

# Harford County Circuit Court Adult Drug Court *Process Evaluation*



*Submitted to:*

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*Informing policy, improving programs*



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## EXECUTIVE SUMMARY

**D**rug treatment courts are one of the fastest growing programs designed to reduce drug abuse and criminality in nonviolent offenders. The first drug court was implemented in Florida in 1989. There were 2,147 drug courts in the United States as of December 31, 2007 (NADCP, 2008).

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

The HCADC program began in 2006. It was designed to operate with a team that includes the Judge, Deputy Public Defender, Assistant State's Attorney, Coordinator (no one is in this position currently), Health Department substance abuse treatment counselor, and Probation Agent. The program was created for repeat offenders with a nonviolent offense and for those who had been in treatment programs previously but failed to successfully complete them.

Drug court program capacity is not currently specified for the Circuit Court program. The HCADC has served small numbers to date and has consistently had room to serve additional participants. As of February 2009, there were no active participants in the program. The Judge is waiting on disposition of a federal case regarding public defender participation in drug courts in Maryland (filed with the Office of the Court of Appeals). Regarding this situation, it was reported that the entire team is committed to the Circuit Court drug court's success and that everyone is "ready to pick up where they left off" once the program begins accepting new referrals.

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

The main goal of the HCADC program, according to team members, is to change offenders' behaviors so they can become productive members of society. Related goals include:

- Breaking the cycle of addiction-related crime (lowering recidivism and crime)
- Rehabilitating offenders (by providing treatment and other help and tools they need to become and remain healthy and drug free)

### Process Results

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

The HCADC fulfills several of the 10 key components through its current policies and structure. Harford County has diverse specialized treatment services available through the health department. This program has a single treatment provider, is structured to provide regular contact with the judge, and the judge's drug court position is voluntary and not time limited. Another positive aspect of the program is the distinction it makes between treatment responses and court responses to participants' behaviors (which, unfortunately, many drug court programs do not differentiate).

There are some areas where this program is facing challenges. A summary of suggestions and recommendations related to these challenges include the following:

**SUMMARY OF COMMUNITY-LEVEL  
RECOMMENDATIONS**

- Consider the benefit of engaging outside (community) agencies in the drug court program. Although the Health Department does provide a variety of services, there may be other groups/ organizations that could offer potentially valuable services to participants (e.g., career consultation, GED support).

**SUMMARY OF AGENCY-LEVEL  
RECOMMENDATIONS**

When the program is functioning at (relatively) full capacity, it may want to consider:

- Discussing ways in which the program could enhance the perceived value of the drug court option (such as emphasizing assistance with education and employment), meeting with local attorneys to explain the benefits of drug court, and new incentives that could encourage individuals to participate.
- Holding a quarterly policy committee meeting to address concerns/ issues relevant to program functioning and to review the program's effectiveness with regard to meeting its goals.
- Discussing the implications of keeping the legal and treatment aspects of the process relatively separate. Look at ways to increase communication between all team members throughout the process.
- Requesting that the public defender always attend drug court sessions. In fact, programs where public defenders attend staffing meetings and drug court sessions tend to have higher graduation rates and lower outcome costs (Carey, Finigan, & Pukstas, 2008).
- Working with the Office of Problem-Solving Courts and the Health Department to examine ways to add needed counseling support, so that the program's

capacity goals can be met and, if deemed more effective, groups for Circuit and District court participants can be run separately.

**SUMMARY OF PROGRAM-LEVEL  
RECOMMENDATIONS**

- Look at how the program is utilizing available transportation assistance funds and how participants currently find out about availability of these funds, so that all participants who need transportation support know about this assistance and how to access it. Further, consider eliminating the requirement that participants have adequate transportation before being accepted into the program, since this challenge could be addressed through the above-mentioned financial support; doing so could result in more people being able to participate in the program.
- Work to ensure that decisions about sanctions are arrived at as part of the team process, as much as possible. Consider the value of setting specific time aside for pre-court team meetings, especially as the program increases its number of active participants. The benefits related to holding team meetings prior to the drug court sessions include facilitating communication between team members and building relationships to form a more cohesive team.
- Keep in mind that treatment phases and advancement should be kept separate from drug court program phases and progress. Specifically, progress in treatment does not necessarily call for an advance in program phases as there are non-treatment goals that participants should be working on as well as treatment goals.
- The program has the capability to serve a greater number of participants than it has yet served, but needs to find ways to do

- so. Recommended ways to increase participation include:
- Allowing into the program people with less serious violence charges (such as second degree assault) rather than excluding anyone with a violence charge.
  - Accepting people with possession with intent cases (where the individuals are not actually dealing, but have a sufficient quantity to meet the intent to distribute charge).
  - Allowing felony charges to be dismissed upon successful completion of the program, as this would be a strong incentive to participate in the program, with the additional benefit of making it more possible for graduates to find a job, receive financial assistance, and secure housing.
- Once the program has reached capacity, consider separating higher and lower risk clients (i.e., District and Circuit clients) into separate treatment groups, rather than combining them in one group, which is the current reported practice.
  - Consider the value of a drug testing process that involves a shorter turnaround time between the test and the availability of results (which, in turn will support a more timely court response), such as implementing instant testing in conjunction with the more in-depth (and time-consuming) lab testing.
  - Discuss the rationale for having participants serve time in jail prior to starting drug court, as that practice, 1) lengthens time between arrest and drug court entry (potentially increasing the time it takes for participants to get into treatment), and 2) is contrary to the idea of graduated sanctions philosophy, since it essentially involves utilizing the most severe sanction first (i.e., jail), prior to intervention/treatment support and any non-compliant behavior.
  - Ensure that the whole team is participating in decisions regarding sanctions and rewards. Discussions of responses to behavior that include the entire team benefit from the multiple points of view provided by various team members. Also make sure that sanctions are graduated and specified so that there is as much consistency as possible, while providing opportunities to individualize as needed.
  - As a team, establish a process for collecting, summarizing, and reviewing program data for program monitoring purposes (set regular—e.g., quarterly, biannually—meetings to review program data, such as graduation rates, demographic characteristics of graduates [compared to all participants] to see if some participants are more successful in the program than others [if so, the team can discuss how to improve services to the unsuccessful participants], time from arrest to drug court entry, time from drug court entry to completion, etc.).
  - The program should discuss the reasons for its high rate of unsuccessful program completions to identify and implement strategies to increase this program's graduation rate.



## BACKGROUND

In the last 20 years, one of the most dramatic developments in the movement to reduce substance abuse among the U. S. criminal justice population has been the spread of drug courts across the country. The first drug court was implemented in Florida in 1989. As of December 31, 2007, there were 2,147 drug courts operating in the United States (NDCI, 2008).

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 supported by a team of agency representatives who operate outside of their traditional roles. The team typically includes a drug court coordinator, addiction treatment providers, judge, prosecuting attorneys, defense attorneys, law enforcement officers, and parole/probation officers who work together to provide needed services to drug court participants. Prosecuting attorneys and defense attorneys hold their usual adversarial positions

in abeyance to support the treatment and supervision needs of program participants. Drug court programs can be viewed as blending resources, expertise, and interests of a variety of jurisdictions and agencies.

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

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



## METHODS

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

### Site Visits

An NPC Research (NPC) evaluation staff member observed a HCADC session and facilitated a focus group with current drug court participants in September 2008. The observation and focus group provided information about the structure, procedures, and routines used in the drug court.

### Key Stakeholder Interviews

Key stakeholder interviews, conducted by telephone, were a critical component of the HCADC process study. NPC staff conducted detailed interviews with individuals involved in the administration of the drug court, including the current Judge, former Drug Court Coordinator, Assistant State's Attorney (ASA), Deputy District Public Defender (DPD), and Probation Agent (PA).

NPC has designed a Drug Court Typology Interview Guide,<sup>1</sup> which provides a consistent method for collecting structure and process information from drug courts. In the interest of making the evaluation reflect local circumstances, this guide was modified to fit the purposes of this evaluation and this par-

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

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

### Focus Group

NPC staff conducted a focus group with current participants of HCADC during a September 2008 site visit. The focus group provided participants with an opportunity to share their experiences and perceptions regarding the drug court process. A summary report from this focus group can be found in Appendix B.

### Document Review

In order to better understand the operations and practices of the HCADC, the evaluation team reviewed the program's policy and procedure manual.

### Pre-Evaluation

NPC completed a pre-evaluation of the HCADC program in February 2008. Information for the pre-evaluation was provided by the Coordinator through an electronic survey and follow-up telephone interviews, by two additional staff members (through e-mail), and in discussions that occurred during an HCADC site visit by an NPC staff member. This information allowed the researchers to begin building an initial understanding of the program, orient a newer program to the evaluation process, provide a list of data

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<sup>1</sup> 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 summary of the guide can be found in Appendix A, and a copy of this guide can be found at the NPC Research Web site at [www.npresearch.com/Files/NPC\\_Research\\_Drug\\_Court\\_Typology\\_Interview\\_Guide\\_\(copyrighted\).pdf](http://www.npresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_(copyrighted).pdf)

elements for the program to collect to provide a foundation for future outcome evaluation, and start collecting data that would sup-

port the full process evaluation. Information from the pre-evaluation has been incorporated into this report.



