

# Harford County Adult District Drug Court Process Evaluation



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

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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 non-violent offenders in the United States. The first drug court was implemented in Florida in 1989. There were over 1700 drug courts operating as of April 2007, with drug courts operating or planned in all 50 states (including Native American Tribal Courts), the District of Columbia, Northern Mariana Islands, Guam, and Puerto Rico<sup>1</sup> (BJA Drug Court Clearinghouse, 2007).

Drug courts use the coercive authority of the criminal justice system to offer treatment to non-violent 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 decreasing criminal recidivism.

The Harford County Adult Drug Court (HCADC) began as a pilot program in November 1997. It operated under a grant from the Maryland Governor's Office of Crime Control and Prevention, Collaborative Supervision and Focused Enforcement Division (CSAFE) for its first 3 years of operation. From 2000 until 2003 the HCADC operated with funds from a Byrne Grant. In August 2004, the drug court lost all grant funding. At that time, the Maryland Drug Treatment Court Commission (now the Maryland Office of Problem-Solving Courts) and Harford County government absorbed program costs. The County Health Department continues to fund the HCADC coordinator position. In July 2004, the HCADC began to cover some operating expenses through the collection of

substance abuse treatment fees from program participants.

Judge Emory Plitt presided over HCADC from implementation of the program until 2000, at which time Judge Victor Butanis assumed the drug court bench. When Judge Butanis left the bench in June 2003, Judge Angela Eaves became drug court judge. Judge Eaves continues to sit on this bench.

In 2001, NPC Research (NPC), under contract with the Administrative Office of the Courts of the State of Maryland, began cost studies of adult drug courts in Baltimore City and Anne Arundel County, Maryland. These studies were completed in 2003. Subsequently, NPC was hired to perform evaluations on 5 adult and 10 juvenile drug courts in Maryland, one of which is the HCADC. This report contains a process evaluation for the HCADC.

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

Maximum capacity for HCADC was 40 participants until federal grant funding ended, at which time program capacity was increased to 50. This program expansion was the result of an assessment by the program coordinator/clinical supervisor that each counselor could manage 25 clients—an increase of 5 program participants per counselor. According to the coordinator, there are usually 30 active participants in the program at any given time.

As of September 2006, 328 participants had enrolled in the HCADC program since inception, 231 participants had graduated, and 79

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<sup>1</sup>Update retrieved June 2007 from <http://spa.american.edu/justice/documents/1966.pdf>

did not complete the program. The status of 18 program enrollees could not be confirmed.

The overarching goals of the HCADC are to reduce recidivism, educate participants about the effects of drugs, and to influence participants to refrain from using drugs. HCADC gives individuals who are dependent upon or abusing drugs opportunities to change their destructive behaviors and the lifestyle that supports those behaviors.

## **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 many of the 10 key components through its current policies and structure. It integrates alcohol and other drug treatment services with criminal justice system case processing, has a consistent structure for responding to participant compliance, maintains regular judicial involvement with participants, and has invested in training for drug court team members.

There are several areas where the HCADC should and can make program improvements. Analyzing the barriers in getting prospective participants from referral to drug court entry; implementation and effective utilization of an electronic management information system for program monitoring and evaluation purposes; and identifying resources, both inside and outside of the community, to enhance program services would improve program quality and enhance understanding of the program among stakeholders and in the community.

Interpretation of the findings of this process evaluation is provided in an analytic framework that distinguishes among community, agency, and program level issues. Understanding the needs of drug court participants and the larger community, and the impacts of

a person's environment on her/his behavior is crucial to establishing a program that best serves the population. Bringing the partner agencies to the table and ensuring consistent and thorough communication and coordinated planning will also enhance program quality. Finally, establishing consistent operational guidelines will provide an efficient and effective structure for service delivery.

## **SUMMARY OF COMMUNITY LEVEL RECOMMENDATIONS**

- The drug court team should develop a strategic vision through which it can identify program needs, ways to meet those needs, and the specific resources that would be needed.
- HCADC should consider creating a policy (or steering) committee made up of drug court team members and representatives from public and private community organizations. This committee would be responsible for advising partner agencies on program design and ensuring that the program was meeting community needs.
- The program should work to identify any new community partners that would be interested in supporting the program, and also strengthen relationships/ties with existing agency partners.

