

Frederick County Drug Treatment Court (Circuit Court) Process Evaluation



Submitted to:

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EXECUTIVE SUMMARY

Drug treatment courts are one of the fastest growing programs designed to reduce drug abuse and criminality in nonviolent offenders in the United States. The first drug court was implemented in Florida in 1989. There were over 1,700 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, 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.

The Deputy State's Attorney in Frederick County, Nanci Hamm, together with the Honorable Julie Solt, Circuit Court Judge for Frederick County, were instrumental in starting the Frederick County Drug Treatment Court (FCDTC) program. Planning for the program began in 2004, with funding from the Maryland Office of Problem-Solving Courts. The coordinator was hired in February 2005, and the program began accepting participants soon thereafter. Judge Solt voluntarily took the role as drug court judge and continues to be the drug court's judge today.

The FCDTC enrolled 41 participants from May 2005 through September 2007. A total of 4 participants graduated and 8 were terminated from the program. The program reached its goal of 30 participants by the end of the fiscal year, 2007. The goal for the end of fiscal year 2008 is 50 participants. At the end of October, 2007 the program had enrolled 40 participants. These participants work with therapists from Frederick County

Health Department, Substance Abuse Services in structured group and individual therapy.

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

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

- Enhance public safety in Frederick County by reducing criminal activity by FCDTC participants and graduates within the community.
- Reduce substance abuse among drug court participants by providing effective interventions.
- Reduce the burden on taxpayers by promoting self-sufficiency of participants and graduates.

Process Results

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

The FCDTC fulfills many of the 10 key components through its current policies and structure. It integrates alcohol and other drug treatment services with justice system case processing, uses frequent alcohol/drug testing to monitor abstinence, has a consistent structure for responding to participant compliance, has invested in training for drug court team members, has had a continuously sitting judge, and has worked to develop partnerships with public and private community agencies and organizations.

There are several areas in which the FCDTC should and can make program improvements. The program should analyze the barriers in getting prospective participants referred to the drug court soon after arrest; examine the impact of the state's attorney having ultimate veto power on the notion of all members having an equal voice; make certain that all members of the drug court team have clearly defined roles and that turnover is minimized. In addition to these points, there are also several areas that do not appear to be problematic but deserve consideration. These items include the attendance requirements for intensive outpatient therapy and the disproportionate number of African American participants.

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

SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

Examine the underlying causes for the overrepresentation of African Americans in the program. Continue to maintain and develop

community resources as they relate to the most common participant needs.

SUMMARY OF AGENCY-LEVEL RECOMMENDATIONS

Examine the power of the state's attorney to veto prospective participants in an effort to ensure a non-adversarial, cooperative team experience. Look into the reasons behind turnover in the public defender's office in an effort to increase cohesiveness and key stakeholder buy-in. Ensure that all drug court services are culturally appropriate, especially given the racial/ethnic composition of FCDTC's participant population.

SUMMARY OF PROGRAM-LEVEL RECOMMENDATIONS

Analyze the flow of participant cases from arrest to referral to locate where prospective participants are currently being identified and how they might be identified sooner. Consider relaxing requirements concerning number of treatment sessions participants must attend if this requirement becomes a hardship for them.

BACKGROUND

In the last 18 years, one of the most dramatic developments in the movement to reduce substance abuse among the United States criminal justice population has been the spread of drug courts across the country. The first drug court was implemented in Florida in 1989. As of April 2007, there were at least 1,700 juvenile and adult drug courts, with drug courts operating or planned in all 50 states (including Native American Tribal Courts), the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam (BJA, 2007).

Drug courts are designed to guide offenders identified as drug-addicted into treatment that will reduce drug dependence and improve the quality of life for offenders and their families. Benefits to society take the form of reductions in crime committed by drug court participants, resulting in reduced costs to taxpayers and increased public safety.

In the typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives who operate outside of their traditional roles. The team typically includes a drug court coordinator, addiction treatment

providers, prosecuting attorneys, defense attorneys, law enforcement officers, and parole and probation officers who work together to provide needed services to drug court participants. Prosecuting attorneys and defense attorneys hold their usual adversarial positions in abeyance to support the treatment and supervision needs of program participants. Drug court programs can be viewed as blending resources, expertise, and interests of a variety of jurisdictions and agencies.

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

This report contains the process evaluation for the Frederick County Drug Treatment Court (FCDTC), a program for adults age 18 and older.

METHODS

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

Site Visits

NPC evaluation staff traveled to Frederick County, Maryland, for a site visit in April 2007. The visit included an interview with a key Frederick County Drug Treatment Court (FCDTC) staff member, attendance at the drug court team meeting, facilitation of a focus group with current drug court participants and a graduate, and an observation of a drug court hearing. The observations, interview, and focus group provided information about the structure, procedures, and routines used in the drug court.

Key Stakeholder Interviews

Key stakeholder interviews, conducted in person or by telephone, were a critical component of the FCDTC process study. NPC Research (NPC) staff interviewed 10 individuals involved in the administration of the drug court, including the drug court judge, the program coordinator, two representatives from the state's attorney and the assistant public defender. Other team members interviewed included the treatment supervisor and treatment counselor at Frederick County Health Department, Substance Abuse Services (FCHDSAS), an agent with the Parole and Probation Department, the program's Resource Specialist, and a former public defender with the FCDTC.

NPC has designed a *Drug Court Typology Interview Guide*¹, which provides a consistent method for collecting structure and process information from drug courts. In the interest of making this evaluation reflect local circumstances, this guide was modified to fit the purposes of this evaluation and this particular drug court. The information gathered through the use of this data collection instrument assisted the evaluation team in focusing on the day-to-day operations as well as identifying the most important and unique characteristics of the FCDTC.

Focus Group

NPC conducted one focus group in the offices of the FCDTC in April 2007. The group included current program participants and a graduate of the program. The focus group provided the current and former participants with an opportunity to share their experiences and perceptions regarding the drug court process. A summary of results can be found in Appendix B of this report.

Document Review

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

¹ The Typology Guide was originally developed by NPC Research under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. A description of the guide can be found in Appendix A, and a copy of this guide can be found at the NPC Research Web site: <http://www.npresearch.com/materials.php> (see Drug Court Materials section).

FREDERICK COUNTY DRUG TREATMENT COURT PROGRAM DESCRIPTION

Frederick County, Maryland

Frederick County is located in the western part of the state of Maryland, bordering Pennsylvania and Virginia. It is part of the Washington-Baltimore metropolitan area. Frederick City is the county seat of Frederick County. According to the 2005 Census estimate, the population of Frederick County was 215,877, with 28% under the age of 18 and a median age of 36. Frederick County's racial/ethnic composition was 85% White, 7% Black or African American, less than 1% Native American, 3% Asian and Pacific Islander (combined), just over 2% other races, and 2% multiracial. Less than 5% of the population was Hispanic or Latino of any race (the total of all of these racial/ethnic groups is over 100% because individuals may select more than one of these categories). There were 79,478 households reported in 2005; 39% were households with children under the age of 18. The Census also found that the median household income in the county was \$73,149, and the median family (defined as a group of two or more people who reside together and who are related by birth, marriage, or adoption) income was \$86,772. The county's unemployment rate was 3%, with 3% of families living below poverty level. Frederick County has a strong agricultural component to its economy. The largest employers aside from the government are Frederick Memorial Healthcare System; Bechtel, an engineering corporation; and SAIC, a science and engineering firm.