## PROCESS DESCRIPTION

### Harford County, Maryland

Harford County is composed of 440 square miles, with 497 persons per square mile, according to the U. S. Census Bureau (2000). In 2006, the Census Bureau estimated Harford County's population at 241,402, an increase of 10% from the 2000 population of 218,590. The racial composition of the county was 82% Caucasian (not Hispanic), 12% African American, 2% Asian, 2% Hispanic or Latino and 2% other races/2 or more races.

The median household income in 2004 was \$64,025 with approximately 7% of persons living below the federal poverty level.

### Harford County Circuit Court Adult Drug Court Overview

The HCADC began in 2006. It operates with a team that included the Judge, Deputy Public Defender, Assistant State's Attorney, Coordinator, Health Department counselor, and Probation Agent. Unlike most of the other programs in Maryland, this drug court does not hold a formal pre-court team meeting. Instead, the team discusses participant progress, informally, just prior to drug court sessions, which take place every 2 weeks.

Most individuals coming into the program have been using cocaine and/or heroin, although one participant was described as having "marijuana issues" (i.e., a chronic user). The program offers a four-phase program to help participants stop using drugs and learn new positive behaviors. Drug court participants are typically in the program for 9 months to 1 year before graduating.

The drug court was characterized by several team members as a "treatment-based program" (as opposed to probation-based, for example) which, they felt, separated it from most other drug court programs. However, in this program, legal issues are addressed out-

side of treatment's purview, which results in the treatment side not knowing a lot about the legal side of the process.

### Implementation

In 2006, Judge Emory A. Plitt, Jr., a District Court judge in Harford County, and County Administrative Judge William O. Carr decided to create what they then called a "re-entry drug court" in the Circuit Court. The program was designed for repeat offenders with a nonviolent offense and for those who had been in treatment programs previously but failed. The prosecutor determined the program's eligibility criteria and was its gatekeeper. Other players, including the Public Defender and the Harford County Health Department were involved as well. Eventually the "re-entry" label was removed from the drug court's name because the term had a different connotation than what was intended by this drug court. According to one team member, the new name helped the program to gain needed funding through the Administrative Office of the Courts.

### Participant Population and Program Capacity

The HCADC to date has served small numbers of participants and has had room to expand, per team member reports. There was some inconsistency between key stakeholders in the numbers of active participants. To date, there have been approximately 20 participants admitted to the program, 5 of whom have graduated and 10 of whom were unsuccessfully discharged (i.e., removed from the program). There are currently between two and five active participants, two of whom are about to be removed unsuccessfully from the program. The estimated average stay in the program is 1 year and the greatest number of active participants at any one time was eight individuals, with the lowest active census

being five participants. According to one team member, the drug court has not kept demographic information (e.g., race, gender, employment status).

As of February 2009, the program has not had a new referral in over a year. There was discussion about modifying the program criteria to access additional participants, but no agreement has been made to date.

With regard to future participants, it was reported that the Judge had issued a moratorium in December suspending court reviews for the Circuit Court drug court (for December and January), in addition to suspending expansion of the program (by not allowing for the evaluation/assessment of potential clients). According to one interviewee, the Judge is waiting for the outcome of a federal case regarding public defender participation in drug courts in Maryland (filed with the Office of the Court of Appeals). As a result of this decision, as of February 2009, there were no active participants in the program. Regarding the current situation, one team member commented that the entire team is committed to the Circuit Court drug court's success and that everyone is "ready to pick up where they left off" when the program begins accepting new referrals.

## Drug Court Goals

The main goal of the HCADC program, according to team members, is to change offenders' behaviors so they can become productive members of society. Related goals include:

- Breaking the cycle of addiction-related crime (lowering recidivism and crime)
- Rehabilitating offenders (by providing treatment and other help and tools they need to become and remain healthy and sober)

Team members were guarded when speaking about whether the program is succeeding at reaching its goals. Some graduations have

occurred, as have some unsuccessful discharges. Until the number of program participants increases, it is difficult to determine how well the program is succeeding.

## Eligibility Criteria

According to stakeholders, in order for defendants to be eligible for the program they must have:

- No record of violent offenses
- No mental health issues that would interfere with the participant's success in the program
- Been misusing a substance within 6 months (Health Department requirement for treatment, unless they were in jail, in which case the Health Department will look at their substance abuse history prior to their jail stay)

## Incentives for Offenders to Enter (and Complete) the HCADC Program

The HCADC is a post-plea, pre-conviction program. Incentives to participating in drug court include being able to avoid lengthy jail sentences, receiving treatment, and having the opportunity to take advantage of needed resources.

Stakeholders reported that individuals who decline participation in drug court do so because they either do not want the help the program would provide to them, or they want their case to be completed as quickly as possible. According to stakeholders, the program requires a greater level of commitment than just being on probation (e.g., the need to attend court sessions, participate in counseling, and report to the Probation Agent on a fairly frequent basis), and not everyone is ready or able to make that commitment. Stakeholders also explained that for some prospective participants, transportation is a challenge that deters them from drug court. For example, these individuals may not have a driver's li-

cense or may have a suspended license and there is no public transportation available to them.

## Drug Court Program Screening and Assessment

Prior to a moratorium being placed on bringing new individuals into the program, potential program participants were referred to the State's Attorney's Office (SAO) by the public defender or attorneys in the SAO. The State's Attorney looked at the individual's current charges and record and discussed the drug court option with the prosecutor in charge of the case to see whether s/he wanted to refer the case to the program.

Traditionally, if 1) a person appeared to be a good candidate for drug court, 2) the assigned prosecutor agreed with the case being referred to drug court, and 3) the defense attorney wanted this person evaluated for drug court, the Coordinator (or another drug court staff member, after the Coordinator left the program) provided an overview of the program and asked the defendant if s/he was interested in participating in the program. If interested, a counselor at the Harford County Health Department (originally, this was the Coordinator, who also served as the program's counselor) met with him/her to complete a comprehensive assessment. The assessment process included a clinical (biopsychosocial) interview, during which the clinician collected the following information:

- Medications currently being used
- Psychiatric history
- Demographics
- Drugs/alcohol being used—how much and how often

The evaluation also included implementation of the Addiction Severity Index (ASI) – long version, a DSM (mental health) assessment and, in some cases, a Michigan Alcohol Screening Test (MAST).

The counselor assessed the prospective participant's willingness to admit to drug use and whether he/she would be amenable to treatment. Using all available information, the counselor determined whether the prospective participant was an eligible and appropriate candidate for the program and then provided the Judge with an overall summary of the evaluation.

Additionally, sometimes during the assessment it would be found that the individual's drug use was too intense for the program, as the drug court is designed as an outpatient program. If determined to be ineligible for this reason, the drug court candidate would be referred to the appropriate community resources. Also, individuals receiving methadone treatment were not allowed entry into the program; the same is true for individuals taking any form of narcotics (e.g., to treat a psychiatric disorder).

If it was determined by the counselor that the prospective participant was appropriate for the program, the ASA contacted the Judge's secretary to place the person on the next drug court docket. The court agreement was sent to the potential participant's defense attorney in advance for verification. The participant also received copies of rules and the detailed "drug court" agreement ahead of time, and the SA, the PD, and the Judge all made sure that the candidate had read and understood all the terms and conditions of the agreement. S/he then came to court, entered a guilty plea, and was sentenced. The Judge made participation in drug court a condition of probation. During the court session, the newly entering participant, the Judge, and attorneys signed the agreement in court. A copy of the signed agreement was attached to (and therefore incorporated into) the probation agreement. Until recently, incoming participants served a part of their sentence in the local detention center before starting the drug court program, as a condition of their plea agreement. The length of time of the sentence varied, though stakeholders reported

different durations. The detention time reportedly ranged between 14 and 180 days, although most participants typically served at least 60 days before coming into the drug court program, according to stakeholders. Some individuals received treatment while they were in jail, depending on the length of the sentence and, reportedly, the detention center's resources. It was reported by a stakeholder that jail time is no longer a requirement for all individuals entering the drug court; however, some incoming participants still serve a sentence (as determined by the Judge) prior to coming into the program.

The time from arrest/criminal referral to drug court entry depends on how long it takes the case to get to Circuit Court, which is generally at least a couple of months, according to one stakeholder. If the case started out in District Court, there may have been several postponements or other reasons to delay its transfer to Circuit Court, which would result in an even longer referral to entry period. However, generally, the time from drug court referral to program entry is 30 to 60 days, according to stakeholders.

The Judge has the ultimate say regarding who enters the drug court program. However, one staff member commented that the Judge has never refused a participant entry when he/she has been recommended for participation (by the SAO and Health Department).