## **SUMMARY OF AGENCY LEVEL RECOMMENDATIONS**

- The drug court team should review the program's policies, practices, and the overall program model. This review should include assessment of the appropriate roles of each of the agency stakeholders.
- To identify bottlenecks and structural barriers, as well as points in the process where efficiency and effectiveness could be improved, the drug court team should include in its program review an analysis

of the flow of participant cases from referral to eligibility determination to drug court entry.

- The drug court team should review the range of sanctions it levies and which team members are responsible for monitoring each type of sanction. The team should consider expanding the range of sanctions to support a model of increasing program and treatment services.
- The program, in collaboration with its partner agencies, should ensure that all team members receive initial and then continuing drug court training. There should be an expectation of and encouragement for staff taking advantage of ongoing learning opportunities (both locally and nationally). To support this goal, a training plan and log system should be established, the results of which should be reviewed by program administrators periodically. These tools will be useful in keeping track of training activities and in reinforcing the importance of professional development.

## **SUMMARY OF PROGRAM LEVEL RECOMMENDATIONS**

- HCADC staff should be trained to use the new Statewide Maryland Automated Records Tracking (SMART) Management Information System (MIS), both in entering data consistently and in extracting information to use for program review and planning. The drug court team should initiate and continue analysis of data about the drug court and its participants, and use it to inform the team about its clientele and their programmatic needs.
- An outcome study of HCADC should be conducted, in order to assess the extent to which the program is meeting its stated goals. For example, an outcome study would demonstrate whether drug court participants are accessing substance abuse treatment and reducing their criminal behavior to a greater extent than individuals who do not participate in the drug court.



## BACKGROUND

In the past 18 years, one of the most notable developments in the movement to reduce substance abuse among the U.S. criminal justice population has been the spread of drug courts across the country. The first drug court was implemented in Florida in 1989. There were over 1700 drug courts as of April 2007, with drug courts operating or planned in all 50 states (including Native American Tribal Courts), the District of Columbia, Northern Mariana Islands, Guam, and Puerto Rico<sup>2</sup>. 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. As a public policy initiative, the drug court intended to reduce criminal recidivism, increase public safety, and make more efficient and effective use of resources in state and local criminal justice and community treatment systems.

In the typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives who operate outside of their traditional adversarial roles. The team typically includes a drug court coordinator, addiction treatment providers, district/state's attorneys, public defenders, law enforcement officers, and parole and probation agents who work together to provide supervision and an array of services to drug court participants. Prosecuting attorneys and defense attorneys hold their usual adversarial positions in abeyance to support the treatment and supervision needs of program participants. Drug court programs can be viewed as blending resources, expertise and interests of a variety of jurisdictions and agencies.

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

In 2001, NPC Research (NPC), under contract with the Administrative Office of the Courts of the State of Maryland (AOC), began cost studies of adult drug courts in Baltimore City and Anne Arundel County, Maryland. Those studies were completed in 2003. Subsequently, NPC was hired by the AOC to perform evaluations on 5 adult and 10 juvenile drug courts in Maryland, one of which is the Harford County Adult Drug Court (HCADC). This report contains the process evaluation for the 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 of this report contains the process evaluation, including a detailed description of the drug court process.

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<sup>2</sup> Update retrieved June 2007 from <http://spa.american.edu/justice/documents/1966.pdf>



## METHODS

Information for the process evaluation was acquired from several sources, including observations of court sessions and team meetings during site visits, key stakeholder interviews, and a focus group. The methods used to gather information from each source are described below.

### Site Visits

NPC evaluation staff traveled to Maryland in April 2006 to meet HCADC team members, attend a pre-court team meeting, and observe an HCADC session. In addition, NPC staff conducted a focus group with current and former participants of the HCADC program.

### Key Stakeholder Interviews

Key stakeholder interviews were a critical component of the process study. NPC staff interviewed seven individuals involved in the operation of HCADC, including the drug court coordinator, judge, assistant state's attorney (ASA), assistant public defender (APD), treatment counselors, and a representative from the parole and probation office.

NPC has designed a Drug Court Typology Interview Guide<sup>3</sup> that provides a consistent method for collecting structure and process information from drug courts. In the interest of making each evaluation reflect local circumstances, the guide is modified to fit the design and operation of each individual drug court. The information gathered through the use of the guide assisted the evaluation team in focusing on the more significant and unique characteristics of the HCADC.

