designated substance abuse treatment and prevention authority for Baltimore City. The agency is responsible for the administration of federal, state and local grant funds for substance abuse treatment and prevention services. BSAS administers funding, monitors treatment programs, collects client demographic and treatment data, works in collaboration with other agencies to improve services, and plans for the development of new services. BSAS does not provide treatment services directly but does provide information and referral.

The role of BSAS in BCDTC is as contracting agent and overseer of substance abuse treatment. It is responsible for finding treatment services for citizens who are uninsured and underinsured. In terms of the agency's drug court role, BSAS representatives write Requests for [grant] Proposals and invite community-based substance abuse treatment providers to submit proposals to offer services to drug court clients.

BSAS staff members mail letters to community providers, informing them of what the BCDTC program is looking for in terms of treatment

services; specifically, the agency is looking for a program with a dedicated staff that is willing to work with all programs in the area that take criminal justice clients, including the drug court program. According to one respondent, overall, BSAS contracts for about 2100 criminal justice treatment slots. DTC uses some of those slots, probably about 300-350 at any one time.

Specific to drug court, BSAS seeks out treatment providers willing to collaborate with the PA, provide a set schedule to see clients, see clients with co-occurring diagnoses, and provide monthly status reports to the court. To this end, BSAS asks prospective providers to submit proposals outlining how they would be able to satisfy the above-mentioned requirements. If the providers and BSAS agree to the terms of services, BSAS offers them a contract to provide services to BCDTC participants. Providers must reapply every 3 years for the BCDTC contract. BSAS is always actively looking to take on new providers to work with the BCDTC programs.

BSAS prefers that BCDTC private providers are able to offer individual, group, and family counseling, if needed. It asks that providers offer IOP services of 9 hours or more per week per client, or 3 hours per day for 3 days a week, and that they provide drug- and alcohol-related education, have certified (CCDC[7]) counselors, and work out of a building that is Health Department and Fire Department certified.

Treatment providers use Maryland's automated tracking system (HATS) database to record contact with assigned BCDTC clients, including information on number of appointments, types of services provided, and UA test results. This information, after it has been entered into the database, is available to PAs, the court, and other team members who have official permission to access it. Providers communicate progress updates to PAs and occasionally attend drug court sessions.

[7] Certified Chemical Dependency Counselor

Team Meetings

The drug court team consists of the presiding judge, assistant state's attorney, assistant public defender, probation agents, drug treatment court coordinator, and a probation agent supervisor.

The judge, state's attorney, public defender, and probation agents meet in the judge's chambers prior to each BCDTC session. The process for these pre-court meetings is for PAs to provide a report on each participant who will be appearing for that session. Discussions generally focus on participants who are not doing well, and what should be done to address the problems these individuals are experiencing.

From the time the BCDTC—District began operations in 1994 until recently, it did not hold pre-court meetings. That policy was changed at the request of Judge Weitzman in 2006.

It was reported that the judge, the APD, ASAs, and PAs generally make decisions about participants in the BCDTC program as a team.

Three additional meetings, attended by various district court staff members, are held on either a monthly or quarterly basis. One of these meetings is the advisory committee meeting (the overall policy group for both BCDTC programs), which until recently was run by the Bar Association. In attendance at this meeting are the judges (i.e., the supervising judge of BCDTC, administrative judges, and presiding judges), SAO representatives, and OPD representatives from both the district and circuit drug treatment courts. Also attending is the BSAS representative, the BCDTC coordinator, Parole and Probation representatives, and a representative from the Baltimore City Police Department.

The "working group" meeting (specific to the BCDTC—District program) takes place once a month. This group discusses a variety of program-related issues, including policy issues. Members include the district court presiding and administrative judges, the BCDTC program coordinator, ASA and APD representatives, DPP supervisors, a representative from the DPP Assessment Unit, and representatives from ACT-SAP and BSAS.

The treatment provider group meeting occurs on a quarterly basis. Group membership includes the administrative and presiding BCDTC judges from both BCDTC programs, the BCDTC coordinator, Parole and Probation supervisors, treatment providers (usually around 4 to 6 programs/providers are represented at any given meeting), ASAs and APDs from district court, and the Parole and Probation Assessment Unit representative. During this meeting, the BCDTC representatives check in with treatment staff to see if they are getting sufficient referrals from the two programs, talk about case management issues, discuss how the referral process is working out (e.g., are there delays in getting people treatment), and address any mental health-related concerns/issues that have arisen, and discuss housing issues (such as a conflict between a housing provider's requirements and treatment needs).

Treatment Provider and Team Communication with the Court

The PAs provide written progress reports to the court prior to BCDTC progress hearings. The reports include information about the number of urinalyses that were performed, whether the UAs were positive or negative, the participant's treatment status and participation in treatment, the number of case management appointments scheduled and attended, and the number of scheduled meeting dates that were missed since the participant's last court appearance. If attendance at NA meetings was ordered, then the report includes the number of NA meetings attended or missed. The report also indicates whether or not participants have an aftercare plan for treatment and, if appropriate, when they were terminated from or completed treatment. (Note: participants can be finished with treatment but still in the program, receiving intensive probation).

Drug Court Sessions

The team members attending the drug court sessions include the presiding judge, ASA, APD, PAs (if they have a person from their caseload on the docket), program participants, the court clerk, and bailiff. On rare occasions, a treatment provider may be asked to attend the court session (e.g., if a participant's mental health concerns are impacting effective participation in the program and the court required additional input beyond reports made to that person's PA).

BCDTC—District sessions are held 3 days per week. On Tuesday mornings, the court focuses on jail cases – warrant returns, and some plea-ins. On Tuesday afternoon, Wednesday morning, and all day Thursday, the court covers dockets for the four DPP drug court agents. On Wednesday afternoon, the court generally does not work on cases, though sometimes morning dockets on that day may carry over. The court has asked for the full day on Wednesday so that it can expand.