## **Drug Court Program Phases**

The HCADC program, which has four phases, takes between 9 months and a year to complete. The first phase is typically 8 weeks; the second phase is 10 weeks; the third phase is 8 weeks; and the fourth phase is generally about 3 months. A 3-month continuing care program, which requires attendance at continuing care meetings through the Health Department, is in place for participants who (by determination of the court) are not meeting program requirements in Phase III or IV. These individuals must suc-

cessfully complete this additional requirement before returning to the phase they were in at the time they were sent to the continuing care program.

## **Treatment Overview**

Participants attend one group and one individual counseling session each week with the Health Department counselor during the first three program phases. They do not attend groups during Phase IV, but continue to see a counselor twice per month.

Both Circuit and District Court participants attend the same group. One full-time Health Department staff person works with drug court participants. AA/NA groups are available, but attendance is not a requirement of the program.

Most service needs for participants can be met through the Harford County Health Department, which offers parenting classes, HIV education, language-specific programs, and psychiatric/medication services. The Health Department's counselor provides the appropriate telephone number for requesting a needed service; however, the participant is responsible for making the call. For some participants, taking advantage of needed services is a challenge, as making those appointments often requires taking time off from work and/or overcoming transportation difficulties. Treatment staff members do not provide case management services, although such services are needed, according to a staff member. Any coordination of services that currently occurs takes place during the court sessions.

## **POST-PROGRAM TREATMENT SUPPORT**

No formal transition plan is in place for participants after they leave the drug court program. Individuals may attend Narcotics Anonymous (NA), Alcoholics Anonymous (AA), and faith-based programs after completing drug court, but they are not court ordered to do so.

## The Drug Court Team

The Harford County Circuit Court Adult Drug Court team is comprised of a team of key stakeholders including the Judge, Coordinator, Health Department treatment counselor (Coordinator/counselor roles were held by one person when this evaluation began), Assistant State's Attorney, Deputy District Public Defender, and Probation Agent.

### JUDGE

The Circuit drug court's Judge has been with the program since before implementation. He started the District Court's drug court, and worked with that program before coming to the Circuit drug court. He spends about 2 hours every other week working on drug court duties.

It was reported that the Judge interacts more with participants in the drug court program than he does in regular court, since he sees them more often and, thus, knows more about them (e.g., their ongoing personal challenges and successes).

Team members commented that the Judge is very good about encouraging program participants and praising those who are doing well (in the program and in their lives). He takes time with each one, allowing them the opportunity to talk and ask questions during the drug court sessions. This feedback was consistent with NPC's observation of the drug court session.

There is no fixed term for the Judge's role with drug court.

### DRUG COURT COORDINATOR

The previous Drug Court Coordinator, who participated in an interview for this evaluation (and in the earlier pre-evaluation), coordinated both the District and Circuit Court programs. She also served as the drug court counselor through the Health Department, providing treatment services to participants in both adult drug courts.

As of February 2009, the program does not have a new coordinator. It is working with the Office of Problem-Solving Courts to secure funding to cover this part-time position. An administrator with the Office of Drug Control Policy, who oversees all of the county's drug court programs, is slated to take over coordination tasks for both adult drug court programs in Harford County.

### TREATMENT PROVIDER

The Harford County Health Department provides treatment services for all drug court participants. Historically, one Health Department counselor has been assigned to work with participants in both the District and Circuit drug court programs. The treatment provider makes recommendations for how individuals' treatment needs should be addressed, and the court usually follows the treatment provider's recommendations, according to a respondent.

### PROBATION

The Probation Agent (PA) who works with the Circuit drug court began doing so in February 2008, and spends about 4 hours per week in that role. He monitors offenders who are brought into the program, makes sure that they are in compliance with the drug court orders, confirms that they are living where they say they are, conducts drug testing, and tracks whether or not they are attending treatment and drug court sessions as required.

### PUBLIC DEFENDER

The Deputy District Public Defender (PD) began working with the Circuit drug court in 2006. In his role, he works with clients on the drug court docket on a bimonthly basis, making status checks to see how participants are doing—in particular, whether they are staying clean and attending their meetings and appointments. He spends about 2 hours per week working with drug court, most of which is court time.

The Deputy District Public Defender and the prosecutor sometimes disagree about the drug court's response to participant behaviors. However, they are cooperative with one another—both are “team players,” according to one respondent—and present a united front in court.

Nearly all of the participants who come in to drug court are served by the Public Defender's Office; rarely participants are represented by a private attorney.

### **PROSECUTOR**

The Assistant State's Attorney (ASA) who works with the drug court began in that role in November 2007, following a year of working with the District Court drug court. In fact, the ASA is assigned to all specialty courts, including the Circuit drug court, for which she spends an average of 2 hours per week.

The prosecutor believes her mission, which is to keep the community safe, is upheld in drug court. However, she finds that she does things differently with drug court clients than she would with regular court clients (e.g., talking about treatment concerns/needs), because she is aware that she is dealing with people who have significant substance abuse issues and who are trying to become healthy.

### **LAW ENFORCEMENT AGENCIES**

Law enforcement agencies are not involved with this drug court program.

### **Drug Court Team Training**

The drug court team members have received very little formal drug court training. Some staff members have attended the annual drug court symposium facilitated by the Office of Problem-Solving Courts in Annapolis.

### **Team Meetings**

The drug court team does not hold a formal pre-court team meeting. The Probation Agent, Assistant State's Attorney, counselor and Deputy District Public Defender talk

briefly before the drug court session begins in order to check in about participants (e.g., to discuss any new or continuing concerns/needs). Because of the historically low number of participants in the HCADC program active at any one time, this process has seemed satisfactory to team members.

When there are policy issues to discuss, all of the team members will meet at a specially scheduled meeting. Although there have been no regularly scheduled policy meetings, the team did meet last November to address a dispute between the Public Defender and the Prosecutor over how to handle some aspects of the regular reviews, in particular drug testing issues, which has yet to be resolved. The same issues have been raised by the Public Defender's Office on a statewide basis and there is a case pending in Maryland's highest court over the constitutionality of drug courts and specific program procedures.

### **Treatment Provider and Team Communication with the Court**

The Harford County Health Department's counselor who works with the drug court provides a written summary of each participant's progress to the team prior to each drug court session, and verbally updates the court as each participant's case is called. The summary includes urinalysis results, attendance at treatment sessions, and any issues that have come up since the last drug court session (including any new behaviors that seem out of the ordinary). If the counselor suspects that there are mental health issues that need to be addressed, the summary may include a notation that an evaluation is scheduled to assess for mental health-related concerns. Team members reported that the summaries are sufficiently thorough and provide them with enough information to feel that they have a good understanding about how each participant is doing in (and outside of) treatment.

On occasion, the program will receive reports from outside agencies working with participants. However, this reporting happens infrequently and only if the Judge requires it.

### **Drug Court Sessions**

HCADC is held every 2 weeks and is scheduled to begin at 9 a.m. However, these court sessions are not dedicated to drug court clients only. At a court session observed by an NPC staff member in September 2008, the initial part of the docket consisted of Violation of Probation cases with individuals who were not drug court participants. On this day, the drug court portion of the docket did not begin until 10:40 a.m., as HCADC participants waited patiently for their turn in front of the Judge.

During the session, Judge Plitt was observed to exhibit a very warm and compassionate demeanor. He was supportive in his interactions with participants, as he asked each one how s/he was doing and how things were going (in the program and in life in general). The Judge spoke directly to each participant while making eye contact, and asked for clarifying or additional information from treatment staff or other team members when warranted. The Judge provided words of encouragement to the participants and made sure they knew the team was there to help them.

Team members who typically attend the drug court sessions include the Judge, ASA, Coordinator, PA, and treatment representative from the Health Department (which at the time of this study was the same individual as the Coordinator). The PD does not typically attend drug court hearings unless a drug court participant has violated probation.

### **Family Involvement**

Formal family involvement is neither required or nor expected in the HCADC.

### **Drug Testing**

HCADC participants receive drug testing by urinalysis twice per week while they are active in the program. Tests are usually administered at the Health Department, although may take place at the probation office. The Health Department primarily uses the FPIA (Fluorescence Polarization Immunoassay) drug testing method, which assesses for alcohol, amphetamines, barbiturates, benzodiazepines, cocaine, marijuana and opiates. On rare occasions, it may use a GSMS (gas chromatography/mass spectrometry) test, which assesses for specific drugs within a drug class. This testing might occur, for example, when the court wants to determine whether a participant is taking a needed pain medication versus an illegal (or drug court prohibited) drug of the same class. Probation does a basic test for four components: Benzodiazepines, marijuana, cocaine, and opiates. Tests are sent overnight to a lab and results are returned in about 5 business days. Both Health Department and Probation staff observe drug tests.

The role of the Public Defender has been expanded recently to allow the PD to challenge test results (if the participant contests a positive drug test, the attorney can subpoena the chemist to come to court). Before this change, the participant may have waived this process in drug court agreements.

### **Substance Abuse Treatment**

#### **Fees**

Participants do not pay for substance abuse treatment or any other program-related fees. These costs are covered by a grant from the Office of Problem-Solving Courts.