For the process interviews, key individuals involved with HCADC administration were asked many of the questions in the Typology Interview Guide during a site visit and during telephone calls at several points in time. 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's researchers conducted a focus group at HCADC in April 2006 with program graduates and current participants. In the focus group, current and former participants were offered opportunities to share their experiences and express their perceptions about the drug court with the evaluation team.

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<sup>3</sup> The Typology Guide was originally developed by NPC under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. A copy of this guide can be found at the NPC Research Web site at [http://www.npcresearch.com/Files/NPC\\_Research\\_Drug\\_Court\\_Typology\\_Interview\\_Guide\\_\(copyrighted\).pdf](http://www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_(copyrighted).pdf). See Appendix A for Typology description.





## HARFORD COUNTY ADULT DISTRICT DRUG COURT PROCESS DESCRIPTION

The following information was collected from interviews, a focus group, and observation of the Harford County Adult Drug Court (HCADC). Most of the information was gathered from one-on-one key stakeholder interviews. As much as possible, the evaluators have attempted to represent the information as it was provided by the drug court staff.

### Implementation

The HCADC began as a pilot program in November 1997. It operated under a grant from the Maryland Governor's Office of Crime Control and Prevention, Collaborative Supervision and Focused Enforcement Division (CSAFE) for the first 3 years. In 2000, the HCADC program received an Edward Byrne Memorial Justice Assistance Grant, provided through the Bureau of Justice Assistance, to pay for expenses. Byrne Grant funding lasted until 2003. In August 2004, all grant funding ended for the drug court. As a result, program operating requirements were funded by grants from the Maryland Drug Treatment Court Commission (now the Maryland Office of Problem-Solving Courts) and the operating budget of the Health Department of Harford County government. The Harford County Health Department currently funds the drug court coordinator's position. In July 2004, the HCADC began collecting substance abuse treatment fees from drug court participants, to offset some of its costs.

Judge Emory Plitt presided over HCADC from implementation of the program until 2000 when Judge Victor Butanis assumed responsibility for the drug court. When Judge Butanis left the bench in June 2003, Judge

Angela Eaves joined the drug court. She currently serves as presiding judge.

### Capacity and Enrollment

Maximum capacity for HCADC was 40 participants from 1997 until the end of federal grant funding in 2000, after which program capacity was increased to 50 because the coordinator (who also serves as clinical supervisor) felt that each counselor could manage 25 clients with her assistance. According to the coordinator, there are usually 30 active participants in the program at any given time.

As of September 2006, 328 participants had enrolled in the HCADC program since its inception in 1997, about 231 (70%) participants had graduated, and 79 (24%) had not completed the program. The status of an additional 18 (6%) program participants could not be determined.

The primary drugs of choice for adults entering the HCADC program are marijuana and alcohol, though some participants use cocaine, heroin, or prescription drugs. Most of the drug court participants are aged 18 through 25, though ages range from the late teens to the 40s. There are substantially more males than females in the program currently (more females participated during the last couple of years). In terms of racial representation, the drug court currently has mostly White participants, although it does serve some African American clients. The drug court's population is representative of Harford County, which has 86% White (not Hispanic/Latino) and 9% African American populations, according to the 2000 Census reported by the U.S. Census Bureau.

Harford County is historically rural. However, over the past 15 years the county has

experienced substantial population growth and urbanization. The population increased over 20% between 1990 and 2000 (from 182,132 to 218,590) and an estimated 9% between 2000 and 2005 (from 218,590 to 239,259). The urbanization of the county and its proximity to large urban areas easily accessed by I-95 have contributed to the availability of drugs.

## Drug Court Goals

The goals of HCADC are to reduce recidivism (with the larger goal of reducing the crime rate for the entire county), to educate participants about the effects of drugs, and to influence them to refrain from using drugs. HCADC gives individuals who are dependent upon or abusing drugs opportunities to change their destructive behavior and the lifestyle that supports that behavior.

## Program Eligibility

To be eligible for HCADC, individuals must have a drug- or alcohol-related criminal charge. The charge may be either a misdemeanor or a felony. In most cases, the charge is related to a controlled, dangerous substance. The individual also must be a resident of Harford County.