Thirty (30) to 40 participants are seen at each session, on average. However, the length of a day's session depends upon the number of individuals who are on that day's docket. In the summer, as a result of staff vacations and a lower number of total participants in the program, the drug court may not meet during all of the drug court-scheduled days.

Drug Court Team Training

Members of the BCDTC team have attended various national and local drug court conferences, workshops, and trainings. The former BCDTC coordinator attended a weeklong coordinator's training in Reno in 2003, and attended three National Association of Drug Court Professionals (NADCP) conferences.

The APD has helped to train staff in his and other drug court programs over the last few years. He has also done drug court-related consulting on a national level. The APD was involved with the first drug court trainings that took place in Maryland.

The ASA attended a drug court training in Portland, OR, in 1995, and has since attended trainings in Charleston, SC; Washington, DC; and Florida. She received on-the-job training working with the ASA on staff at the time she joined the drug court in 1995.

The Probation Supervisor (PS) has received National Association of Drug Court Professionals (NADCP) training at yearly national conferences.

The Associate Judge—District brought extensive experience to his role with drug court, including past experience with social services and mental health issues, and attended a drug court conference in New Orleans, Louisiana.

The current BCDTC Judge attended a drug court conference in Seattle, Washington, in 2006 and a judicial training for drug court judges at the National Judicial Institute in Reno, Nevada in 2005.

Substance Abuse Treatment Fees

Participants in BCDTC do not pay substance abuse treatment fees. There are no court fees or charges for UAs. Most of the private providers offer treatment on a sliding scale but, given the indigent status of the majority of BCDTC participants, most clients pay either nothing or just a few dollars per visit. Some clients also receive transitional housing that is provided to them at no cost.

Drug Testing

When individuals enter the BCDTC, DPP establishes a drug-testing schedule of twice per week. Testing, then, takes place for participants either on Tuesdays and Fridays, or Mondays and Thursdays (if there is a holiday during the week, then that day's drug test will be on Wednesday). Times for testing are scheduled at either 8-11:30 a.m., 1-3:30 p.m. or 4-6:30 p.m. Drug tests are not randomly assigned.

After a period of time spent participating in the program, depending on how well the participants do in treatment and whether they are testing negative for drugs, the twice-weekly UA can be reduced to once a week. Eventually, the drug testing frequency is reduced to once every 2 weeks. When participants near graduation, drug testing may even be reduced to once a month. Throughout the process, however, the PAs retain the right to ask for a random UA when they meet with participants.

The lab staff at DPP does most of the drug testing for the BCDTC program, collecting and analyzing the samples in a lab located in the basement of their main office building. PAs may help with collections on occasion, if needed, but for the most part they do not do any of the drug testing. The main UA test given to program participants is a 5-panel assessment that screens for marijuana, cocaine, heroin, PCP, and barbiturates. On rare occasions, a breathalyzer test may be given to participants who are specifically prohibited by the BCDTC program from drinking and are suspected of using alcohol.

Treatment providers are also required to do periodic drug testing. For the drug court population, providers test at intake, 2 weeks

prior to discharge, and when they see in the HATS database that participants have negative drug tests but suspect they are using. In that case, if the provider-conducted drug test shows a positive result, the provider contacts that individual's BCDTC PA and also makes a note of the positive test in the HATS database. The participant will then be tested promptly by the program, and any positive coming from that drug test would result in a sanction. On occasion, the initial treatment provider test result could be used by the court to give a sanction. Provider testing is paid through treatment provider funding, which they then bill back to BSAS.

There are no fees to the participant for drug tests.

Rewards and Sanctions

Rewards

The BCDTC rewards participants' good/ positive behavior. Examples of good behavior include complying with treatment requirements, meeting with the PA as scheduled, not having any positive UAs, showing up in court on time for progress hearings, and meeting any other requirements of the BCDTC program.

Individuals who are doing well in the BCDTC—District program are always encouraged by applause; they may also receive a small gift (e.g., a pen or coin purse), or may receive a reduction in the number of required UAs as a reward. Pens and certificates are awarded to participants when they have completed their first 90 days in BCDTC and stayed clean. Participants who are doing well are usually brought up first during drug court sessions so that they can get out of court sooner (another type of reward). A number of staff who were interviewed commented that they would like to see more small gifts given to participants who are doing well (e.g., gift certificates); however, all acknowledged that the program would need additional funds for those rewards.

Graduation is also considered a reward, because participants would otherwise be on probation for 2 years, which is standard for district court, and probation will be closed upon graduation. According to one staff member, almost all participants' dispositions are changed upon graduation, and guilty cases become probation before judgment (PBJ) cases.

Sanctions

Sanctions may be imposed by the BCDTC for non-complaint behaviors, such as

- Having positive drug tests.
- UA "rejects" (urine tampering, bringing in a cold urine sample or one with a foreign object in it).
- Non-compliance.
  - Missing UA test appointments.
  - Not reporting to a meeting with the PA.
  - Missing appointments with a treatment provider.
- Disappearing (signing up for drug court, then never appearing again; reporting to their PA or going to the treatment providers for intake, then never coming back.) In these cases, bench warrants will be issued.

Sanctions imposed can include:

- A lecture/reprimand from the judge.
- Being asked to sit on the witness stand for a period of time designated by the judge (for one or more drug court sessions).
- Writing an essay.
- Jail, for one day or longer.

Decisions about sanctions are often made during the pre-court team meeting. However, sanctions that were agreed upon during the pre-court meeting are not always imposed during the drug court session. The judge will make the final decision about sanctions after taking into account information that is presented during the hearing, including information offered by the participant.