#### **Rewards**

Rewards to participants are either praise from the Judge or being allowed to skip the next court session. No material rewards are given, except upon graduation.

## Sanctions

Drug court team members may give input on sanctions to be imposed, but the Judge typically decides whether a sanction is warranted and which sanction is appropriate. If there is a situation where a participant faces removal from the program, the ASA can make a recommendation about what should happen to that person. In most cases, the Judge decides upon the sanction, but does receive input from the counselor/Coordinator and the PA.

If the participant tests positive for substances, the PA prepares a show cause order, which the Judge then addresses during the next drug court session. He does not necessarily impose a sanction at that time, but the matter is discussed. The participant is usually given an opportunity to deal with the concern before a sanction is imposed.

When a participant violates probation, the PA files a violation with the Judge, who will decide whether or not to issue the possible violation (jail sanction) or to hold it over the participant's head (which he has done up to a year) until that person shows sufficient improvement in the program. One team member commented that the Judge has not given out any jail sanctions during the past year.

Participants who do not have a satisfactory explanation for "unacceptable" behavior(s) may receive a warning about possible consequences if they do not comply with program rules. The Health Department can also require participants to start over in their treatment if they miss too many treatment sessions.

Participants not complying with program rules may also receive two other types of sanctions: community service or an individualized writing exercise (e.g., an essay about why drinking and driving is unacceptable).

## Removal/Unsuccessful Completion

An individual who is not compliant with the program—does not participate in individual or group treatment and/or is disruptive when participating, is defiant, has repeated positive drug tests, re-offends, has a negative attitude—is given several chances "to get back on track." If this change does not happen, the participant may be removed from the program. In that case, the individual receives whatever sanction is deemed appropriate by the court—typically at least some jail time—and is placed on regular probation.

The Judge makes the final decision regarding whether or not to remove someone from the program; but an ongoing dialogue occurs with the participant (to encourage/support successful participation), over a number of hearings, before that happens. If the Judge does decide to remove a participant, that person is given a full hearing before being released from the program.

## Graduation

To be considered for graduation from the HCADC, participants must successfully complete all required treatment and all four phases of the drug court program, which typically takes 9 months to a year. When they successfully complete the program, participants are put on the typical court docket, but come up to the bench first, so that the other drug court participants have the benefit of seeing one of their peers graduate. The Judge shakes the graduate's hand, and presents him/her with a certificate of completion and a keychain. The Judges offers a few words of encouragement, and each team member says something positive about the graduate.

Felony charges are not removed upon graduation; participants still receive a conviction after successfully completing the program. For much of the program's history, program policy required drug court participants to re-



main on probation after graduation either on an unsupervised status or with a requirement to report to the PA, as determined by the original sentence. During this period, the case was handled through Parole and Probation. The Judge, however, did ask the graduates to come back to drug court while they were on probation to report how they were doing (at his discretion). Treatment was not generally ordered for those individuals on probation, unless there had been a recommendation for NA/AA, in which case the Judge would modify the probation order to add that recommendation. A team member reported that this probation requirement has since been lifted.

While there were inconsistent reports, it appears there have been approximately five graduates since the drug court's inception.

### **Data Collected by the Drug Court for Tracking and Evaluation Purposes**

A release form is signed by participants that allows their information to be shared between drug court team members. Information collected at intake is entered by the treatment provider/Health Department into the SMART (Statewide Maryland Automated Record Tracking) management information system. Participant data collected in SMART include: basic demographics, mental health services information, employment and education status, and housing status.

No data are collected at the program level for program monitoring.

### **Drug Court Funding**

Since the HCADC's inception, team representatives' agencies have provided staff-related resources to support the program (for example, the Harford County Health Department provides a counselor, and Parole

and Probation assigns an agent to work with the program). The Office of Drug Control Policy has provided funds to the program; the Circuit court drug court (in conjunction with the District Court program) received \$10,000 from this organization last year, which is being used to pay for drug testing. Additional monies provided by the ODCP include \$225 for GED course support and \$5,000 for transportation support (e.g., bus passes, taxis). These funds are also shared between the Circuit and District drug court programs.

The Maryland Office of Problem-Solving Courts has also made money available for drug testing and to cover other drug court expenses, and at the time of the interviews was in discussions with the program about providing additional funds for drug court staff. According to one team member, the OPSC is planning, in the near future, to provide funds to cover the additional cost of an additional part-time position.

### **Community Liaisons**

Team members reported that the program has "all kinds of community support," but, "not a lot of partnerships with community organizations...as many needs can be serviced through the Health Department." The Harford County Health Department offers parenting classes, HIV education, language-specific programs, and psychiatric/medication services to drug court participants.

Team members also stated that they would like to see the program create relationships with the local community college (to provide GED-related support), and with organizations that offer job-related support and social skills training.



## 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 a fuller 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 (Cooper, 2000), and are used for illustrative purposes. Then, the practices of this drug court in relation to the key component of interest are described, followed by recommendations pertinent to each area.

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

*Research Question: Has an integrated drug court team emerged?*

#### National Research

Previous research (Carey et al., 2005) has indicated that greater representation of team

members from collaborating agencies (e.g., defense attorney, treatment, prosecuting attorney) at team meetings and court hearings is correlated with positive outcomes for clients, including reduced recidivism and, consequently, reduced costs at follow-up.

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

#### Local Process

Team membership includes the Judge, treatment representation, and representatives from the State's Attorney and Public Defender's Offices, the Office of Drug Control Policy, and probation.

All team members except the Judge and the Public Defender are the same individuals who serve on the District Court drug court team.

The representative from the Office of Drug Control Policy does not attend the drug court hearings regularly.

The team does not meet for pre-court meetings but most team members attend drug court sessions twice per month. Prior to the drug court session, team members meet informally in court to go over the day's drug court docket and address any new or ongoing participant issues/concerns. The team has historically been able to do this because there has been only a handful of active clients in the program at any one time (currently there are no active clients), and the court session usually starts a bit late.

Treatment provides written reports on participants just prior to the start of the drug court session, to the Judge, probation officer,

State's Attorney, and (if requested) defense attorney.

Law enforcement is not represented on the team, nor is it involved in any aspect of the program.

Policy meetings have not been held since the last coordinator (who has since left) joined the program in mid-2007.

The drug court is a treatment-based program (as opposed to probation-based, for example) which, team members feel, separates it from most other drug court programs. Legal issues are addressed outside of treatment's purview, which results in the treatment side not knowing a lot about the legal side of the process.

#### Suggestions/Recommendations

- Invite law enforcement to be part of the team. Consider how they can be more involved and what is needed to engage their participation.
- Consider including other outside agencies in the drug court process.
- Consider holding a quarterly policy committee meeting to address concerns/issues relevant to program functioning and to review the program's effectiveness with regard to meeting its goals.
- Most drug court programs find it useful to hold team meetings prior to the drug court sessions, to facilitate communication between team members and build relationships to form a more cohesive team. Additionally, this practice contributes to reduced recidivism and, consequently, reduced outcome costs. This program may want to explore this option and what benefits they would gain (especially if the program's census increases in the future), such as having dedicated time together for discussions about participant progress and challenges, helping treatment and legal partners gain a better idea of what role the others play, and coordinating services for participants (rather than

doing so during the court session when time is more limited).

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

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

#### National Research

Recent research by Carey, Finigan, and Pukstas (2008) found that participation by the prosecution and defense attorneys in team meetings and at drug court hearings had a positive effect on graduation rate and on outcome<sup>2</sup> costs.

In addition, allowing participants into the drug court program only post-plea was associated with lower graduation rates and higher investment<sup>3</sup> 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 unsuccessfully discharged showed lower outcome costs (Carey, Finigan, & Pukstas, 2008).

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<sup>2</sup> 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

<sup>3</sup> Investment costs are the resources that each agency and the program overall spend to run the drug court, including program and affiliated agency staff time, costs to pay for drug testing, etc.

### Local Process

Almost all of the drug court clients are served by the Public Defender, while few are represented by private attorneys.

The Assistant State's Attorney (ASA) and Deputy District Public Defender (PD) work well together. They appear to buy in to the program's treatment focus and, as a part of the larger team, they share the belief that decisions that the team make should be in best interest of the participant. The PD does not regularly attend drug court sessions.

Since drug court rules are clear and specific, the Public Defender is unable to contest consequences (if it is determined that a participant has a broken program rule). However, the PD can voice an opinion about how severe the court response (i.e., sanction) should be. The Judge can consider the PD's input when making a final decision on a sanction (although it was reported that in the past year there have been no sanctions given).

### Suggestions/Recommendations

- Work to ensure that decisions about sanctions are arrived at as part of the team process as much as possible. Consider the value of setting specific time aside for pre-court team meetings, especially as the program increases its number of active participants.
- Consider the implications of keeping the legal and treatment aspects of the process relatively separate. Look at ways to increase communication between all team members throughout the process.
- The public defender should always attend drug court sessions. Programs where public defenders attend staffing meetings and drug court sessions had higher graduation rates and lower outcome costs (Carey, Finigan, & Pukstas, 2008).