Eligible charges for the drug court have changed since the program's inception. HCADC originally accepted only first-time offenders who were residents of Harford County and did not have a history of violent crime. Currently, the program accepts second time offenders, even if they are on probation at the time of program entry. According to program staff, most drug court participants continue to be first-time offenders without felony records. Charges are usually for possession of a controlled substance (possession for personal use, including paraphernalia). If there are traffic charges associated with drug possession, such charges can also be integrated with the charge that brought the participant into drug court. Offenders with of-

fenses other than drug possession may be eligible for HCADC if the primary motive for the qualifying offense was drug- or alcohol related.

Criteria for exclusion include:

- Violence toward the police, fleeing, or eluding a police officer
- A history of violent crimes
- Not being a resident of Harford County (although the program will accept participants living in other counties if Parole and Probation Agents (PPAs) in the home counties will make home visits)
- Using methadone or any other narcotic drugs, even if prescribed. (Note that heroin users are not accepted into HCADC unless they have first completed detoxification therapy)
- Possession with an indication of drug distribution
- Any weapons charge
- Serious driving record violation

The step-by-step process for persons entering HCADC begins with an arrest, after which the police officer brings the suspect before a commissioner who prepares charge documents. After formal charging, it may take 45 days or more for the defendant to get a court date.

The State's Attorney's office (SAO) receives the individual's file, reads the police report, looks at the charges, and makes a preliminary drug court eligibility determination based on information in the report. The drug charge may result in "Probation before Judgment" (PBJ) or "Not guilty" findings. The SAO looks at many factors when determining eligibility for the drug court. For example, the prospective participant's possession of a criminal record does not necessarily make him or her ineligible for the program. Despite the extensiveness of the offender's record, it

will be considered by the SAO when making a drug court eligibility determination. The SAO also asks the Parole and Probation office to screen potential participants in order to determine whether they have been on probation before, and whether or not they complied with the terms of probation.

The SAO sends a letter to the individuals being considered for drug court asking if they would like to participate in drug court or are interested in learning more about the program. If the prospective participants are interested, they are asked to meet with the treatment provider for an evaluation. If the prospective participants are found eligible and remain interested, they attend the next drug court session. The prospective participants may bring private attorneys to the drug court session.

Non-drug court judges may refer individuals to the HCADC program. They provide the names of potential candidates to the SAO, which makes an initial eligibility determination. PPAs also identify potential drug court candidates among cases under their supervision. These may include individuals with Violations of Probation on their records. PPAs approach the drug court judge and ask for a determination of candidate eligibility for drug court.

The Office of the Public Defender (OPD) is also a source of prospective drug court participants. If this agency has a client who may be eligible for—and could benefit from—drug court, but did not receive a letter of invitation from the SAO about the program, the OPD forwards the case directly to HCADC. In response to the referral, the HCADC coordinator sends a letter to the individual, asking that person to report to the drug court office to be assessed for HCADC eligibility. Although the coordinator (who also serves as clinical supervisor) usually conducts the assessment, either of the two additional coun-

selors on staff is also able to assess potential drug court participants.

The assessment process includes the following components:

1. A bio-psycho-social assessment (BPSA) is conducted first. This assessment takes about an hour to complete, and includes a conversation with the individual about his/her drug history, the criminal charge that brought the individual to drug court, and his/her health history. The HCADC program is explained to the individual. One of the things that the counselor assessing the potential participant looks for during the assessment is the consistency of what the individual says during the conversation with information contained in the police report.
2. Next, the Addiction Severity Index (ASI) is administered. Administration of the ASI takes up to an hour and is designed to gather information about seven areas of an individual's life. This includes medical, employment/support, drug and alcohol use, legal, family history, family/social relationships, and psychiatric history dimensions.
3. Following the assessment process, an individual who meets the drug court's requirements is offered the choice to participate in the HCADC program or not. If the individual is interested in entering the program, that person's name is put on the docket for the next drug court session. Until the individual stands before the judge and says, "Yes" to participating in HCADC, however, he/she is not officially in the program. If an individual declines to participate, he/she is moved to the regular court docket. While they are going through the drug court's assessment, individuals are not subject to warrants to appear on the regular docket.