The judge is the only person who can impose jail as a sanction. However, the PA can increase the number of required UAs without consulting the judge. It is also possible for the PA to get participants into treatment prior to their going back to court and being required by the judge to do so.

In the past, BCDTC program sanctions were not strictly graduated. However, when the STEP program was published, there was a formal plan to implement graduated sanctions, as the BCDTC program outlined what it was going to do and how it was going to do it.

The process for imposing sanctions begins when a participant breaks a program rule/requirement. Conferences (appearance at drug court sessions) for a given participant normally take place from about 3 to 4 weeks to 6 to 8 weeks (depending on the individual's performance and where he/she is in the program); so if the participant exhibits non-compliant behavior soon after the last attended drug court session, the sanction may not be imposed as swiftly as desired by the program. However, the PA may request that a non-compliant participant be put on the docket early to address the non-compliant behavior. If they are not doing well and come back to court in a week or two, then there is a chance the court will be able to react to the non-compliant behavior relatively quickly.

Also, if a participant has a positive drug test when he/she is not in treatment (that is, if they have ended the treatment portion of their BCDTC commitment), the program will typically want that person to get back into treatment. Sometimes the PA will arrange to get *them* back into treatment before they come back for their next progress hearing. Essentially, if any issues come up that need to be addressed before the participant goes to court, the PA can impose a sanction or service change (e.g., increasing UAs, getting someone back in treatment), subject to the verification, ultimately, by the court. If the client objects to that change/consequence, the program will try to get him/her into court as soon as possible to discuss what should happen.

Unsuccessful Completion (Termination)

BCDTC—District program participants plead guilty before they enter the program, so if they are not successful in completing the BCDTC program (i.e., are released from the program), they receive a "probation violation" on their records. A sentence, which may or may not be the original sentence, is imposed by the judge sitting that day, and they are sent to prison.

Behaviors that prompt removal from the BCDTC program include:

- Being brought back in on a bench warrant after being gone for a considerable period of time (e.g., 2 years on the run after absconding from the BCDTC program).
- Having a new felony charge; if the new charge is considered a violation of their probation, they will be terminated from the drug court program. However, this is not always the case—some charges are brought in to BCDTC and supervision continues.
- Exhibiting a consistent pattern of non-compliance (e.g., was terminated from an outpatient treatment program after several opportunities to participate, was placed

in more than one transitional housing slot and was terminated from that, and/or was put into the acupuncture program more than once).

- Walking away from the program, though participants may be given a warning the first time that occurs, and removed from the program if they walk away again. There is no set number of missed sessions that would prompt removal from the program, as that decision is made on a case-by-case basis.

Some people with medical or mental health issues may be transferred to a more appropriate probation, not terminated. For example:

- Medical reasons (e.g., having a terminal illness) or medication concerns, which result in not being able to complete the requirements of the program and require that the participant be transferred from BCDTC probation to regular probation, which is not as intensive.
- Mental health reasons which result in not being able to complete the program requirements.

Graduation

Guidelines for graduation from BCDTC—District include:

- Completion of at least 12 months in the program.
- Staying drug-free for at least 9 months.
- Maintaining compliance with program requirements.
- Being employed.
- Completion of 20 hours of community service.

The graduation process is as follows:

- Opening remarks from the BCDTC judge.
- Guest speakers from the community (the BCDTC administrative judge tries to bring in at least one high-level person—often from the state legislature—to serve as keynote speaker).
- Certificates of completion given to all graduates.
- Graduates come up to the bench one at a time. As they approach the bench, the judge provides a history of the person's time in BCDTC and his/her status, and gives the graduate an opportunity to make a few comments.
- A reception with cake and juice is given outside of the courtroom.

State funds do not pay for the graduation ceremony. The previous program coordinator usually bought refreshments, paying for the expense out of his own pocket.

BCDTC—District graduations are generally held three times each year, as they are needed. In 2006, graduations were held in May, October, and November.

Based on data received regarding the BCDTC—District program, about one third of the participants in the BCDTC program graduate.

In the BCDTC—District program, the motion to terminate probation is made (and granted) at a later date, following graduation. It is a fairly informal process. At that time, the graduates receive a Probation Before Judgment (PBJ) finding, which removes the conviction from their records.

Aftercare

The BCDTC does not have an aftercare program. Supervision is terminated after graduation, so the BCDTC cannot require that participants continue to receive support. However, former and current participants are encouraged to join the FIRM support group.

PAs are also available to provide support to graduates who contact them for assistance.

Data Collected by the Drug Court for Tracking and Evaluation Purposes

The assigned PA collects data on an individual level (e.g., meetings attended), and enters them into Maryland's automated tracking system (HATS) database. Most agencies that are a part of the drug court program enter data into HATS (i.e., DPP, treatment providers, BSAS, and the BCDTC coordinator), or at least have general access to it.

Treatment providers use the HATS database to record contact with assigned BCDTC participants, including information on number of appointments, types of services provided, and UA test results. After the information has been entered into the database, it is available to PAs, the court, and other team members who have official permission to access it.

One of the treatment providers interviewed commented that DPP (specifically, the Traffic Office) does not always enter new treatment referrals into the HATS system in a prompt manner, which means that individuals sometimes arrive at the treatment provider's office for an initial intake session, but their records are not yet in the system. The respondent's concern was that when this occurred, there was no confirmation regarding where the client was being referred from or what specific services were needed.

Prior to implementation of the HATS database, many BCDTC records were not entered into a central electronic database, although Parole and Probation and the State's Attorney's office both maintained data from the BCDTC in agency-specific files.

The former coordinator did not use HATS to collect/analyze program data (e.g., where the program stands, how many people came into the program, how many left and why) or to generate reports; instead, he used the States Attorney's databases.