Frederick County Drug Treatment Court Overview

The Frederick County Drug Treatment Court (FCDTC) is located in Frederick City, Maryland, with the program servicing the entire

county. The program enrolled its first participant in May 2005. A variety of local agencies comprise the drug court. The FCDTC operations team is made up of the judge, coordinator, parole/probation agent, state's attorney, assistant public defender, Frederick County Health Department Substance Abuse Services (FCHDSAS) treatment providers, a resource specialist, and a circuit court administrator. The FCDTC serves adult offenders with substance abuse problems, providing intensive supervision and treatment through a strength-based restorative justice program.

IMPLEMENTATION

In May 2004, Frederick County State's Attorney, Nanci Hamm, approached Circuit Court Judge, Julie Solt, about implementing a drug court in Frederick County. Together, they applied for and received federal funding to create a program and attend program implementation trainings. The team went to a 3-stage national training, which took place in Buffalo, New Orleans, and Jacksonville. These trainings were hosted by the National Drug Court Institute (NDCI). Attendees included Judge Solt, a representative from the state's attorney's office, a representative from the office of the public defender, a supervisor from the Parole and Probation Department, and the director of the county's substance abuse treatment services.

Judge Solt has been with the FCDTC program since its inception, and Judge Theresa Adams has served as backup judge for the drug court during this same period. A coordinator was hired for the program in February 2005, shortly before the court enrolled its first participant. The Maryland Office of Problem-Solving Courts funds the coordinator's position as well as drug testing. In December 2006, the program received supple-

mental funding from the Maryland Office of Problem-Solving Courts to support the resource specialist position. The treatment provider position is funded through a grant from the Alcohol and Drug Abuse Administration. Other FCDTC staff are paid by their respective agencies.

PARTICIPANT POPULATION AND PROGRAM CAPACITY

At capacity, the FCDTC program is currently designed to serve 30 participants. Since the drug court became operational, it has been able to accommodate all participants identified as eligible for the program. As of September 2007, 41 individuals had enrolled in the drug court; 4 of these participants graduated, 8 were unsuccessful at completing the program, and 29 individuals were active participants. Since this time period, the program met its goal of 30 participants and is now striving for a capacity of 50 participants.

The majority (81%) of the program’s past and current participants are male, 34% are White, 64% are Black, and 2% represent other racial backgrounds. Participants aged 18 to 29 years make up 42% of the program’s (past and present) participants, 29% fall within 30 to 39 years of age, and 19% are 40 or older. The main drugs of choice for participants of the FCDTC program are cocaine and marijuana.

DRUG COURT GOALS

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

- Enhance public safety in Frederick County by reducing criminal activity (to include any drug and/or alcohol-related citation/charges) by Frederick County Drug Treatment Court participants and graduates within the community.

- Reduce substance abuse among Frederick County Drug Treatment Court participants by providing effective interventions.
- Reduce the burden on taxpayers by promoting self-sufficiency of participants and graduates.

The FCDTC staff’s goals for the program, as reported during the key stakeholder interviews, are consistent with those listed in the *Policy and Procedures Manual*. Additionally, several staff members expressed a further goal of assisting individuals who have been chronically involved with the criminal justice system to create a positive and productive life outside of the system.

ELIGIBILITY CRITERIA

The FCDTC eligibility criteria are listed in the *Policy and Procedures Manual*. Prospective participants who are eligible for the program must be residents of Frederick County, Maryland, and be 18 years of age or older. In addition:

- The offender must be charged in Frederick County.
- The charge must be a non-violent circuit court felony or a misdemeanor charged by criminal information or indictment.
- The offender must be substance abusing, with a dependency diagnosis.

Key stakeholder interviews confirmed that these are the operational eligibility criteria for the program. Generally, individuals identified as prospective drug court participants have not responded to regular probation and outpatient treatment. Although their charge must be a circuit court felony or misdemeanor, it does not have to be directly drug related. Charges and behaviors that preclude an individual’s entry into the program are violent offenses or a propensity toward violent behavior, sex offenses or a history of a sex offense, child abuse or a history of child

abuse offenses. Eligibility criteria and disqualifying factors can be waived at the discretion of the FCDTC staff on a case-by-case basis. However, this happens infrequently.

DRUG COURT PROGRAM SCREENING AND ENTRY PROCESS

The following description explains the process that prospective FCDTC participants go through before entering the program. Potential participants typically come to the program through an arrest or violation of probation. Offenders who violate their probation are referred to drug treatment court by the probation department, and offenders with a new arrest are referred to the program by the state's attorney's office or police. Additionally, the office of the public defender may refer a client, or a referral might be made by the judge at a bond review hearing.

A referral from a judge, probation, police, or the public defender is sent to the state's attorney's office first, where a legal background check is conducted. If the prospective participant qualifies for the program, her/his paperwork is reviewed at the next drug treatment court staff meeting, where anyone on the team who is familiar with the prospective participant is given the opportunity to provide additional information. From there, the drug court coordinator conducts a home visit and a brief intake interview, which covers the participant's demographic information as well as drug(s) of choice and mental health medication information. The coordinator also reviews the participant handbook with the prospective participant in order to find out whether she or he truly feels ready to enter the program. At this time, the individual is asked to sign a release of information form. Once these steps are completed, the participant is referred to the treatment provider, where he/she will be assessed using the American Society of Addiction Medicine (ASAM). This assessment tool is used to determine if the participant needs regular out-

patient treatment or intensive outpatient treatment. In November 2007, the program will begin using an additional assessment tool, which is expected to be administered by the coordinator, to evaluate prospective participants. The Risk and Needs Triage (RANT)² tool is intended to help the team assign participants to the most effective combination of treatment and supervision given their criminal risks and clinical needs. A participant entry questionnaire has also been added to the intake process. Questions are based on FCDTC program rules and concepts included in the participant handbook.

Once the individual is accepted into the program, the state's attorney and the defense attorney must negotiate a plea agreement. In order to participate in the FCDTC, the individual must plead guilty to a suspended sentence pending successful completion of the program. Finally, the individual must sign a participant contract which outlines program expectations regarding the suspended sentence. If at any point in the screening process the prospective participant is not accepted into the program, traditional court proceedings will take place, based on the original charges.

Because a referral to the program can come from so many different agencies and at so many different points in the criminal adjudication process, the time it takes from the initial arrest to the actual referral can vary greatly. The team strives for a goal of 2 weeks, but it often takes longer; an example of this is a referral that comes from a defense attorney whose client has been detained for a long period of time (prior to being identified as a possible drug court candidate). It was reported by staff that, in practice, the approximate time from arrest to referral is typically 2 to 4 weeks. Once an individual is referred to the program, it takes less than 10 days to officially enroll as a participant.

² A more detailed description of RANT can be found at http://www.tresearch.org/headlines/2007Jul_RANT.htm

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

The FCDTC is a post-plea, pre-sentence program. Most of the participants are repeat offenders, entering the program as a result of a felony case, so they are typically facing 10 to 20 years incarceration as an alternative to drug treatment court participation. When individuals are accepted into the drug court program, their sentence is suspended. They do not have to serve jail/prison time once they successfully complete the program. Graduates do, however, remain on probation once they have completed the program, typically for 18 months. Participation in FCDTC is voluntary and the elimination of potential incarceration time is the primary incentive for offenders to enter the program. Additional incentives for offenders to enter—and progress through—the drug court program include support in their recovery with treatment and case management, receiving praise from the judge, and material incentives (e.g., gift cards) as they advance from phase to phase.