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

*Research Question: Are the eligibility requirements being implemented successfully? Is the intended population being served?*

### National Research

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

Drug courts that reported a time period of 20 days or less from arrest to program entry had higher savings than those courts that had a longer time period between arrest and entry (Carey, Finigan, & Pukstas, 2008).

### Local Process

Entry into the program is at the post-plea, pre-conviction stage of the judicial process. If participants complete the program successfully, the initial charge that resulted in the drug court referral, if a misdemeanor or violation, is dropped (i.e., the participant is found not guilty); felonies are not dropped. Participants who do not successfully complete the program receive jail time (minus time already served in jail). The Judge may take into account drug court participation when deciding on how much jail time a participant released from the program will serve.

Most individuals come into the program as a result of a violation of probation (VOP) charge, and the typical initial charge is possession with intent to distribute.

The former drug court coordinator (who was based at the Health Department and also represented treatment) facilitated the intake appointment. During this assessment process, prospective participants relate their psychiatric history (including medication use), in addition to providing relevant demographic

information, describing their drug use, etc. Individuals entering the drug court program must admit to their drug use and be amenable to treatment.

Prospective participants who are found to be appropriate for the program officially enter on the next drug court session date following their intake appointment. The drug court coordinator makes the determination of clinical eligibility for the program.

During the assessment, it may be found that the individual's drug use is too intense for the program, as the drug court program is designed as an outpatient program. If not found appropriate for the program, individuals are referred to the appropriate resources.

Individuals receiving methadone treatment are not allowed entry into the program; the same is true for individuals taking any form of narcotics (e.g., to treat a psychiatric disorder).

Individuals can be excluded from participation if their mental health diagnosis reflects a high probability that it would be difficult for them to be successful in the program.

If determined eligible for the program, individuals go to the next drug court session and stand before the Judge, who suspends their entire sentence, except for 60-90 days (which they generally spent in jail prior to starting the drug court program, but doing so is no longer required prior to drug court entry).

#### Suggestions/Recommendations

- The team should examine the drug court entry process (e.g., where referrals can come from, letter referral process) to identify any bottlenecks or delays in the system and speed up the time it takes from referral to entry into the program.
- At the time that interviews were conducted, one stakeholder reported that no drug court referrals had come from the private bar (all were through the Public Defender's Office). The team should

consider appointing one of its members to prepare material showing the benefits of drug court and present this information in a meeting or other forum where private attorneys are present.

- According to stakeholders, the perception is that drug court is more difficult and time-consuming than being on regular probation, which means that some attorneys and potential participants do not see drug court as their best option. All of the focus group participants reported that they selected drug court because they saw it as their only alternative to jail time, which seemed to be the primary (or only) incentive. Program staff should discuss ways in which they could enhance the perceived value of the drug court option (such as emphasizing assistance with education and employment), meet with local attorneys to explain the benefits of drug court, and consider new incentives that could encourage individuals to participate.
- The program has the capability to serve a greater number of participants than it has yet served, but needs to find ways to do so. Stakeholders recommended a number of ways to increase enrollment, including:
  - Allowing into the program people with less serious violence charges (such as second degree assault) rather than excluding anyone with a violence charge.
  - Accepting people with possession with intent cases (where the individuals are not actually dealing, but have a sufficient quantity to meet the intent to distribute charge).
  - Allowing felony charges to be dismissed upon successful completion of the program, as this would be a strong incentive to participate in the program, with the additional benefit making it more possible for graduates

to find a job, receive financial assistance, and secure housing.

- One team member reported that transportation issues are a deterrent to program participation. No public transportation is available; and some participants do not have their driver's license. The program should look for ways to assist people with transportation (such as taxi vouchers or finding a funding source to cover transportation support) and, when appropriate, help those who have lost their licenses to get them back. If these options are adopted, the State's Attorney's Office modifies the eligibility criteria accordingly, and the program gets the word out to the community that it has incentives and benefits that make it an attractive option, the program should expand and therefore help more people turn their lives around.
- The team should discuss the rationale for having participants serve time in jail prior to starting drug court, as that practice, 1) lengthens time between arrest and drug court entry (potentially increasing the time it take for participants to get into treatment), and 2) is contrary to the idea of graduated sanctions philosophy, since it essentially involves utilizing the most severe sanction first (i.e., jail), prior to intervention/treatment support and any non-compliant behavior.

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

*Research Question: Are diverse specialized treatment services available?*

National Research

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

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

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

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

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

Local Process

In the first three program phases (which last 8 weeks, 10 weeks, and 8 weeks, respectively) participants attend one group and one individual treatment session every week. In phase IV, which lasts a minimum of 3

months, there are no groups but participants are required to see the counselor (individually) twice per month. Both Circuit and District court drug court participants attend the same treatment groups; this model is partially due to a lack of treatment resources that would allow the groups to be run separately. Participants in all four drug court phases go to court twice per month.

The program does not currently offer gender or culture-specific treatment services. Currently, there are no active clients.

Alcoholics Anonymous (AA) groups are not a program requirement but are available to participants. Treatment staff provides participants with the contact information for any needed service; however, it does not provide case management services (it is up to participants to contact referred agencies). Many of these services are available within the Health Department (e.g., parenting and anger management classes). Treatment staff can also refer participants for mental health counseling and psychiatric support (including medication management).

On occasion, the program will receive reports from outside agencies working with participants. However, this happens infrequently and only if the Judge requires it.

#### Suggestions/Recommendations

- Work with the Office of Problem-Solving Courts and the Health Department to examine ways to add needed counseling support, so that the program's capacity goals can be met and, if deemed more effective, groups for Circuit and District Court participants can be run separately.
- Case management services are important to provide support for and ensure success of participants working on multiple issues. Discuss as a team how to provide this advocacy and coordination support to participants, such as whether this service could be provided through Parole and Probation or other resources.
- Ensure that clients are getting the intensity of service that they need (that is indicated by their assessments). Also, expanding treatment options will allow the program to take a wider range of clients (individuals with wider range of treatment needs). Consider the possibility of future gender and culture-related treatment support for participants.
- Once the program has reached capacity, the team and treatment staff should consider separating higher and lower risk clients (i.e., District and Circuit clients) into separate treatment groups, rather than combining them together in one group, which is the current reported practice.
- Through team interviews, there was an indication that some participants may not have sufficient life skills to successfully follow through with a number of the tasks required by the program (e.g., scheduling and arriving to meetings on time). If that is determined to be the case, program staff should consider ways to develop a more formalized life skills training program for clients (e.g., through the Health Department).
- Keep in mind that treatment phases and advancement should be kept separate from drug court program phases and progress. Specifically, progress in treatment does not necessarily call for an advance in program phases as there are non-treatment goals that participants should be working on as well as treatment goals.
- Recommendation from a participant (during the focus group): Make sure that all of the handouts and paperwork provided to participants are updated ("Sometimes we might have a paper that says things are one way, but they have changed.")



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

*Research Question: Does this court have an effective drug testing model?*

National Research

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

Programs that tested more frequently than 3 times per week did not have any better or worse outcomes than those that tested 3 times per week. Less frequent testing resulted in less positive outcomes. It is still unclear whether the important component of this process is taking the urine sample (having clients know they may or will be tested) or actually conducting the test, as some 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 70% of drug courts nationally administer urinalyses (UAs) at least 2 times per week during the first phase and 46% continue that rate through the second phase.

Local Process

Drug testing conducted by the program (usually urinalysis, observed by same gender staff) occurs once per week by treatment staff and once per week by probation staff for all participants (the testing schedule is not phase dependent). Participants may also receive breathalyzer tests through the probation department, but it was reported that this rarely happens, if at all.

Test results are reported to the program from the local testing lab. Occasionally, a sample is sent back to the lab to be re-tested (e.g., if

a person who tested positive believes the result to be incorrect).

In the past, participants have had to pay for drug testing. The program currently has a grant that covers those costs. The Public Defender now has the authority to challenge test results. If a participant contests a positive drug test, the attorney can subpoena the chemist (who conducted the lab assessment) to come to court. Previously, agreement(s) signed by the participant waived the ability to do this.

Suggestions/Recommendations

- Drug testing in the first phase should be random or 3 times per week, to be most effective. This frequency can appropriately be reduced in later program phases, particularly for participants with long periods of negative tests, rather than maintaining the same schedule of frequency for the duration of the program.
- Consider the value of a testing process that involves a shorter turnaround time between providing the sample and the availability of results (which, in turn will support a more timely court response)—for example, consider implementing instant testing in conjunction with the more in-depth (and time-consuming) lab testing.

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

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

### National Research

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

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

### Local Process

The team can make recommendations regarding sanctions and (non-material) rewards given to program participants. Only on occasion is probation involved in this process.

Participants who are doing well in the program receive verbal praise from the bench. They are also given a gift certificate and key chain at graduation.