Drug Court Funding

The treatment providers working with BCDTC participants are paid through BSAS with state and local monies; the presiding BCDTC judge is paid through the district court, which is funded through the state.; ASA and APD representatives are paid by their own departments; the coordinator's salary is paid by the Maryland Office of Problem-Solving Courts. As of the 2006 fiscal year, drug tests/lab costs were paid through the Parole and Probation budget, with some percentage being paid with grant money from the Office of Problem-Solving Courts.

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 sessions 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, & Pukstas, 2007).

Local Process

The BCADC—District team consists of the judge, an assistant state's attorney, probation agents, probation agent supervisor, drug court coordinator, and an assistant public defender.

Treatment is provided by approximately 12 private treatment providers who serve the BCDTC—District program. Individuals are referred to providers by Parole and Probation. BSAS is the designated substance abuse treatment and prevention authority for Baltimore City. As such, they are the contracting agent and overseer of substance abuse treatment.

The drug court has several mechanisms in place for facilitating communication and collaboration between and among team members. Since 2006, team members have been meeting prior to each drug court session to discuss participant issues. PAs provide written progress reports on participants who will be appearing for that session.

In addition, three other meetings that are held either monthly or quarterly are attended by

various district court staff members: The advisory committee meeting, which is the overall policy group for both the district and circuit drug treatment courts, is attended by administrative, supervising, and presiding judges, SAO and OPD representatives from both circuit and district drug treatment courts, a BSAS representative, the BCDTC coordinator, Parole & Probation representatives, and a representative from the Baltimore City Police Department.

The BCDTC—District's working group meeting, which takes place monthly, discusses a variety of program-related topics, including policy issues. This group includes the district court presiding and administrative judges, the BCDTC coordinator, ASA, APD, DPP supervisors, and representatives from the DPP assessment unit, from ACT-SAP, and from BSAS.

The treatment group meeting occurs quarterly. This group includes the administrative and presiding BCDTC judges from both circuit and district court programs, the BCDTC coordinator, Parole and Probation supervisors, treatment providers (usually 4 to 6 programs/providers are represented at any given meeting), ASAs and APDs from the district court, and the Parole & Probation representative. This meeting provides an opportunity to discover whether treatment providers are receiving sufficient referrals from the district and circuit court DTC programs, to discuss case management issues and how the referral process is working, and to address any mental health-related concerns or issues that may have arisen for participants.

Suggestions/Recommendations

The program would benefit from treatment representation on the team, attending pre-court meetings and court sessions. Since the program utilizes many providers, treatment representation could come from BSAS, a designated provider, or provider rotation.

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, & Pukstas, in press, found that participation by the prosecution and defense attorneys in team meetings and at drug court sessions had a positive effect on graduation rate and on outcome costs.

In addition, allowing participants into the drug court program only post-plea was associated with lower graduation rates and higher investment costs. Higher investment costs were also associated with courts that focused on felony cases only and with courts that allowed non-drug-related charges. However, courts that allowed non-drug-related charges also showed lower outcome costs. Finally, courts that imposed the original sentence instead of determining the sentence when participants are terminated showed lower outcome costs (Carey et al., in press).

Local Process

Representatives from the SAO and OPD are members of the drug court team. They are also part of the advisory committee, working group and treatment group. Compared with traditional court cases, the ASAs and APDs who work with the BCDTC program talk to each other more often and cooperate to a greater degree. They work together with the shared goal of helping participants overcome their drug problems and become productive members of society. Much of the success of the program is based on the informal agreements created between the SAO and the

OPD, and their success at having created a non-adversarial working relationship.

At the same time, the assistant public defender tries to maintain a voice with regard to decisions on the structure of the drug court in an effort to make sure that the court stays client-centered and not sanction-centered. The APD's challenge is to be sure that BCDTC clients are treated fairly and that any changes in the drug court's team and personalities do not hurt the APD's clients.

One example of collaboration is that the ASAs and APDs work together to find housing for participants who need it. The APDs also help the ASAs with getting individuals into the BCDTC program as quickly as possible.

Suggestions/Recommendations

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

Local Process

The target population for the district court's DTC program includes mostly long-term heroin and cocaine addicts who have had a considerable number of contacts with the criminal justice system.

Program capacity for this drug court is 300-360. Although on June 30, 2006, there were 255 active participants in the BCDTC—District program (at least 45 under capacity), as of October 31, 2006, that number had increased to 319. Of the 374 active program participants in September 2006 (at least 14 over capacity), 89% were African American and 11% were White. As reported in the U.S. Census Bureau's 2000 Census, the population of Baltimore City is 64% Black or African American and 32% White.

Although the time from arrest to drug court entry was not measured for this evaluation, respondents estimated that after an offender is referred to the district court's drug court, it takes 6 to 8 weeks to get that person into court to plead in.

Suggestions/Recommendations

- African Americans are overrepresented in this program, while Whites are underrepresented. If the team has not already done so, it should look to see where in the criminal justice system this discrepancy is occurring. If this imbalance is present throughout the system, the drug court may simply be serving the criminal justice population of the city. However, if the overrepresentation occurs at the point of drug court entry, it is important to review recruitment and admission procedures to identify where biases may be present.
- To identify bottlenecks or structural barriers, and points in the process where more efficient procedures may be implemented, BCDTC should conduct a review and analysis of the case flow from referral to eligibility determination to drug court entry. The judge and coordinator should use the drug court team to brainstorm—and test—possible solutions to issues that are identified. The program should set a goal for how many days it should take to get participants into the

program, and work toward achieving that goal.