DRUG COURT PROGRAM PHASES

The FCDTC program has four components that generally take 18 months to complete, overall, but never less than 15 months. These components consist of an orientation phase followed by Phases 1 through 3. The following describes the original phase structure:

The length of each phase is dependent upon the participant's level of compliance with the drug court requirements. All participants are required to perform community service when not employed or enrolled in an educational program. Examples of community service include working at food banks and homeless shelters.

The first program stage is an orientation phase that lasts 30 days. During this phase, the parole/probation agent conducts no less than two random drug tests per week. She

completes monthly home visits, and participants must report to her office twice weekly. Court appearances also take place on a weekly basis.

During this stage, the treatment counselor and program participant develop an individualized treatment plan. According to the participant's need, treatment may consist of participation in the Intensive Outpatient Program (IOP), which itself has two phases; or the regular Outpatient Program (OP), which has only one. Very few individuals start in regular OP; most are initially assessed as needing IOP treatment. Treatment plans are reviewed every 30 days for participants in IOP and every 90 days for participants in regular OP. Treatment phases are distinct from drug court phases. Although the participant must be progressing in treatment, she or he need not complete a treatment phase in order to advance in a drug court phase.

To advance to Phase 1, participants must make court appearances, attend self-help groups as directed, abide by an imposed curfew, obtain drug court-approved housing, cooperate with employment, education, mental and physical health referrals, obtain an identification card, and have no new offenses. Phase 1 is "stabilization" and it lasts no less than 3 months. During Phase 1, the parole/probation agent conducts random drug tests no less than 2 times a week. She does monthly home visits and has face-to-face contact with participants twice weekly. Court visits take place on a weekly basis. To advance to Phase 2, participants must have a minimum of 30 consecutive days of sobriety, make all scheduled court appearances, complete 60 consecutive days with SCRAM alcohol monitoring, abide by the curfew, reside in court-approved housing, have no new offenses, and comply with their treatment plan.

The main goal of the drug court's Phase 2 is "intensive engagement and participation." During this phase, which lasts no less than 5 months, participants continue with their indi-

vidual treatment. Drug tests are conducted no less than once per week in Phase 2. The number of home visits and face-to-face contacts with probation remain the same as in Phase 1. Participants must appear before the judge at least 2 times per month. To advance to Phase 3, participants must maintain abstinence from drugs and alcohol, make court appearances, advance from lower phases of treatment, attend self-help groups as directed, abide by the curfew, be employed or in school, comply with mental and physical health treatment, have no new offenses, and comply with their treatment plan.

Phase 3 of the FCDTC is designed for “continuing care” and lasts no less than 6 months. Drug testing is conducted at least once per month at the court hearing during this phase. Random drug tests are also conducted by the parole/probation agent. The parole/probation agent conducts home visits no less than 2 times each 6 months, and face-to-face contacts at the probation office occur 2 times each month. Court appearances take place at least once per month. To complete this phase, participants must maintain abstinence; make court appearances; attend self-help groups as directed; complete GED, vocational or technical training; participate with the Youthful Offenders’ Program³, continue stable employment, reside in approved housing, comply with physical and mental health treatment, have no new offenses, and comply with their treatment plan.

Beginning in September of 2007, the phase structure was changed slightly. There is no longer an orientation phase, and the program is now divided into 3 phases. The first phase, Stabilization, is now 4 instead of 3 months long. The length of Phase 2 and Phase 3 is unchanged. Additionally, there is now a re-

quirement of 40 hours of community service during Phase 2 which must be completed before advancement to Phase 3 is considered. Community service projects are assigned through the Frederick County Sheriff’s Office Alternative Sentencing Program. Finally, participants are no longer required to wear the SCRAM ankle bracelets. They are now used on an as-needed basis.

GRADUATION

In order to graduate from FCDTC, participants needed to satisfy program requirements for orientation and three phases, including:

- Staying clean and sober for at least 6 months
- Establishing regular attendance at drug and alcohol self-help meetings, such as NA and AA
- Completing 3 community service activities
- Obtain full-time employment, unless in school
- Obtain stable housing

When all program requirements are met, a recommendation for graduation is made by the treatment provider. The FCDTC holds an individual graduation ceremony for each graduate, which takes place in the courtroom with the other participants present. A certificate of completion is presented to the graduate, and the judge shakes his or her hand. In addition, other judges are invited to attend. Cake and refreshments are served following completion of the drug court session.

The drug court team added an application to the graduation process. The prospective graduates must write a 3 to 5 page essay describing their life while abusing substances, their experience in drug court and their relapse prevention plan. This Graduation Application is due at least two weeks prior to

³ Youthful Offenders is a program run by the State’s Attorney’s Office. It is intended to provide an educational view of the criminal justice system to Frederick County youth. Drug court participants give public talks through this program.

graduation and was implemented in September 2007.

TREATMENT OVERVIEW

There is one treatment provider associated with the FCDTC: Frederick County Health Department Substance Abuse Services (FCHDSAS), also known as Project 103 – a name the program adopted before it was associated with Frederick County Health Department. If individuals are assessed as needing additional mental health counseling, they will receive a referral from the program’s resource specialist to the appropriate outside agency, such as Catholic Charities or Frederick County Mental Health. Their primary counseling support for substance abuse is typically provided through Project 103. Participants may also choose a private substance abuse program if they have insurance; however, private providers must adhere to FCDTC reporting, treatment and testing requirements.

The team plans to have one full-time therapist handling drug court participants starting in September 2007. Prior to that time, two therapists share drug court responsibilities, working with participants on a daily basis. Treatment plans are tailored to the individual participant and interventions employed include the 12-step model, chronic disease model, motivational enhancement, and cognitive behavior therapy. In their work with participants, counselors also utilize the “Living in Balance” curriculum and other Hazelden⁴ resources.

DSM-IV criteria are used to determine substance abuse or dependence diagnoses. Risk factors and predictors of success are determined during the bio-psychosocial interview, using an assessment of strengths and weaknesses, a spirituality inventory, the Addiction

⁴ Hazelden is a private nonprofit treatment center in Minnesota, founded in 1949. They offer resources based on years of research and expertise in the field of addiction and recovery.

Severity Index (ASI), and a (physical) health questionnaire. Program counselors use the American Society of Addiction Medicine (ASAM) criteria to determine at which level of treatment each participant should begin. Participants typically start with intensive outpatient (IOP) services, completing two treatment phases before moving on to regular outpatient (OP) treatment. However, there are some participants who start in regular OP.

Regular outpatient treatment includes treatment services from 1 to 8 hours weekly, depending on the individual needs of the participant. An individual may receive this level of treatment for up to 26 weeks, or longer if indicated. Participants are required to be drug-free 180 days in order to complete treatment and will also need to demonstrate advanced knowledge and practice of recovery concepts and relapse prevention techniques. Once the client has completed all treatment plan objectives, the counselor will discuss with him/her specific aftercare goals to be completed.

IOP, Phase 1 treatment lasts a minimum of 4 weeks. Participants attend groups 1 to 3 hours daily, 5 days a week. A client may advance to IOP, Phase 2 once all assignments have been completed. Some of these assignments include building a support network, completing a written first step, completing a Big Book⁵ assignment, keeping a journal, and maintaining abstinence for at least 1 month.

IOP, Phase 2 treatment lasts from 4 to 10 weeks. Treatment consists of 3 hours of group 3 times a week. To complete this treatment phase, a participant must attend a minimum of 12 days of treatment in addition to attending 12 self-help meetings. He or she must also finish treatment-based assign-

⁵ The Big Book was first published in 1939, and is the cornerstone piece of literature for Alcoholics Anonymous, covering concepts of recovery from alcoholism through stories of men and women who have overcome the disease.

ments, which include completing a written second step, writing a relapse prevention plan, obtaining a permanent sponsor, and maintaining abstinence.