When a client does not attend a treatment-related appointment (e.g., an individual or group session), or has a positive drug test result, the counselor has her/him sign a form that is submitted to the Judge stating that he/she violated that particular drug court rule. No participant has ever declined to sign the form. The Judge holds this violation while giving the participant a chance to do what is expected/comply with the program. Sometimes several chances are given.

Sanctions, aside from verbal expression of Judicial and other staff disappointment, do

not appear to be used as part of this program. While most of the participants are compliant with drug court rules because they do not want to go to jail, some participants have displayed repeated problematic behaviors.

Participants know and understand drug court rules, which are specific and clearly described to them before they enter the program. Focus group participants reported that general rules were explained to them, but also admitted they did not know every aspect of the program (for example, one person did not know how often she had to see the Judge).

Treatment does not provide input regarding sanctions; it merely informs the court about rule violations. However, if there is an appropriate reason for a client to break a rule (e.g., not making a treatment meeting because of a flat tire), the violation report is not issued.

The program is designed to take 9 months to 1 year for participants to complete. There is a continuing care program offered to individuals who have difficulties staying clean while in phases 3 or 4. While in continuing care, which takes 3 months to complete, participants attend AA/NA meetings and regular drug court groups offered at the Health Department (in addition to having to satisfy the general requirements of their particular phase). After completing continuing care, the participant then starts at the beginning of either phase 3 or 4 (depending on where they were when they began continuing care).

### Suggestions/Recommendations

- Review the program's current process for responding to participant behavior through sanctions and rewards. While a focus on positive reinforcement is beneficial, strategic limited use of sanctions can be an appropriate augmentation to incentives and rewards to support behavioral changes. Ensure that the program's system of graduated sanctions is written and used consistently.

- Future evaluation should look at the length of time it actually takes participants to complete the program compared to the program's stated goal.
- Ensure that the whole team is participating in decisions regarding sanctions and rewards. Discussions of responses to behavior that include the entire team benefit from the multiple points of view provided by various team members.
- It was reported that, after a participant tests positive for substances, the PA is responsible for preparing a show cause order, which the Judge then addresses during the next drug court session. Regarding this practice, the program may want to consider creating a mechanism for responding to treatment issues sooner than this time frame (also with the understanding that a treatment response to a positive test may be the best approach, and that treatment responses should not be presented to the participant as a sanction, as this is counter-therapeutic).
- Related to the above recommendation, make sure that sanctions are graduated and specified so that there is as much consistency as possible, while providing opportunities to individualize as needed.
- It was reported that one of the rewards participants receive for being compliant with the program is being allowed to skip the next court session. Since participants are only attending drug court every other week, it is recommended that this reward be given only to participants who are in the later phases of the program (e.g., those in Phase II or III), since an effective program model requirement is regular judicial supervision/monitoring, in particular early on in the program (see Key Component #7).

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

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

National Research

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

Further, research in California and Oregon (Carey et al., 2005; Carey & Finigan, 2004) demonstrated that participants have the most positive outcomes if they attend 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

The current Judge has been presiding over the drug court since its inception.

During the court session, the Judge reviews information about the participant (provided by the team members) while on the bench and then addresses the participant directly.

The Judge provides all participants with the opportunity to talk or ask questions during the drug court session. He also gives participants the opportunity to engage an attorney if it is necessary (e.g., for serious violations). An observation of a drug court session by an

NPC staff person confirmed these actions on the part of the Judge.

Participants come before the Judge twice per month throughout their program participation.

#### Suggestions/Recommendations

- If there is ever a new judge appointed to preside over this drug court, plan transition time for the new judge to observe and learn from the experience of the current one. All Judges should receive formal role-specific drug court training as near to beginning their work with drug court as possible.
- When this program reaches capacity, it should consider holding drug court sessions separate from non-drug court hearings. The drug court session could begin after the regular court hearings, providing greater efficiency and relevance for participants.

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

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

#### National Research

Carey, Finigan, and Pukstas (2008) found that programs with evaluation processes in place had better outcomes. Four types of evaluation processes were found to save the program money with a positive effect on outcome costs: 1) maintaining paper records that are critical to an evaluation, 2) regular reporting of program statistics leading to modification of drug court operations, 3) results of program evaluations leading to modification to drug court operations, and 4) drug court participating in more than one evaluation by an independent evaluator. Graduation rates were associated with some of the evaluation processes used. The second and third processes were associated with higher gradu-

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

#### Local Process

A release form is completed at the intake appointment, which allows the treatment provider to share information with the drug court team. Additionally, this signed agreement allows participant information to be discussed openly during the court session.

The courtroom is open; however, the Judge is very aware of who is in attendance during drug court sessions. The only “outside” observers that have attended drug court sessions have typically been participants in the juvenile drug court program (who are there as a result of a sanction from that program).

Information from the initial intake is entered by treatment (at the Health Department) into the SMART data management system. The program (through treatment) collects ongoing client information, usually in paper form.

The graduation rate is one of the ways the program will determine whether it is successfully meeting its program goals. There is not complete agreement as to the number of participants who have graduated, but if about 5 of the participants have graduated out of about 15 who are no longer in service, the graduate rate to date is approximately 33%.

The HCADC is not collecting data at the program level for program monitoring, according to a team member.

#### Suggestions/Recommendations

- As a team, establish a process for collecting, summarizing, and reviewing program data for program monitoring purposes (set regular—e.g., quarterly, biannually—meetings to review program data, such as graduation rates, demographic characteristics of graduates [compared to all participants] to see if some participants are more successful in the program than others [if so, the team can discuss how to improve services to the unsuc-

successful participants], time from arrest to drug court entry, time from drug court entry to completion, etc.).

- Review NPC’s list of recommended data elements to collect, and begin collecting those data to assist in program monitoring and future evaluations
- There are some data that are currently recorded only in hard copy files, including program data (dates of entry into each phase, drug court sessions, services received, and criminal justice status at program exit). It is recommended that the program begin entering this information into SMART.
- Retain paper records and other non-SMART database information (collected prior to SMART) for future evaluations.
- The program should discuss the reasons for its high rate of unsuccessful program completions to identify and implement strategies to increase this program’s graduation rate.

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

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

National Research

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

Local Process

A few team members have received drug court-specific training at state-based symposia offered through the Office of Problem-Solving Courts.

Treatment staff attends classes for training specific to their role as counselors (and to maintain licensure).

The program’s Probation Agent received job-specific training, some of which focused on drug courts and other specialized courts.

Suggestions/Recommendations

- Establish a training log to ensure that team members are receiving ongoing training necessary to be an effective part of the drug court program.
- New individuals coming in to work on the drug court team, and current drug court team members who have not yet received formal drug court training, should get training specific to their role in drug court. Stakeholders expressed an interest in the following types of training topics/activities:
  - General information on addiction and mental health issues and how substance abuse affects offenders.
  - Terminology and diagnoses related to mental illness and addiction.
  - Brainstorming with team members from other drug courts to generate new ideas for the operation of the drug court, particularly how programs “get the word out” about the benefits of drug court, encourage more people to participate, and effectively coordinate needed resources.

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

### Local Process

The program has developed a relationship with the Office of Drug Control Policy; the agency's coordinator is part of the drug court team. The ODCP also provides grants to the drug court; recently, the drug court received \$10,000 from this organization, which is being used to pay for drug testing.

Other than the ODCP, the drug court has developed no partnerships with outside agencies/programs. The team has discussed creating partnerships outside of the program; however, because the program based out of the Health Department, which has a great number of in-house resources (for HIV education, parenting classes, etc.), there has not seemed to be a need to look outside of the Department for additional supports. The program counselors also have contact information for local education/jobs supports, so can provide phone numbers to participants for those services.

It was reported that none of the drug court participants has experienced difficulties with regard to transportation, which has been found to be a concern in many other drug court programs. As having access to adequate transportation is a requirement of the program (and is addressed prior to entry), it ap-

pears that this issue is addressed as part of program eligibility determination. However, not having adequate transportation is a deterrent for individuals who might otherwise be eligible for the program.

### Suggestions/Recommendations

- Consider the benefit of engaging outside (community) agencies in the drug court program. Although the Health Department does provide a variety of services, there may be other groups/ organizations available to participants that could offer (potentially) valuable services to participants (e.g., career consultation). The local community college, which offers GED support, was suggested by a stakeholder as a program with which the drug court should create a relationship, along with other organizations that would provide job-related support and social skills, etc.
- As discussed in Key Component #3, transportation has been identified (by both participants and some staff) as an issue that needs to be addressed. The program should look at how it is utilizing available transportation assistance funds if it is determined that participants' transportation needs have, indeed, not been met. It should also look at how participants currently find out about availability of these funds to make sure all participants who need this support know about this assistance and how to access it. Further, the drug court should consider eliminating the requirement that participants have adequate transportation before being accepted into the program, since this challenge could be addressed through the above-mentioned financial support; doing so could result in more people being able to participate in the program.