- If the program has continued to operate over capacity, are there additional potential participants for whom lack of capacity means they cannot participate in drug court? Is there a waiting list? If so, the steering committee should consider expanding the capacity of the program, including what that would mean in terms of needed resources, and explore options for funding that expansion.

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[8] (Carey et al., 2005) and substantially higher graduation rates and improved outcome costs[9] (Carey, Finigan, & Pukstas, in press). 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

Treatment is provided by approximately 12 private treatment providers who serve the BCDTC—District program. Individuals are referred to providers by Parole and Probation. BSAS is the designated substance abuse treatment and prevention authority for Baltimore City. As such, they are the contracting agent and overseer of substance abuse treatment.

The APD assists the ASA with finding housing for participants.

[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.

[9] 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.

This program does not operate under a phase system. Although their procedures manual outlines a STEP program, which is similar to phases more commonly used in drug courts nationally, the BCDTC does not follow specific steps as described in the manual.

By contract, treatment providers have to be able to handle some mental health issues, and most have ties with other resources in the community to address mental health issues.

Several interviewees reported that because prospective participants do not normally receive a thorough mental health screening prior to referral to BCDTC, mental health needs often are not identified until later in the program. If drug court staff were able to identify participants with severe mental health issues, they could send them to Mental Health Court. According to one respondent, the greatest challenge is placing individuals who fall between being ideal for BCDTC and meeting all of the Mental Health Court requirements. Several respondents suggested that a program should be developed to help people with both serious mental illness and serious drug abuse issues.

The BCDTC can send participants who require inpatient treatment to a long-term residential facility for as long as 6 months. Treatment beds are scarce, however, which means that they may be sent to jail while waiting for a bed to open up, or they may go to supportive housing, where they receive intensive outpatient services. The ACT-SAP 45-day therapeutic program, located in the Baltimore City Detention Center, provides participants with acupuncture and other treatment. The BCDTC—District refers about 80% of its participants to ACT-SAP at some point; about 40% of the participants go directly to ACT-SAP upon program entry.

By all accounts, there is a shortage of certified housing to meet the needs of the drug court participants. Some of that gap is filled by supportive housing, for which there is little to no funding.

Suggestions/Recommendations

- Work within the policy body to discuss the creation of a court for dually-diagnosed clients, or expand the program's capacity to serve clients with both mental illness and chemical dependency issues.
- One respondent commented that Parole and Probation has responsibility for identifying housing needs and working with participants to access safe/affordable housing. However, currently the APD and the ASA work together to find participants housing when they need it. The team, the advisory committee, or the working group, all of which include representatives from Parole & Probation, the State's Attorney's office, and the Office of the Public Defender, should discuss who has responsibility for finding housing options for participants, and whether that agency/person is able to meet that responsibility, or whether there are barriers to doing so that need to be addressed.
- Revisit the STEP program to determine whether its structure is appropriate and applicable to the BCDTC—District. If so, then that structure should be followed by the program in order to provide consistency, which would be of value to the team, to the participants, and to future evaluations of this program. If the STEP program is not a good fit for this program, then the team and advisory committee should consider other options that could provide structure in a way that fits with the program's goals and its target population.
- Work with community partners to increase treatment capacity in Baltimore City. Key agency partners can use the advisory committee or other community

connections to advocate for additional services. Emphasize the holistic and collaborative nature of drug court, and identify how these connections make the program successful for participants. Additional funding or collaborations could help to better meet client needs—widely identified by respondents and program participants—in the following areas:

1. Mental health issue screening and assessment.
2. Mental health treatment services.
3. Dual diagnosis services, in conjunction with or separate from drug court.
4. Additional supportive housing or residential services.
5. Parenting education and training for participants: For some participants this is the first time they have been clean and, often, they do not know how to relate to their children. This service could help strengthen and support families so that children receive the guidance and supervision they need in order to be healthy.
6. Gender-specific services for women.
7. Culturally specific services, especially for African American participants.

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

A drug testing schedule is established for new participants in the BCDTC—District that requires testing twice a week. This schedule continues until it is determined that they are doing well in the program and are testing negative for a period of time. Eventually, drug testing may be reduced to once very 2 weeks, and to once a month for those who are nearing graduation.

The scheduled drug tests are not randomly assigned. Throughout the process of program participation, however, the PAs retain the right to ask for random UAs when they meet with participants. Treatment providers are also required to do periodic drug testing—at intake, 2 weeks prior to discharge, and when they see in the HATS database that the participant has negative tests, but suspect they are using.

Individuals who are doing well in the program may have their UAs reduced to once a week as a reward, but the judge prefers to keep them at twice a week for a period of time far longer than DPP suggests, according to a respondent.

Suggestions/Recommendations

- Because the frequency of testing (2 times a week) is slightly less than the frequency demonstrating the greatest effectiveness in the research cited above, the program should consider implementing a random testing process or increasing the testing to 3 per week in the first few months of participation. There are many models for best practices in this area, and it is likely the BCDTC—District will be able to identify one that meets its particular needs.

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, & Pukstas, in press, 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

BCDTC—District's participants are rewarded for good/positive behavior with applause, a small gift (e.g., a pen or coin purse), or a reduction in the number of required UAs. Pens and certificates are awarded to participants when they have completed their first 90 days in BCDTC and stayed clean. As a reward, participants who are doing well are usually brought up to the bench first during drug court sessions so that they can get out of court sooner (another type of reward). Graduation is also considered to be a reward, because probation is closed upon graduation.

A number of staff commented that they would like to see more small gifts, such as gift certificates, given to those who are doing well, though this would require additional funds.

The BCDTC—District team makes decisions about sanctions and rewards during the precourt team meeting. The judge makes the final decision about rewards and sanctions after taking into account information that is presented during the hearing, including information offered by the participant. Sanctions can include a lecture/reprimand from the judge, being asked to sit in the witness stand for one or more drug court sessions, writing an essay, or jail for one day or longer.