Once a participant has completed IOP/OP, the FCDTC requires that he/she focus on relapse prevention strategies, feelings management, and crisis management (with the support of program staff). Once the participant has completed all treatment plan objectives, the counselor will discuss aftercare goals and objectives with the participant. Aftercare may begin before or after graduation and, aside from treatment goals, may also include education and employment goals. Graduates of the program continue to work on their aftercare plan and attend monthly sessions with the treatment provider.

THE DRUG COURT TEAM

Judge

Judge Julie Solt has been with FCDTC since its implementation and currently presides over the court. She is uniquely qualified for this position, having already served on the Maryland Drug Court Commission (now called the Judicial Conference Committee on Problem-Solving Courts) for 2 years. The position of drug treatment court judge is voluntary, and the duties performed are in addition to her responsibilities as a Frederick County Circuit Court judge. In rare instances when Judge Solt is unable to preside over the drug court hearings, Judge Theresa Adams will step in to take her place.

Coordinator

The FCDTC coordinator is responsible for organizing and facilitating the pre-court team meetings where he disseminates information to the team every week. He administers all of the program's grants and acts as a resource to the team for training and workshop opportunities. The coordinator organizes drug court hearing dockets and briefs the judge (who does not attend the pre-court team meeting).

In addition, he has forged relationships with community organizations and continues to educate the community about the FCDTC program.

Parole/Probation Agent

The current parole/probation agent has been with FCDTC since its implementation. She supervises all of the program participants, develops case plans, and performs regular drug testing. She maintains regular communication with the treatment provider concerning drug test results and any other situations that may affect a participant's progress. The parole/probation agent attends pre-court meetings as well as drug court hearings.

Treatment Provider

There are 2 part-time counselors from FCHDSAS on the FCDTC team. These counselors conduct weekly individual and group sessions with the program participants, and they regularly report to the drug court team regarding the progress of program participants. They are also responsible for creating individualized treatment plans for program participants and for conducting drug testing as needed. One of the two therapists is always present for both pre-court meetings and court hearings. In September 2007, the program plans to replace the two part-time therapists with one full-time therapist.

Assistant Public Defender

The FCDTC's assistant public defender (APD) represents the program's participants after their plea agreement, maintaining the role as advocate while supporting the program's non-adversarial team approach. The current APD has been with the FCDTC since May 2007. The APD attends the pre-court team meetings, where he contributes to team decisions and advocates for participants along with the other team members. He also attends the drug court hearings. The APD ensures that drug court procedures and protocols are in the defendant's best interest. He

does not represent participants who are being terminated from the program nor is he involved in plea negotiations. Another representative from the public defender's office, who is not part of the drug court team, handles participant plea agreements and termination proceedings.

State's Attorney's Office

There are two representatives from the state's attorney's office (SAO) on the drug court team. They both regularly participate in the pre-court team meetings and in drug court hearings. The state's attorneys on the FCDTC team are active in the eligibility process, in helping to determine prospective participants' legal eligibility for the program. The SAO representatives negotiate the participants' plea agreements, and they have the ultimate veto power concerning which individuals are accepted into the program. It was reported by several team members during interviews that a veto outside the listed criteria rarely happens. However, when it does, it is generally a result of information from the SAO (usually associated with an ongoing case) that cannot be shared with the team.

Resource Specialist

The resource specialist joined the drug court team in March 2007 and is employed by the circuit court. He interacts with participants, individually, to connect them to ancillary services, such as stable housing and job training programs, and works to ensure that there are no logistical barriers to their progress in the program. Since joining the team, the resource specialist has worked to maintain existing relationships between the drug court and community organizations, and has also sought out new community connections to address the emerging needs of program participants. The resource specialist attends both the pre-court team meetings and the drug court hearings.

Circuit Court Administrator

The circuit court administrator supervises the drug court coordinator's position and oversees the circuit court administration staff. She sometimes attends pre-hearing meetings and court hearings.

DRUG COURT TEAM TRAINING

The judge, the current deputy state's attorney, a probation supervisor, a representative from the public defender's office, and the director of FCHDSAS attended a series of planning trainings sponsored by the National Drug Court Institute (NDCI) in 2004. The coordinator received job-specific training through NDCI in September 2006. In 2007, the entire team attended a one-day training with Douglas Marlowe⁶, who traveled to Frederick County. Training topics included sanctions and incentives and risk versus needs. In June 2007, the coordinator, the resource specialist, the state's attorney, a treatment counselor and the parole/probation agent attended the National Association of Drug Court Professionals (NADCP) training conference in Washington DC. The entire drug court team attended the NADCP training conference in 2006 as well. In July 2007, one of the team members from the SAO attended a one-week job-specific training in Annapolis. The drug court team attended training through the Maryland Office of Problem Solving Courts in Annapolis, in both 2006 and 2007.

TEAM MEETINGS

The pre-court meeting is held every Wednesday afternoon and generally lasts 1 to 2 hours. The coordinator, assistant public defender, state's attorney, parole and probation agent, treatment counselor, resource specialist, and court administrator attend this meeting. During the pre-court meeting, team

⁶ Doug Marlowe is a drug court researcher at the Treatment Research Institute, University of Pennsylvania.

members provide an oral summary of each participant's overall goals and progress, along with a summary of progress in the specific areas of home life, treatment, employment, and community activities. Team members then make recommendations regarding sanctions and incentives, which are relayed to the judge by e-mail after the meeting, and by the coordinator at a briefing the next morning. The judge makes the final decision regarding responses to participant behavior.

In addition to the pre-court meetings, team members hold a staff retreat twice annually to discuss policy issues. Attendees include all individuals typically present at pre-court meetings, in addition to the judge (depending on her docket that day).

As of September 2007, the program added another team meeting which takes place after the coordinator briefs the judge, but before the court hearing. The meeting is approximately 20 minutes long and is meant to allow discussion of participant issues between the judge and the rest of the team.

PROVIDER AND TEAM COMMUNICATION WITH THE COURT

All FCDTC participating agencies are housed within the same building and because of this, team members tend to see one another on a daily basis. The primary form of communication between the drug court team is through e-mail. In addition, written progress reports are submitted to the court weekly during Phase 1, by the treatment provider. In Phase 2, reports are submitted at least two times per month and, during Phase 3, reports are submitted monthly. Information provided in the reports includes urine drug test results, counseling attendance and participation, and treatment progress

DRUG COURT HEARINGS

Drug court hearings are held every Thursday from 8 to 9:30 a.m. The FCDTC coordinator

meets with the judge at 7:45 a.m. that morning to brief her on the progress of all participants scheduled on that day's docket. Team members that regularly attend the hearings include the judge, coordinator, assistant public defender, state's attorney, parole/probation agent, treatment counselor, and resource specialist.

The drug court hearing is open to the public. Family members do not usually attend unless the participant is advancing from one phase to the next. On average, there are about 13 to 15 participants in attendance, and they are expected to remain for the entire hearing to observe the incentives and sanctions administered to their peers. Individual participants are called up, one by one, and each is directed to stand at a podium while speaking with the judge. Participants are always allowed to speak about their progress and state any concerns they might have. If a team member wishes to say something during the hearing, she or he will stand, and the judge will signal to them when it is their turn to speak. Typically, however, the judge and the program participants are primarily the ones who speak during the hearing.