## HARFORD COUNTY ADULT CIRCUIT DRUG COURT: A SYSTEMS FRAMEWORK FOR PROGRAM IMPROVEMENT

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

The challenges and strengths found in the HCADC can be categorized into three areas: community, agency, and program level issues. By addressing problems at the appropriate level, change is more likely to occur and be sustained. This section of the report provides an analytic framework for implementing the recommendations included in the prior section.

### Community Level

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

Social service and criminal justice systems are designed to respond to community needs. To be effective, they should clearly understand those needs. These two critical public systems need to analyze and agree on the specific problems to be solved, as well as

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

The key agency partners involved in the HCADC seem to have a general understanding of their service population. However, the program has a number of challenges that could be addressed through the support of community partners.

### SUMMARY OF COMMUNITY LEVEL RECOMMENDATIONS

- Consider the benefit of engaging outside (community) agencies in the drug court program. Although the Health Department does provide a variety of services, there may be other groups/ organizations available to participants that could offer (potentially) valuable services to participants (e.g., career consultation, GED support).

### Agency Level

Once community and participant needs are clearly defined, and program stakeholders are identified, the next step is to organize and apply resources to meet those needs. However, no social service agency or system can solve complicated community problems alone. Social issues—compounded by community level factors, such as unemployment, poverty, substance abuse, and limited education—can only be effectively addressed by agencies working together to solve problems holistically. Each agency has its unique resources (e.g., staff time and expertise) to contribute. At this level of action, partner agencies must come together to develop (or share)

a common understanding of each other's roles and contributions. They must also each make commitments to the common goals of the program.

This level of analysis involves a strategy to engage partners and advocates, leverage resources, establish communication systems (both with each other and with external stakeholders, including funders), and create review and feedback loop systems (for program monitoring and quality improvement activities). Discussions among program partners at this level can solidify a process for establishing workable structures for programs and services, as well as identify key individuals who will have ongoing relationships with the resulting program and with the other participating agencies and key stakeholders.

#### **SUMMARY OF AGENCY LEVEL RECOMMENDATIONS**

When the program is functioning at (relatively) full capacity, it may want to consider:

- Discussing ways in which the program could enhance the perceived value of the drug court option such as emphasizing assistance with education and employment, meeting with local attorneys to explain the benefits of drug court, and implementing new incentives that could encourage individuals to participate.
- Holding a quarterly policy committee meeting to address concerns/issues relevant to program functioning and to review the program's effectiveness with regard to meeting its goals.
- Discussing the implications of keeping the legal and treatment aspects of the process relatively separate. Look at ways to increase communication between all team members throughout the process.
- Requesting that the public defender always attend drug court sessions. In fact, programs where public defenders attend

staffing meetings and drug court sessions had higher graduation rates and lower outcome costs (Carey, Finigan, & Puksatas, 2008).

- Working with the Office of Problem-Solving Courts and the Health Department to examine ways to add needed counseling support, so that the program's capacity goals can be met and, if deemed more effective, groups for Circuit and District Court participants can be run separately.

#### **Program Level**

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

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

#### **SUMMARY OF PROGRAM LEVEL RECOMMENDATIONS**

- Look at how the program is utilizing available transportation assistance funds and how participants currently find out about availability of these funds, so that all participants who need transportation support know about this assistance and how to access it. Further, consider eliminating the requirement that participants have adequate transportation before being accepted into the program, since this



challenge could be addressed through the above-mentioned financial support; doing so could result in more people being able to participate in the program.

- Work to ensure that decisions about sanctions are arrived at as part of the team process as much as possible. Consider the value of setting specific time aside for pre-court team meetings, especially as the program increases its number of active participants. The benefits related to holding team meetings prior to the drug court sessions include facilitating communication between team members and building relationships to form a more cohesive team.
- Keep in mind that treatment phases and advancement should be kept separate from drug court program phases and progress. Specifically, progress in treatment does not necessarily call for an advance in program phases as there are non-treatment goals that participants should be working on as well as treatment goals.
- The program has the capability to serve a greater number of participants than it has yet served, but needs to find ways to do so. Recommended ways to increase enrollment, including:
  - Allowing into the program people with less serious violence charges (such as second degree assault) rather than excluding anyone with a violence charge.
  - Accepting people with possession with intent cases (where the individuals are not actually dealing, but have a sufficient quantity to meet the intent to distribute charge).
  - Allowing felony charges to be dismissed (or, possibly, reducing the felony to a misdemeanor )upon successful completion of the program, as this would be a strong incentive to participate in the program, with the additional benefit making it more possible for graduates to find a job, receive financial assistance, and secure housing.
- Once the program has reached capacity, consider separating higher and lower risk clients (i.e., District and Circuit clients) into separate treatment groups, rather than combining them together in one group, which is the current reported practice.
- Consider the value of a drug testing process that involves a shorter turnaround time between implementation and the availability of results (which, in turn will support a more timely court response)—consider implementing instant testing in conjunction with the more in-depth (and time-consuming) lab testing.
- Discuss the rationale for having participants serve time in jail prior to starting drug court, as that practice, 1) lengthens time between arrest and drug court entry (potentially increasing the time it take for participants get into treatment), and 2) is contrary to the idea of graduated sanctions philosophy, since it essentially involves utilizing the most severe sanction first (i.e., jail), prior to intervention/treatment support and any non-compliant behavior.
- Ensure that the whole team is participating in decisions regarding sanctions and rewards. Discussions of responses to behavior that include the entire team benefit from the multiple points of view provided by various team members. Also make sure that sanctions are graduated and specified so that there is as much consistency as possible, while providing opportunities to individualize as needed.
- As a team, establish a process for collecting, summarizing, and reviewing program data for program monitoring purposes (set regular—e.g., quarterly, bian-

nually—meetings to review program data, such as graduation rates, demographic characteristics of graduates [compared to all participants] to see if some participants are more successful in the program than others [if so, the team can discuss how to improve services to the unsuccessful participants], time from arrest to

drug court entry, time from drug court entry to completion, etc.).

- The program should discuss the reasons for its high rate of unsuccessful program completions to identify and implement strategies to increase this program's graduation rate.

## SUMMARY AND CONCLUSIONS

**T**he Harford County Circuit Court Adult Drug Court seems to possess a general understanding of the 10 key components, but has faced some challenges in fully implementing the drug court model.

### **Program changes affecting this program:**

The most recent program Coordinator (who left in August 2008) managed both the District and Circuit drug court programs, and also served as the treatment provider.

The role of the Public Defender was expanded somewhat to include the authority to challenge drug test results (the chemist in the testing lab receives a subpoena to appear in court).

Individuals are no longer required to spend time in jail before entering the drug court program; however, some may still serve jail time prior to program entry, at the discretion of the Judge.

Participants who complete drug court are no longer required to be on probation.

### **Promising practices:**

Harford County has diverse specialized treatment services available through the health department. This program has a single treatment provider, is structured to provide regular contact with the Judge, and the Judge's drug court position is voluntary and not time limited. Another positive aspect of

the program is the distinction it makes between treatment responses and court responses to participants' behaviors (which, unfortunately, many drug court programs do not differentiate).

### **Areas that could benefit from more attention:**

This program could benefit from a review and reorganization of the eligibility criteria and referral process for identifying and accepting new participants, to increase the numbers served. Adding law enforcement to the team is recommended, as well as instituting a team meeting prior to the drug court session. Team meetings facilitate communication between team members, which in this program could be improved. Involving all team members in discussions about participants' legal issues, progress, rewards, and sanctions; as well as program improvements and policy discussions; would bring together multiple points of view and create a more comprehensive and effective service system. All team members should receive formal training on the drug court model and their specific roles. Finally, involving other agencies and organizations in the program can increase connections between participants and potential resources in the community.