The judge is the only person who can impose jail as a sanction. The PA, however, can increase the number of UAs without consulting the judge. It is also possible for the PA to get participants into treatment prior to their going back to court and being required by the judge to do so (subject to the verification, ultimately, of the court).

Sanctions are typically imposed during the drug court session. If the participant exhibits non-compliant behavior soon after the last attended drug court session, there may be a wait of 3 to 8 weeks (depending on where the participant is in the program) before appearing at the participant's next scheduled drug court session. Therefore, the sanction may not be imposed as swiftly as desired by the program. However, the PA may request that a non-compliant participant be put on the docket early to address such behavior.

Suggestions/Recommendations

- Consider the expanded use of incentives and rewards to reinforce positive behaviors and encourage program compliance. Cognitive-behavioral approaches are the most effective strategies for changing behavior. This approach would be consistent with the program's treatment model, and would bolster/support the treatment goals.
- Approach community partners and encourage additional community outreach to build connections to access rewards and incentives that are meaningful and motivating to participants.
- The advisory committee (or whatever is the most appropriate group) should discuss ways to decrease the time between behaviors and responses. Sanctions are most effective when they closely follow the behavior. In addition, if weeks go by between the behavior and the sanction, sanctions could be imposed during a period when the participant is actually displaying positive behavior. Also, if a participant is beginning to face difficulties, as evidenced by non-compliant behaviors, intervening earlier is often more effective at getting the participant back on track before the situation worsens.

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, 2003) demonstrated that participants have the most positive outcomes if they attend at least one court session every 2 to 3 weeks in the first phase of their involvement in the program. In addition, programs where judges participated in drug court voluntarily and remained with the program at least 2 years had the most positive participant outcomes. It is recommended that drug courts not impose fixed terms on judges, as experience and longevity are correlated with cost savings (Carey et al., 2005; Finigan, Carey, & Cox, 2007).

Local Process

It is unclear how often participants have contact with the judge (attend drug court sessions). One respondent said every 3 or 4 weeks or 6 to 8 weeks, depending on where an individual is in the program and that person's performance. The administrative judge for the district court assigns the drug treatment court judge by rotation from a pool of district court judges. Each rotation lasts from 12 to 18 months.

Suggestions/Recommendations

- Based on the research cited above, it would be of value to increase the frequency with which participants have contact with the judge so that they attend one court sessions every 2 or 3 weeks during the first part (the equivalent of a first phase or STEP) of their involvement with the program.
- Consider implementing a policy that extends the amount of time a judge serves in drug court to at least 2 years, ideally longer. Additionally, if possible, structure the judicial rotation so that judges who desire it can eventually return to the drug court bench, utilizing their past experience. Allowing the judge to volunteer for this service, if possible, also increases the potential for improved client outcomes. If it is not possible to change the rotation schedule, consider asking previous drug court judges to be available to new judges for consultation.

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

Local Process

Most agencies that are a part of the drug court program (DPP, treatment providers, BSAS, and the BCDTC coordinator) either enter data into HATS, or have access to it. The program uses the HATS database for sharing information about program participants across agencies. The program has produced summaries of data on program participants and uses that information for sharing with partners and for grant proposals.

Suggestions/Recommendations

- The program partners should continue to use HATS, building on policies and procedures to ensure complete and timely data entry. The program should also transition to the State's new SMART MIS.
- The drug court team should continue to accumulate and analyze drug court program and participant data and use it for program reviews and planning (e.g., to inform the team about the types of participants who are most and least successful in this program).
- The program leadership should conduct an outcome study in the future to follow up on the 2003 cost study. The new evaluation should consider program effectiveness in light of continuing program maturation and the implementation of program improvements.
- Drug court staff are encouraged to discuss the findings from this process evaluation as a team, to identify areas of potential program adjustment and improvement.

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, & Pukstas, in press, 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

Members of the drug court team have attended drug court conferences and trainings for drug court professionals.

The APD has helped train staff in his and other drug court programs over the last few years. He has also done drug court-related training on a national level, and was involved with the first drug court trainings that took place in Maryland.

The current BCDTC judge attended a judicial training for drug court judges at the National Judicial Institute in Reno, NV, in 2005, and attended a drug court conference in Seattle in 2006.

Suggestions/Recommendations

- There should be an extensive orientation and training for every judge, ideally prior to coming into the BCDTC—District. The outgoing judge should be available for consultation with the new judge.
- Treatment providers should be included in an overall training plan for the program, so that they will better understand the drug court model and their role in the process.
- The drug court team, in collaboration with partner agencies, should ensure that all team members receive initial and continuing drug court training. There should be an expectation of, and encouragement for, staff taking advantage of ongoing learning opportunities, both locally and nationally. To support this goal, a 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

BCDTC—District has connected with many community partners, including Goodwill Industries of the Chesapeake, Associated Builders and Contractors (ABC), which is an association of about 1,000 building contractors in the various construction disciplines;

and other employment training and assistance programs; treatment providers; and housing agencies. BCDTC is also connected with Baltimore City's Re-Entry Center for persons who are recently released from jail; and DORS (Division of Rehabilitation Services) which offers services for persons with physical or mental disabilities.

Suggestions/Recommendations

- Add a discussion item to the advisory committee and working group meetings periodically to discuss possible community connections and resources, or ideas for generating outside support to enhance the program (such as providing additional incentives and rewards for participants who are doing well in the program).
- Consider implementing outreach efforts to potential community partners, such as education, faith-based institutions, etc., to engage new agencies and organizations in the program in creative ways.
- As described in Key Component 4, the program should identify funding opportunities or community connections in an effort to increase treatment capacity in Baltimore City, particularly for substance abuse and mental health services.