FAMILY INVOLVEMENT

The drug court coordinator briefs the prospective participant's family about the program timeline and requirements before she or he enters the program. Family participation is not compulsory; however, the treatment counselor may suggest that certain participants bring their families in for weekly family counseling. Additionally, participants are encouraged to invite family members to specific court hearings that include phase advancement and to their program graduation ceremony.

SUBSTANCE ABUSE TREATMENT FEES

Frederick County Health Department Substance Abuse Services charges for treatment if the participant is employed, using a sliding

scale to determine the appropriate fee. Typically, individual treatment costs between \$10 and \$15 per session, and group treatment is usually \$2 to \$5 per session. Participants are also expected to pay for confirmation of a positive UA, which costs the participant \$6 and is added to his/her probation account. Participants who have a balance at the time of graduation are put on a payment plan. An outstanding balance does not preclude graduation.

DRUG TESTING

Participants' compliance with the program is assessed through urinalysis (UA) tests. Tests are conducted every Monday, during the time the participant meets with his/her parole/probation agent. They are also conducted every Thursday when participants come to court for the drug court hearing. Team members decide in pre-court team meetings which participants will receive random drug tests. If there is any suspicion of drug use, the parole/probation agent, resource specialist, drug court coordinator, or treatment counselor can, at any time, require that the participant immediately come in for testing. The regular UA tests are rapid tests, with positive results being sent to a lab for confirmation. If a positive result is confirmed, a \$6 lab fee is assessed to the participant's probation tab. Test results take 2 days to get back. Specific substances assessed through rapid tests include cocaine, amphetamines, methamphetamine, marijuana, opiates, PCP and benzodiazepines. Dipsticks that test for ecstasy may also be used by program staff if there is a suspicion of use by a participant.

In addition to drug testing, the FCDTC purchased 15 Secure Continuous Remote Alcohol Monitor (SCRAM) units, which are used to monitor alcohol use. Prior to September 2007, newer participants began wearing these ankle bracelets from the 3-week point (after starting the program) until they completed Phase 1 of the program. Implementation of

SCRAM units came about when team members suspected that participants were replacing illegal substances with alcohol.

In September 2007, the team decided to use SCRAM on an as-needed basis only. They also decided to incorporate a new randomized drug testing system in October 2007. Each participant is assigned a color and must call in to a hotline daily to find out what the color of the day is. He or she is required to report for testing between 9 a.m. and 4 p.m. if his or her color is indicated.

INCENTIVES

FCDTC participants receive incentives from the judge for doing well in the program. These incentives are generally provided during the court hearing, with participants who are eligible to receive an incentive (because of completing program expectations) being directed to pull a card from the fish bowl or grab bag. Incentives include gift certificates up to \$25, and being able to skip a UA or court session.

Beginning in September 2007, the team incorporated a second method of obtaining incentives. They use an All-Star board which is displayed in the courtroom. Participants' names must appear on this board in order to be eligible for an incentive. This is done to recognize those participants who have met all requirements for the week, including attendance at groups and appointments, as well as compliance with referrals. Non-monetary incentives are also distributed on a case-by-case basis at the drug court hearings.

SANCTIONS

After a non-compliant act occurs, such as getting a new charge, or missing treatment or parole/probation appointments, the FCDTC team discusses the issues related to the infraction during the weekly pre-court meeting. If the infraction occurs at a time that is far from the participant's next court appearance,

the team can decide to convene an emergency meeting depending on the gravity of the infraction. The drug court team contributes to decisions on sanctions through the sharing of relevant information and related recommendations. The judge takes the team's recommendations into consideration and then makes the final decision; however, she generally agrees with the team's decisions.

Possible sanctions are graduated and may include writing assignments or workbook exercises, sitting in the penalty box during a (non-drug court) hearing, community service, or jail time. Sanctions are individualized; for example, a workbook assignment may not be as effective as community service in curbing negative behaviors, depending on the participant.

UNSUCCESSFUL PROGRAM COMPLETION (TERMINATION)

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

- Continued non-compliance
- Picking up a new conviction or a new charge severe enough that the team determines it warrants dismissal from the program
- Demonstrating violent behaviors towards program staff

At the end of September 2007, the FCDTC program has discharged 8 participants (20%) from the program. The decision to end an

individual's participation in the program is determined through a team vote, with the judge having the ultimate say regarding removal.

DATA COLLECTED BY THE DRUG COURT FOR TRACKING AND EVALUATION PURPOSES

The treatment provider and coordinator track information using the Statewide Maryland Automated Records Tracking (SMART) system and client charts.

COMMUNITY LIAISONS

Team members have partnered with a number of community agencies in Frederick County in a concerted effort to provide needed services to drug court participants. One of the drug court's most supportive organizations has been the Maryland State Bar Association (MSBA). The MSBA has been instrumental in obtaining donations for participants to serve as incentives. The resource specialist has developed connections with agencies such as the Department of Rehabilitation Services, the Business Education Center, Community Action Agency, Catholic Charities, and Goodwill Industries. These agencies are helpful in areas of education, employment, counseling, medical care, identification cards, and meals/food support. In addition to these supports, the resource specialist works with local halfway housing associations to identify housing opportunities for participants.

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.

Local Process

The Frederick County Drug Treatment Court (FCDTC) has an integrated treatment and judicial team that includes the judge, drug court coordinator, a representative from the office of the public defender, representatives from the state's attorney's office, a resource specialist, the circuit court administrator and a parole and probation case manager. During data collection, the drug court had two part-time treatment counselors who worked with drug court participants; sometime in September 2007, they plan to have one full-time treatment counselor devoted to drug court. Consistent assessment is achieved through the Frederick County Health Department, Substance Abuse Services (FCHDSAS), the program's sole treatment provider. The Director of Substance Abuse Services and a supervisor who oversees counseling are also on the drug court team but do not attend hearings or pre-hearing meetings. Team members reported that drug court agencies work well together, and the team has been contacted by other drug courts hoping to replicate their working relationships.

Policy issues are discussed twice annually at group retreats. All team members attend the

retreats, with the exception of the judge, whose attendance is dependent on her docket. The substance abuse services director and the treatment supervisor do not attend the pre-hearing meetings but are involved at the policy level. However, the treatment counselors attend the pre-hearing meetings. The judge used to attend pre-hearing meetings but no longer does due to a demanding docket. In September 2007, the team added a brief meeting to occur before the drug court hearing so that more team members could be present to meet with the judge. However, not all FCDTC team members attend this meeting. Treatment providers send a written review of participant's progress to all team members before pre-court meetings and are present at the meetings to answer any questions.

The FCDTC has experienced some change in staff since its initial implementation: specifically, it has had various representatives from the Office of the Public Defender (OPD). The initial representative from the OPD was with the team for 1 ½ years before going into private practice. Since then, there have been two other representatives from the office. In addition, two part-time therapists are with the drug court until a full-time therapist is hired and can take over their responsibilities with the drug court.

Recommendations/Suggestions

- Because continuity in team roles strengthens relationships, the program should work to reduce turnover in the public defender's office and look into the reasons behind short tenures. All team members should be well integrated and have a stake in the program goals.
- Representatives from all agencies should attend pre-hearing meetings in order for the entire team to be integrated and have the most current information on participants and decisions arising from these meetings. If the team feels that it is valu-

able to have the judge present at these meetings, it is important to pursue resources that would minimize the judge's responsibilities outside of drug court.