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## REFERENCES

- Carey, S. M., & Finigan, M. W. (2004). A detailed cost analysis in a mature drug court setting: A cost-benefit evaluation of the Multnomah County Drug Court. *Journal of Contemporary Criminal Justice*, 20(3), 315-338.
- Carey, S. M., Finigan, M. W., & Pukstas, K. (2008). *Exploring the Key Components of Drug Courts: A Comparative Study of 18 Adult Drug Courts on Practices, Outcomes and Costs*. Submitted to the U. S. Department of Justice, National Institute of Justice, May 2008. NIJ Contract 2005M114.
- Carey, S. M., Finigan, M. W., Waller, M. S., Lucas, L. M., & Crumpton, D. (2005). *California drug courts: A methodology for determining costs and benefits, Phase II: Testing the methodology, final report*. Submitted to the California Administrative Office of the Courts, November 2004. Submitted to the USDOJ Bureau of Justice Assistance in May 2005.
- Cooper, C. (2000). *2000 drug court survey report: Program operations, services and participant perspectives*. American University Web site:  
<http://www1.spa.american.edu/justice/documents/118.pdf>
- Crumpton, D., Brekhus, J., Weller, J. M., & Finigan, M. W. (2004a). *Cost analysis of Anne Arundel County, Maryland Drug Treatment Court*. Report to the State of Maryland Judiciary, Administrative Office of the Courts and Baltimore Substance Abuse Systems, Inc.
- Crumpton, D., Brekhus, J., Weller, J. M., & Finigan, M. W. (2004b). *Cost analysis of Baltimore City, Maryland Drug Treatment Court*. Report to the State of Maryland Judiciary, Administrative Office of the Courts and Baltimore Substance Abuse Systems, Inc.
- Finigan, M. W., Carey, S. M., & Cox, A. (2007). *The impact of a mature drug court over 10 years of operation: Recidivism and costs*. Submitted to the U. S. Department of Justice, National Institute of Justice, December 2006. NIJ Contract 2005M073.
- Government Accounting Office (2005). *Adult drug courts: Evidence indicates recidivism reductions and mixed results for other outcomes*. [www.gao.gov/new.items/d05219.pdf](http://www.gao.gov/new.items/d05219.pdf), February 2005 Report.
- Longshore, D. L., Turner, S., Wenzel, S. L., Morral, A. R., Harrell, A., McBride, D., Deschenes, E., & Iguchi, M. Y. (2001). Drug courts: A conceptual framework. *Journal of Drug Issues*, 31(1), Winter 2001, 7-26.
- Lurigio, A. J. (2000). Drug treatment availability and effectiveness. Studies of the general and criminal justice populations. *Criminal Justice and Behavior*, 27(4), 495-528.
- National Association of Drug Court Professionals (2008). *Painting the current picture: A national report card on drug court programs in the United States*. Retrieved August 2008 from [www.ndci.org/publications/PCPII1\\_web.pdf](http://www.ndci.org/publications/PCPII1_web.pdf)
- National Association of Drug Court Professionals Drug Court Standards Committee (1997). *Defining Drug Courts: The Key Components*. U.S. Department of Justice, Office of Justice Programs, Drug Court Programs Office.
- SAMHSA/CSAT Treatment Improvement Protocols (1994). TIP 8: Intensive outpatient treatment for alcohol and other drug abuse. Retrieved October 23, 2006, from [www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.28752](http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.28752)
- U. S. Census Bureau (2000). Retrieved December 12, 2008, from <http://quickfacts.census.gov/qfd/states/24/24025.html>



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





## **Drug Court Typology Interview Guide**

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

Although the typology guide is modified slightly to fit the context, process and type of each drug court (e.g., juvenile courts, adult courts), a copy of the generic drug court typology guide can be found at [www.npcresearch.com/Files/NPC\\_Research\\_Drug\\_Court\\_Typology\\_Interview\\_Guide\\_\(copyrighted\).pdf](http://www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_(copyrighted).pdf)



## **APPENDIX B: FOCUS GROUP SUMMARY**



## **Harford County Circuit Court Adult Drug Court FOCUS GROUP SUMMARY**

**Location:** Bel Air, Maryland

**Date:** September 26, 2008

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The HCADC participant focus group, facilitated by an NPC staff member, was held at the Harford County Health Department. The focus group was held during the time that the participants would have been in a scheduled session at the Health Department. The focus group consisted of four participants who are active in the drug court program.

The participants all agreed that Judge Plitt was extremely fair and understanding. They stated that he gives participants many opportunities to “get it together” before he will sanction. They feel that he is extremely supportive and really cares about them. This perspective was consistent with what was observed by the evaluator’s staff member during a drug court session. The other common opinion was that there appeared to be general dislike for the previous Drug Court Coordinator, who has since left the program. Participants seemed to feel that she was rigid, unfair, and inconsistent in her decision making. Generally, the group feels very positive about the overall program and shared that it has helped them significantly.

The participants were asked the following questions and gave the following responses:

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

- I really like Judge Plitt. It seems like he really understands the problems that I am going through and that he wants to help. He will give you so many chances to do better. He will always say, “I am glad to see you and glad to see the good things you are doing.” That makes me feel good. I really find him to be lenient.
- It keeps me doing well. It keeps me home with my kids, where I belong.
- I really enjoy talking to [counselor]. I look forward to talking to him. We talk about personality disorders and how different drugs can affect you.
- I like [counselor] because his counseling has helped me. He helped me stop smoking weed while I am pregnant. It is not just the birth defects that I worry about. People look harsher at women who are pregnant and use drugs.

### **What do you dislike about the drug court program?**

- The thing that I dislike the most is that I have to come here four to five times per week. It is a lot to make all of these appointments.
- [The next participant agreed but made another point. S/he tied the many appointments to the increase in gas prices and talked about that almost being unmanageable.]
- If you had asked this question a while ago, when I first started, I probably would have come up with a few things. But now, I have to say, it is okay. I don’t really dislike much about it.
- Sometimes we have to wait for court to start. We have to wait for other cases to be heard or sometimes there is other stuff going on. So we have to wait for all of that before the drug court really starts.

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

- [Previous coordinator] was always butting her nose in situations between me and my probation officer. I felt like [coordinator] had something out for me.
- I had issues with her too. She told me to call and let her know if I was not going to make an appointment. I called as I was told, but [coordinator] still violated me.
- I really like [counselor] and [other staff]. They are really helpful. They help us work on our problems and keep us on the right track. They understand sometimes that it is not easy to stay clean. But they help us with counseling and they give us support.
- When I was interviewed by [coordinator], she acted like it was going to be too much hassle because I was pregnant. She started hassling me about if I could make all of the appointments. It almost felt like she was trying to deter me from coming in the program. I felt like she really did not want me in the program. But the Judge made the final decision.
- She did something like that to me too. I felt like she tried to keep me out of the program too. She said that she did not think that I could stop using.
- [Counselor] is very supportive and encouraging. He is easy to talk to. I feel like I can open up to him. He knows how to talk to us to get the information that he needs.

### **Why did you decide to participate in drug court?**

- I did not have a choice. I was given the option of jail or drug court. I chose drug court. [All focus group participants gave similar responses]

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

- It has really improved me and my life. There were not any obstacles.
- There were no obstacles and now I can focus on my goals. Before drug court, I did not have any goals.
- The program helped me stay straight. No obstacles.

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

- I think weekends in the Detention Center should never be used while you are in the program. You should only go there if you fail out of the program.
- They should always make sure that all of the handouts and paper work for us are always updated. Sometimes we might have a paper that says things are one way, but they have changed. We should always get the updates on paper.

### **Did your family participate in any way in the process?**

- Because I have a new baby, my mom is real involved. She comes to court with me and babysits for me a lot. She supports me by keeping my baby when I come to appointments and things.
- My family is glad I am clean. They encourage me a lot and notice the good changes in me. I have had family come to court with me.
- Yes, my mom comes to court sometimes. She has also come to some of my appointments and sessions. She wants me know that she is there for me. Our relationship is better now.

**What educational support and linkages in the community have been provided?  
How has drug court helped you with school?**

The first participant stated: none. The rest of the group chimed in and stated none. None of this group is currently in school. They are working, but found their jobs on their own. Three participants did state that [counselor] really encourages them when it comes to working.

**What is the drug court session like?**

- Other than waiting, it is good. The Judge and everybody are real nice. Judge is really good and fair with us.
- Court is really no problem. We get a chance to say how we have been doing. The Judge usually already knows how we are doing. He encourages us all of the time.
- Court is not a problem. Just coming to court is a headache.
- Court is easy, unless you are not doing what you are suppose to do.

**Why do you think there is a drug court?**

- So that more people could stay out of jail and try to get themselves together. It is to help you stop using drugs so that you don't end up in jail doing hard time one day.
- It is to give people a second chance. Or to give them at least a chance to turn their self around. If you are serious, it will work.
- So that we can get treatment and help instead of jail. When you go to jail, you are not really gonna get the help you need.

**What is the hardest part of drug court?**

- Just making all of the appointments. You got to juggle things around.
- Well, you can't do some of the same things that you used to do. You got to change your lifestyle, you know, the people you hang around and stuff. That is kind of hard because you still see those people.
- It is really only as hard as you make it. If you come in here and do what you are suppose to, you won't have any issues.

**What are your own individual goals in the program?**

- I want to keep becoming a better mom to my kids. I want to graduate from this program and then keep going to NA so I can stay clean.
- I keep trying to better myself. Once I graduate from this program I hope I can find a better job. I don't want to change jobs now because I am fitting everything in my schedule. A new job might not work with all of these things I have to do.
- Well, because I just had a new baby, I want to finish the program so I can be a good mom and give my child what she needs.
- I haven't been in the program that long. So I just want to keep doing good and eventually graduate. I want to keep leaving clean urines.

**What do you remember was presented to you about the program, prior to accepting the program?**

- Some of the requirements were explained to me. But not all. For example, I did not know how often I had to see the Judge and everything. But I did know the general rules and stuff. [Two other participants stated the same]
- The Coordinator seemed more focused on keeping me out of the program. I was told about the rules and requirements, but from the perspective of the likelihood that I would not be able to meet those requirements.

**Were you made aware of your other non-drug court options before you decided to enter drug court?**

- [The group agreed that they could either do the time or come to drug court. There did not seem to be any other options available.]