Baltimore City Adult District Drug Treatment Court: A Systems Framework for Program Improvement

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

The challenges and strengths found in the BCDTC 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 coercive environment includes the neighborhoods in which they live, their family members and friends, and the formal or informal economies through which they support themselves. In an effort to better address the needs of these individuals, then, it is important to understand the various social, economic and cultural factors that affect them.

Social service and criminal justice systems are designed to respond to community needs. To be effective, they need to clearly understand those needs. These two critical support systems need to come together to discuss, 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. This assessment of needs will 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 BCDTC seem to have a clear understanding of their service population. However, the program could benefit from reaching out more to community agencies and developing community partnerships, in order to generate resources for the program.

Summary of Community Level Recommendations

The drug court team should engage new agencies and organizations in the program in creative ways, build connections to access rewards and incentives that are meaningful and motivating to participants, and work with community partners to increase treatment capacity.

African Americans are overrepresented in this program, while Whites are underrepresented. If the team has not already done so, it should look to see where in the criminal justice system this discrepancy is occurring. If the overrepresentation occurs at the point of drug court entry, the team should review recruitment and admission procedures to identify where biases may be present.

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 own unique resources (e.g., staff time and expertise) to contribute. At this level, partner agencies must come together and develop (or share) a common understanding of each other's roles and contributions. They must also each make a sincere commitment 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 by 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

Work within the policy body to discuss the creation of a court for dually-diagnosed clients, or expand the program's capacity to serve clients with both mental illness and chemical dependency issues.

All team members should receive initial and continuing drug court training (including extensive orientation and training for every judge).

The program would benefit from treatment representation on the team, and from identifying ways more efficient procedures may be implemented (such as ways to decrease the time between behaviors and responses). Also, the team should discuss who is responsible for finding housing options for participants, and what barriers need to be addressed.

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 funds. 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 community.

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

Summary of Program Level Recommendations

The team should consider whether the STEP program's structure is appropriate and applicable to BCDTC—District.

The program should consider expanding the capacity of the program, expanding the use of incentives and rewards, and implementing a random testing process or increasing the testing to 3 per week in the first few weeks of participation. It would also be of value to in-

crease the frequency with which participants have contact with the judge and to extend the amount of time that a judge serves to at least 2 years.

The program should continue to use HATS, but transition to the new SMART MIS, and discuss findings from this process evaluation as a team. The team should continue to accumulate and analyze drug court program and participant data, and plan to conduct an outcome study in the future.

A training plan and log system should be established to support the suggested goal of there being an expectation of, and encouragement for, staff taking advantage of ongoing learning. Treatment providers should be included in the overall training plan for the program.

SUMMARY AND CONCLUSIONS

The Baltimore City Adult District Drug Treatment Court has many characteristics that closely follow the 10 Key Components of effective drug courts. This program offers a wide array of treatment resources, including peer support and encouragement, job readiness training and employment support, and inclusion of supportive housing. These services create and support a holistic service plan that encourages participant success. They also represent the goal of creating strong community connections and support of the program.

BCDTC–District shares critical program/client information across agencies through the HATS data system. The program also uses data from partner agencies to inform team members and decision-making, and to generate community support for the program.

The program has provided some opportunities for comprehensive training and professional development of key personnel.

There are other areas in which the program could make adjustments.

- Include treatment representation on the team, and treatment attendance at pre-court meetings and court sessions.
- Increase the efficiency with which participants enter the program: review and analyze case flow and set a goal for the number of days it should take for potential participants to enter the program.
- Increase treatment capacity for the drug treatment court and consider creation of a court for dually-diagnosed (chemical dependence and mental health issues) offenders.
- Increase the frequency of drug tests (especially in the first few months of program participation).
- Expand the use of incentives and rewards and work to decrease the time between behaviors and program responses to those behaviors (rewards and sanctions).
- Continue community outreach to build connections that may result in increased program resources.
- Increase the frequency of participant interaction with the judge; consider extending the amount of time a judge serves the drug court to at least 2 years.
- Include extensive orientation and training for every team member, including treatment providers.

Future outcome and cost studies will be beneficial in determining the impact of the program, assessing which components of the program are most effective, and identifying the characteristics of participants who are most likely to benefit from this program.

There are many areas the BCDTC—District has implemented well. Additional enhancements will further benefit participants and their families.

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APPENDIX A: DIFFERENCES BETWEEN THE DISTRICT AND CIRCUIT DRUG TREATMENT COURTS

Differences Between Circuit and District Court Drug Court Programs

Major differences between the circuit and district court drug court programs are:

1. Following arrest, individuals enter the district court's drug treatment court program more quickly (approximately 6 to 8 weeks) than individuals entering the circuit court's drug treatment court program, many of whom have to wait in jail for 3 to 5 months prior to entering the program.

2. Individuals on probation with the circuit court's drug treatment court are there on felony charges; as such, they expect more severe sentences than those in district court, who are there on misdemeanor charges. Many of those individuals interviewed felt that the severity of the sentence is a greater motivator for individuals in circuit court to enter the drug treatment court program, and to ultimately graduate, than it is for offenders in district court, who would receive lesser sentences.

3. The district court's drug treatment court program has pre-court team meetings, while the circuit court's program does not (preferring, instead, to address participant issues/concerns from the bench).

4. Unlike district court, drug court staff reported that there is no applause during the circuit court session for those participants who are doing well.

5. Participants who are not doing well in the circuit court's drug treatment court program are more apt to "disappear" (abscond) than participants in the district court program. It was reported that this is because circuit court participants know they will be given considerable jail time if they are removed from the drug court program.