- Based on conversations with team members, there needs to be some clarification around the role of the circuit court administrator. If she is going to be a contributing member in discussions about participants, it is recommended that she attend meetings consistently and participate in drug court trainings.

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

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

National Research

Recent research by Carey, Finigan, & Puksas, 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 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

Prosecution and defense counsel are included as part of the drug court team. The public defender and the state's attorney relax their normally adversarial roles in the interest of supporting the needs of participants. The relationship between the public defender and the state's attorney is reportedly positive. In a few cases, participants are represented by outside attorneys. If the defense and state's attorney cannot come to an agreement, an additional hearing will be held so the judge can make the final decision. However, this rarely happens. This APD does not represent participants at the termination point. However, other drug courts have continuous legal counsel throughout this process and the FCDTC should consider the costs and benefits related to this practice.

Recommendations/Suggestions

- Although it is not used often, the SAO's power to veto prospective participants may lend itself to a sense of power imbalance. The team may want to examine how often this structure impacts decision-making and the degree to which all team members have an equal voice. The program may want to revise policies such as this one that could be a barrier to the goal of having a non-adversarial, cooperative team.

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 FCDTC accepts only post-plea offenders. Charges do not have to be directly drug-related. The program relies on referrals from law enforcement, defense attorneys, parole and probation, and in some cases the judge or family members. Legal eligibility is determined by the state's attorney and is based on requirements which are clearly set forth in the *Frederick County Drug Treatment Court Policy and Procedures Manual*. However, because referral sources are so varied, referral times can be lengthy.

FCDTC strives for a 2-week window between arrest and referral to drug court, but the process may take longer depending on the prospective participant's detention time prior to coming to the attention of the drug court team. Additionally, cases that are moved from district court to circuit court have a slightly longer arrest to referral time. According to team members, this happens in approximately one-third of the cases.

Recommendations/Suggestions

- The program may want to conduct an in-depth review to determine if there are places where time could be saved between arrest and identification for drug court. An analysis of case flow to identify bottlenecks or structural barriers, and points in the process where potential adjustments to procedures could facilitate quicker placement into drug court would be helpful. In addition, a more systematic identification and referral process may be able to shorten the time between arrest and drug court entry.
- The drug court team should examine the underlying causes of the overrepresentation of African Americans in the program. A review of the decision points

from arrest to drug court entry is advised to see where the disproportionality is occurring. (For example, while rates are not representative of the racial/ethnic composition of the community, an examination may reveal that the drug court population mirrors the Frederick County criminal justice population.)

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

Research Question: Are diverse specialized treatment services available?

National Research

Programs that have requirements around the frequency of group and individual treatment sessions (e.g., group sessions 3 times per week and individual sessions 1 time per week) have lower investment costs⁷ (Carey et al., 2005) and substantially higher graduation rates and improved outcome costs⁸ (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

⁷ 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.

⁸ 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.

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

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

Discharge and transitional services planning is a core element of substance abuse treatment (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

Participants of the FCDTC are required to attend group therapy five times per week in the first month (Orientation Phase). After Orientation Phase, the participant has weekly individual sessions in addition to group sessions. Family counseling sessions are available as needed, and family groups are offered weekly. If a participant is employed, she or he may skip one group session weekly. As the participant progresses through the program, time spent in group sessions decreases. Once all phases of intensive treatment are completed, treatment services continue, highlighting aspects of relapse prevention. Team members reported that participants

who had graduated from FTDTTC continued attending individual treatment sessions as part of an aftercare plan. In addition, focus group participants indicated that they really appreciated the groups, especially IOP, specifically stating that the support they received from the counselor and each other, in addition to the spiritual aspect of the group, was extremely helpful in keeping them clean.

The treatment provider for FCDTC is Frederick County Health Department Substance Abuse Services. The therapist facilitates group therapy. A variety of treatment modalities is used, including cognitive behavior therapy, motivational enhancement, and the chronic disease model. Counselors also use Hazelden resources such as “Living in Balance” to address the formation of values. This model combines 12-step with cognitive-behavioral and experiential therapy to help the participant create life goals and objectives incompatible with a substance-using lifestyle. Also, the program has an active referral service for participants needing work in anger management and victimization issues.

In addition to these services, the FCDTC works with Workforce Services (WFS) and the Department of Rehabilitation Services (DORS) to provide educational and employment opportunities to participants. These organizations use an aptitude, knowledge and skills inventory to help them determine participants’ knowledge of various employment and education-related topics. Participants can take advantage of GED services and/or an on-the job training program offered by WFS. DORS offers programs and resources to participants whose needs are not met through WFS.

Racial/ethnic minorities are served in the FCDTC, and in fact are overrepresented. None of the staff interviewed discussed whether any treatment resources were cultu-

rally specific. However, the *Policy and Procedures Manual* indicates that services are available to participants from different cultures through interpreting services. Additionally, it was reported that the team has had cultural awareness training.

Recommendations/Suggestions

- While required attendance at treatment sessions in FCDTC is higher than the optimal dosage seen in national outcomes research, neither team members nor participants indicated that this requirement posed a problem. Team members should be aware that the extensive treatment requirements have the potential to be a hardship for participants in the future. In line with this, an analysis of the reasons behind participant’s unsuccessful completion of the program may help to lower termination rates.
- While the team has had some cultural awareness training, they should update their knowledge and resources to meet the needs of their participant population. In order to ensure that services are culturally specific or sensitive, staff members working with participants need to have experience with and understanding of the cultural characteristics of the populations being served (e.g., African Americans).

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

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

National Research

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

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

Results from the American University National Drug Court Survey (Cooper, 2000) show that the number of urinalyses (UAs) given by the large majority of drug courts nationally during the first two phases is two to three per week.

Local Process

The number of urinalyses administered in FCDTC is comparable to most drug courts nationally. The administration of two to three UAs per week in the first two phases and one to two UAs per week in the third and fourth phases is consistent with national experience. FCDTC administers UAs randomly in all phases, as they did in the orientation phase. The team will be implementing a new randomization process in the near future, using a call-in system. Until that time, the team decides at the weekly pre-hearing meetings which participants will have random drug testing. Drugs tested for include cocaine, amphetamine, methamphetamines, marijuana, opiates, and benzodiazepines.

In addition to drug testing, FCDTC uses the Secure Continuous Remote Alcohol Monitor (SCRAM), an ankle bracelet worn by participants as needed. SCRAM detects alcohol use transdermally. One participant commented on the program's drug and alcohol testing:

If I weren't taking 2-3 urine tests a week, I would be getting high. Having to wear

the ankle bracelet when you first start the program is a good thing because, personally, when I first got out (of jail) that's what I struggled with (getting drunk).

Recommendations/Suggestions

There are no recommendations at this time for this area, as the program appears to have implemented a successful drug use monitoring system.

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

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

National Research

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

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

Currently, drug court hearings are held on the mornings following the pre-court team meetings. At these meetings, team members discuss and generally agree upon responses to participant behavior. However, it has been reported that if disagreements persist, the judge will make the final decision. While the FCDTC coordinator, case manager and judge offer incentives to drug court participants, team members agreed that only the judge imposes sanctions.

FCDTC has clearly stated guidelines on what constitutes compliant and non-compliant behavior. Information related to incentives, rewards, and sanctions is addressed in the FCDTC *Policy and Procedures Manual* as well as the *Participant Handbook*. Team members reported that sanctions and rewards are handed out in a consistent manner. Also, sanctions are given with the individual in mind, according to team members, who felt not all sanctions would impact participants equally. Team members reported that sanctions are given from 24 hours to one week after a non-compliant behavior, depending on the gravity of the behavior. For example, an act that would require jail time is responded to within 24 to 48 hours.