6. District court's drug treatment court requires participants to be employed and to perform 20 hours of community service before graduation, while circuit court does not have these requirements. However, the circuit court does support its participants by providing referrals to job training/placement programs after individuals are stabilized, including the Goodwill Jobs Program, which is funded through a BJA grant. When appropriate, they will also encourage volunteering for community service.

APPENDIX B: FEEDBACK FROM FOCUS GROUPS

Baltimore City Adult Drug Treatment Court
Focus Group Summary

DISTRICT COURT GRADUATES AND PARTICIPANTS

What do you like about the drug court program? What worked?

- Drug court treatment has kept me off the street and kept me focused.
- What they ask me to do is not too much to handle.
- The drug court meetings, acupuncture program, and other parts of the program give you structure.
- It makes you feel better and gets you back out into the world
- They treat you like a man (how you're supposed to be).
- I needed someone on my neck.
- I wanted to stop using, but couldn't by myself.
- As a result of the drug court-related activities (drug testing, daily meetings, etc.), I was able to stop using.
- It became repetitious, so I got in the habit of doing the things that I had to do for the program. Then I started looking at myself, and I liked what I saw.
- People who were involved with the process were inspiring; they were interested in what they were doing, they made you feel that you were somebody. That was the most important part of when I came here: I felt like I was human again.
- They were more involved in listening. There were actions behind the talk, too.
- How compassionate the judges were.
- They gave me a chance. They were willing to help, and wanted to know how they could help.
- I had searched everywhere for answers; drug court showed me that the answers are inside of me.
- The drug court people understand that it's abnormal for an addict not to use. So, they do give us some chances, to a point. But when a person is not willing at all, they know the difference.

What didn't work?

- I can't say anything bad about drug court because it does work. It saves lives. If it wasn't for drug court, we'd be still in prison, or jail, or back out on the street doing drugs.
- I feel that the person has to surrender because we can accept drug court a million times, but if we're not finished using…
- The program won't work if the person isn't ready to surrender (they need to be teachable).
- There's nothing wrong with the system; the person has to be ready to make the change.
- I would suggested that the Friends in Recovery Mentoring (FIRM) needs to have more meetings, more time to meet, and a better place to meet. More people would come if those changes could be made.

- Because of the way the drug court is structured with all of the things that need to be done, it makes it hard to make it to work on time.
- It's hard to find a good job that is flexible enough to be able to do it and drug court.
- It's hard to go to school for the same reason.
- The sanction of having to sit in court for the whole day is very hard.

Were you treated fairly?

- [Judge] is good. He's fair.
- All of the judges are good. They work with you and give you a chance. But the judge isn't going to give you anything for free.
- I feel good going in front of the judge. When she reads my progress report, she's not going to say anything bad about me. I'm doing good.
- I've never walked through the front door of a courthouse before…every time I had to come into court, I came through the back door with shackles and chains…I felt that somewhere down the line, that had to stop. I got my life back and can now walk through the front door like a regular person.
- Mine [POs] have been pretty cool. He talks to me about how I'm doing in the program.

Suggestions?

- If you are scheduled to take your urinalysis in the afternoon, but you come in to do it in the morning (because of a problem with scheduling), you get into trouble. It would be nice if there were some flexibility there. It's hard to get around. If you happen to be there in the morning for a different appointment, it would be nice to just be able to give the sample then, while you're in the area.
- It would be great if they had a co-ed softball team. We need time together for recreation.
- It would be fun to have other activities (that don't involve drinking), like bowling, picnics, skating, etc.
- It is important that they get us into a AA/NA program. Sponsors are very helpful when you are having a tough time.

APPENDIX C: 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 http://www.npcresearch.com/materials.php (see Drug Court Materials section).

APPENDIX D: GLOSSARY

Glossary of Terms and Acronyms

ACT-SAP: Addicts Changing Together Substance Abuse Program, acupuncture program located in the jail and providing services to the Baltimore City Drug Treatment Court

AOC: Administrative Office of the Courts of the State of Maryland

APD: The Assistant Public Defender (defense counsel)

ASA: The Assistant State's Attorney (prosecutor)

BAASH: Baltimore Area Association of Supportive Housing. This group's self-imposed charge is to develop standards, self-regulate, and self-certify housing.

BCDTC: Baltimore City Drug Treatment Court, for adult offenders. In this report, the focus is on the District (misdemeanor) Court, though there is also a drug treatment court at the Circuit Court (addressing felonies)

BSAS: Baltimore Substance Abuse Systems, Inc.

CPHA: Citizens Planning and Housing Association. CPHA is involved in housing issues in the Baltimore City area.

DPP: Maryland Department of Public Safety and Correctional Services, Division of Parole and Probation, provides case management and supervision services for the Baltimore City Drug Treatment Court

FIRM: Friends in Recovery Maintaining, Aftercare treatment support program for Baltimore City Drug Treatment Court

HATS: State drug court data system

IOP: Intensive outpatient treatment (3 hours per day, 3 times per week, usually lasting 2 months)

NADCP: National Association of Drug Court Professionals, provides training for drug court staff

NPC: NPC Research (Northwest Professional Consortium, Inc.), contracted evaluation/research company hired to conduct this process evaluation

OP: Outpatient treatment (2 hours of treatment once a week, usually lasting 4 months)

OPD: Office of the Public Defender (provides legal advocacy and defense for offenders who cannot afford to hire a private attorney to represent them)

PA: Probation agent (case manager/probation officer)

SAO: State's Attorney's Office (prosecuting attorney for the state)

SMART: Statewide Maryland Automated Records Tracking database

STEP: Substance Abuse Treatment and Education Program, model for the Baltimore City Drug Treatment Court, similar to "phases"

TEMA: Temporary Emergency Medical Assistance, funds supportive housing