Recommendations/Suggestions

- While there were no reports by participants of unfair treatment, when handing down individualized sanctions, the team needs to take into consideration the appearance of equal treatment. It may be beneficial to explain to participants why different consequences are applied to similar behaviors.

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

Research Question: Do this court's participants have frequent contact with the judge? What is the nature of this contact?

National Research

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

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

Local Process

Participants in FCDTC have weekly interaction with the judge in the Orientation Phase and Phase I and once or twice per month in Phases 2 and 3. State's attorney, Nanci Hamm, and Judge Solt were the driving forces behind FCDTC. Judge Solt has been with the program since its inception and does not have a fixed term. In the courtroom, the judge acknowledges both the participants and the drug court team members. The team had only positive comments to make about

the judge's demeanor in court. One member explained, "[s]he's appropriately friendly, but keeps her judicial demeanor. They (participants) all have respect for her and know she has the final word." Participants' comments were equally positive. One participant explained,

We have the best possible judge for drug court because she's all about treatment; she's about helping people. The first thing she said when we came into the program was, "if you're honest, we can help you."

Recommendations/Suggestions

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

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

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

National Research

Carey, Finigan, & 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 that lead to modification of drug court operations, 3) modifying drug court operations as a result of program evaluations, and 4) participation of the drug court in more than one evaluation by an independent evaluator. Graduation rates were associated with some of the evaluation processes used. The second and third processes were associated with higher graduation rates, while the first process listed was associated with lower graduation rates.

Local Process

The coordinator for the FTDTTC keeps information on program participants, including demographic information that is obtained in the intake interview. He then enters this information into the Statewide Maryland Automated Records Tracking (SMART) system. The resource specialist maintains a database which helps him track participant progress and assess service needs. Finally, in addition to the drug court coordinator, the treatment provider also tracks information using the SMART system.

The treatment provider uses SMART to enter demographic, assessment and admission and discharge information. The coordinator enters information into SMART regarding drug test results, incentives and sanctions, probation contacts, office contacts and drug court hearing updates. Based on information the coordinator collects, he makes suggestions for changes, and the team has input on those suggestions.

Recommendations/Suggestions

- The program has implemented this component. However, 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 the following characteristics of drug court programs to be associated with positive outcome costs and higher graduation rates: 1) requiring all new hires to com-

plete formal training or orientation, 2) ensuring that all team members receive training in preparation for implementation, and 3) providing all drug court team members with training.

It is important that all partner agency representatives understand the key components and best practices of drug courts, and that they are knowledgeable about behavior change, substance abuse, and mental health issues.

Local Process

All FCDTC team members have been to formal drug court training, with the exception of the assistant public defender who is the newest member of the team. The coordinator reports there is a plan for him to attend job-specific training once resources are available.

The FTDC coordinator has been proactive in bringing guest trainers to Frederick County to optimize the amount and type of training the entire team receives. Team members report having a grasp of basic drug court concepts at this point, and that any further training should be directed at specialized areas or changes in drug courts generally.

Recommendations/Suggestions

- The program appears to have positively implemented this key component; however, it is advised that the program keep a training log and encourage regular ongoing training.

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

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

National Research

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

Local Process

Because the FCDTC resource specialist is charged with assisting drug court participants in obtaining services in order to advance through the program, this particular drug court has forged a number of meaningful connections with community organizations. Prior to the resource specialist joining the team, the coordinator took a very proactive stance toward educating the community about the program and its goals. Both team members were instrumental in forging and now maintaining relationships with Catholic Charities, Goodwill Industries, the Business Education Center, the Department of Rehabilitation Services, Youthful Offenders, transitional housing agencies, Community Action Agency, the Maryland State Bar Association, and private business owners. These relationships have helped in the areas of housing, mental health treatment, education, job training and employment. The Maryland State Bar Association has helped by obtain-

ing incentives for participants, and a private business owner designed and donated gold plated key rings for program participants.

Recommendations/Suggestions

- The resource specialist and coordinator have done an exceptional job of recruit-

ing community partners. They should continue in this manner by maintaining a list of common participant need areas and conducting outreach to new community partners to find ways to creatively meet those needs.

FREDERICK COUNTY DRUG TREATMENT COURT: A SYSTEMS FRAMEWORK FOR PROGRAM IMPROVEMENT

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

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

COMMUNITY LEVEL

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

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

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

Summary of Community-Level Recommendations

Examine the underlying causes for the overrepresentation of African Americans in the program. Continue to maintain and develop community resources as they relate to the most common participant needs.

AGENCY LEVEL

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

This level of analysis is a place to be strategic, engage partners and advocates, leverage resources, establish communication systems (both with each other and with external stakeholders, including funders), and create review and feedback loop systems for program monitoring and quality improvement activities. Discussions at this level can solidify a process for establishing workable

structures for programs and services, as well as identify key individuals who will have ongoing relationships with the program and with other participating agencies and key stakeholders.

Summary of Agency-Level Recommendations

Examine the power of the state's attorney to veto prospective participants in an effort to ensure a non-adversarial, cooperative team experience. Look into the reasons behind turnover in the office of the public defender in an effort to increase cohesiveness and key stakeholder buy-in. Ensure that all drug court services are culturally appropriate, especially given the racial/ethnic composition of FCDTC's participant population.

PROGRAM LEVEL

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

sources are at the table, programs and services can be developed or adjusted as needed to ensure that the program is meeting the identified needs and utilizing public funds as efficiently and effectively as possible. Program policies and procedures should be reviewed to ensure that they create a set of daily operations that works best for the community.

Summary of Program-Level Recommendations

Analyze the flow of participant cases from arrest to referral to locate where prospective participants are currently being identified and how they might be identified sooner. Consider relaxing requirements concerning number of treatment sessions participants must attend if this requirement becomes a hardship for them.

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

Drug Court Typology Interview Guide Topics

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

Although the typology guide is modified slightly to fit the context, process and type of each drug court (e.g., juvenile courts, adult courts), a copy of the generic drug court typology guide can be found at <http://www.npcresearch.com/materials.php> (see Drug Court Materials section).

APPENDIX B: FOCUS GROUP RESULTS SUMMARY

Focus Group Summary

As described in the methodology section of this report, NPC conducted one focus group in the offices of the Frederick County Drug Treatment Court in April 2007. The group was comprised of two individuals from Phase 1, three individuals from Phase 2, three individuals from Phase 3 and one graduate. The focus group provided the current and former participants with an opportunity to share their experiences and perceptions regarding the drug court process.

The topics discussed during the interviews and focus groups included how participants made the decision to enroll in drug court, what participants liked about the drug court program, what they disliked, general feelings about the program (including program staff), the program's effect on familial relationships, and recommendations they have for the program.

What they liked/what worked

- We're given a chance to make right what we did wrong.
- It's an excellent program. I had felonies coming into the program. When I came to drug court, I had no structure in my life and did not know how to stop using. When they applied stipulations to me, and required that I be responsible...they want you get your GED, get a job, and get a stable living situation. If you're incarcerated and get out of jail, you have none of this. You come out of drug court, you have some structure in your life.
- I like the stipulations (drug court rules and requirements). I needed someone to monitor me, somebody I could report to; I enjoyed it. Being an addict, I knew everything, I did everything. In drug court, I really appreciated the judge and the sanctions I got. I got four hours of community service, raking leaves! It was fun to me. If I can do it (successfully graduate and stay clean), you can do it too. I really enjoyed drug court; I wish I could sign up for it again.
- They understand addiction. You'll get kicked out of drug court for fighting a lot quicker than for using.
- Drug court's a blessing; it's a second chance. It saved my life. This is the longest time I've ever been off heroin.

What they didn't like

- My concern is that there were two occasions where they changed the rules and, if I hadn't find out about it, I could have been sent to jail for not doing what the changes required (like coming in at 5:30pm to give a UA after they changed it to earlier).
- They say that you can miss a group if you have a doctor's note, but they'll still sanction you (others agreed).
- They gave us all curfew (as a result of a drug court participant not doing what he was supposed to do); that means the sheriff can come to your house between 10 pm and 6 am. Well I work, go to school, among other things, so usually am "out" when I go to sleep (I'm exhausted). So, I don't hear them knocking in the middle of the night and missed 2 curfew checks but was a home; I got 48 hours of community service as a sanction. As a solution, they told me to sleep in the living room. (Several people stated that they didn't mind curfew.)

- My curfew was over at 6 am, but one time they came at 6:15 am. I almost didn't answer (because I didn't hear the knock).
- Drug court needs to communicate with the sheriff's office about the parameters of participants' curfew. They also need to be more courteous about visits.

Why did you decide to participate in drug court?

- When I joined I did it to get out of jail. I thought I could B.S. them. I didn't know what drug court was about; I thought I could still get high and get over on them. Once I got in and they showed me (that I couldn't manipulate them)...
- I joined because I was going to go to prison. My intentions were to get high (while in the program), but I kept going to the meetings and participating and it clicked.
- I was in jail and talked to someone who did drug court. I asked (my lawyer) if I could do drug court and did treatment while in jail as a part of drug court. I was told that I would have to do a lot of work while in the program, but they didn't tell me about the sheriff's visits or the curfew.

How clearly did they explain the drug court rules to you before you said "yes" to drug court?

- With some things, they briefly touch on it (requirements for participation); I knew that I was going to have to go to treatment and court weekly. Other than that, I didn't know that I was going to have a curfew, piss in a cup three times a week, have sanctions (where I could go to jail), that I was going to have to go to mental health (see a therapist, psychiatrist), do outside meetings, or do community service if I wasn't working. I thought that I was just going to have to do some treatment, but my first week I had 30 hours worth of stuff to do for drug court. And they wanted me to get a job. But now it's cool because, like she said earlier, I've got structure in my life and can handle things. I think that most of it is to test you with real world stress, to see if you're going to go out there and use. Like, they kind of lean on you in the beginning to see if you're for real (committed to doing the program).
- They've made changes along the way. This is a new program, so they've had to make changes as they learn about what people do (to get around the rules). They don't want to just lock people up, so drug court had to come up with consequences so they don't relapse. Then they see what works when they give the consequences out, and make changes when they have to. Early on, a lot of people were taking advantage of things, so drug court had to come down on them.
- As a sanction, they had me fill out a workbook. It was inconvenient (and I was annoyed about it), because I had a lot of other things to do, but after I finished it I was stronger for having done it and it only made me stronger.

How do you feel about the drug court staff?

- The Resource Coordinator (Pat) is a good addition to the team. He's been very helpful.
- He (Pat) switched the time that you have to come in, making it earlier (they now quit taking UAs after 4:30 pm), which is hard for people who have jobs. So now people who

have jobs have to come in really early in the morning instead of after work. (Some people didn't know about this change.)

- I respect the whole staff; they've helped me tremendously. But I've had to push for it a lot. I know that's because I'm new in it, they're new in it (it's a young program); everybody's trying to work together. They're trying to be successful, for our best interests and the programs' (and who they work for).
- Miss Denise (IOP person) gave me a lot of grief early on, and I love her for that.
- The Judge is just lovely all the way around. It's always a blessing for me to walk up there (in court) and the judge is greeting me for doing good. I look forward to going to court.
- Even if I personally mess up (like, miss an appointment) and the judge brings that up in court, I don't walk away discouraged. I look forward to making it up. I just keep pushing and pushing. When they sit there and let you grow (from dealing with your mistakes), it's a good feeling.

How has the drug court program affected your families?

- It's put a lot of stress on my family. My mother has to take care of my son (who's an infant), which is hard for her. But even so, she loves that I'm in the program and looks forward...she's glad that I'm calling her (for help with her son) because I need to go to a meeting, instead of calling her for help because I'm high.
- I sacrificed a 10-year relationship (with kids) so that I could work on myself. In the past, I really wasn't there for my kids (I might have thought I was). Now, because of drug court (and other program with which he is involved), I have a chance to fix all of my problems, to be a great father to my kids, and to be an example like (the graduate) to others in the program.
- When I was using I stole everything my parents had. My mom and dad didn't want to have anything to do with me. But after being successful in this program, my dad is now there for me (he even co-signed for a loan).
- I used to be an embarrassment to my family. Now, I have a good relationship with them. They want me around now (since I'm not out running the streets). It's just a blessing.
- My family is really supportive. My dad says that he sees the positive change in me just by how I talk with him. My mother is enthralled by the fact that I haven't used and even baked me a cake for my 100 days (clean); she's real supportive. Although I have a lot to do and can't spend a whole lot of time with her, my girlfriend has been very supportive. She wants me to get better so that later on in life I can be the man that she wants me to be.

What kinds of supports/assistance does the drug court offer?

- They help with educational goals and they help with employment assistance; they help you find the resources (job training service, GED assistance).
- The program gives you the information that you need – so you know your options – but you have to do it yourself.

Recommendations

- Before a person comes into the program, they should be given a sheet that tells them what each phase means (in great detail) and *everything* you've got to do before you graduate.

Response: They did give us one.

- But they did not have, specifically, all of the things that you are supposed to do.
- I think that drug court needs to do a little better in terms of communication (coordinating between team members). When decisions are passed down and finally get down to us, we're not sure what to do. (An example was given of a participant who was given an okay to go out of town for the weekend, but then the person who did the curfew checks still went to his house to check on him three times).
- We should all meet with someone once a month (like this focus group), so that we can talk about these issues and have them addressed.

Other Comments

- On the upside, my record's not clean, but with drug court, when I first came in everything was out on the table (my addiction, legal problems, etc.). I have a bad history and couldn't get a job, but now I have a great job (and haven't had a sanction). It's not easy but it can be done. I heard that it's a program that sets you up to fail...but only if you let it.
- As soon as you trip up and forget a meeting or something else, you get stomped on. But that's what you need to pick yourself back up. In a year's time (in drug court) I got my own apartment, I got my son in my life (more than ever before), I just got reunited with my daughter, I'm in school (and I never thought I'd be going to college because where would I get the money for it), I just got my license, and I just got certified to be a technician. I can get a car loan in my name, I'm getting my insurance in my name, my apartment is in my name; that's a blessing. Drug court has taught me to be a man, to stand up for myself and face my responsibilities.
- The program is doing things right, because I hear a lot of people saying how they're now clean and how they want to stay clean.
- At first I was upset that I had to change my lifestyle (e.g., using drugs and dealing). I came into the program and had to adjust my life (to meet all of the program requirements). My frustrations came out of my own mistakes. I made a lot mistakes early on.
- Drug court is still new and is trying to work out all of the kinks in the program. When everything gets worked out this program will be very successful. When we first started (over a year ago), we didn't really know what we were getting ourselves into and they really didn't know about the type of people they were dealing with. Now they do know how to deal with us.