Prospective drug court participants who attend their initial HCADC session (usually one or two attend per session) are called to the bench last so that they may have an opportunity to observe the entire 2 hours of the drug court docket. If they leave during the session, or do not attend at all, the drug court considers them in a “Failure to Appear” status, and a warrant is issued for their arrest. Prospective participants who attend their initial HCADC session and agree to participate in the program, then sign a contract following the session.

Persons who do not attend initial drug court sessions or respond in any way to the letter from the SAO, receive a telephone call from the coordinator asking whether they are planning to participate in the HCADC program.

The length of time from arrest to entry into HCADC is a minimum of 45 days, although it generally takes about 3 months, according to one respondent. The actual amount of time depends on the court’s docket and the amount of time it takes for the charging document to be processed through the court system (this is the lengthiest part of the process). After the charging document is prepared, it may be 45 or more days before an individual is scheduled to go to court (for some it can be as many as 90 days). During this period, this person may be screened for HCADC and may receive a letter from the SAO with an invitation to attend a drug court session.

## **Incentives for Offenders to Enter and Complete the HCADC Program**

The HCADC is a post-plea program. An individual entering the program pleads guilty, and the case is held in sub curia. Once an offender completes the program, the drug court judge decides whether the program participant will receive a guilty finding, a not guilty

finding, a probation before judgment (PBJ), or a suspended sentence.

When a case involving a drug court participant arrives at the Parole and Probation office, it is coded “pre-trial supervision,” which means that a verdict is not entered (i.e., it is not included on the individual’s criminal sheet). The judge places everyone who enters HCADC on probation for an 18-month period. A successful participant in the HCADC program may complete the program in as little as 9 months (if all requirements are met and no sanctions are received), and then will be found “not guilty,” and have her/his record expunged. Fewer than 10% of participants complete the program in 9 months.

For most individuals, the primary incentives to enter the HCADC program are the “not guilty” finding (upon graduation) and receiving the drug treatment services. Specifically, if participants do not have prior records, they will be eligible for “not guilty” findings upon program completion. This is an especially important incentive for younger adults who are in college and want to do work in the future that requires that they have no felony drug convictions on their records. Participants with more extensive histories of past offenses are more likely to want to complete the program successfully in order to avoid going to jail.

## **Drug Court Program Phases**

The HCADC program has four phases, as follows:

### **PHASE I (8 WEEKS – EDUCATION)**

Phase I of the HCADC program is focused on education-based interventions, including video presentations and group discussions about drugs of addiction, the physical aspects of addiction, and related topics. All participants are given personal journals, and are required to complete the autobiography section of their journals during Phase I. Phase I

prepares participants for group therapy, which occurs during Phase II.

***Requirements:***

- Complete 8 counseling sessions
- Complete an autobiography
- Complete step 1 (of the 12-step process) from the Hazelton AA booklet
- Attend all appointments with the PPA
- Attend all court appointments (twice a month)
- Attend 1 individual session per week
- Attend 2 “Errors of Thinking” meetings (This requirement was added in 2006.)

**PHASE II (10 WEEKS – GROUP PROCESSING)**

The emphasis of Phase II is on group processing. After participants successfully learn social skills, life skills, etc., (through group activities) and complete all phase requirements, they are deemed ready by the drug court team to move on to Phase III.

***Requirements:***

- Have clean urine screens for the last 15 days of the phase
- Complete a “relapse prevention” assignment
- Complete a “quitting drug of choice” assignment
- Attend all individual appointments with a counselor—for 10 consecutive weeks or a total of 10 appointments—before moving on to the next phase (missed appointments result in sanctions and requirements to make up the appointments)
- Attend all appointments with the PPA (missed appointments result in sanctions

and requirements to make up the appointments)

- Attend all court appointments twice a month (missed court appointments result in warrants being issued and jail sanctions once the individual is apprehended)

**PHASE III (8 WEEKS - RELAPSE AVOIDANCE EDUCATION)**

This phase provides participants with the necessary tools to maintain their sobriety beyond their time in drug court.

***Requirements:***

- Have clean urine screens during the entire phase
- Complete “My Personal Journal”
- With the help of the counselor, develop a discharge plan on the goal sheet
- Attend all court appointments (twice a month)
- Attend 1 AA or NA group in lieu of 1 process group meeting or individual counseling session (This was added as a Phase III requirement during 2005.)

If participants have one positive drug screen, they are referred to continuing care (a 12-week program) after completion of Phase III. During their time in continuing care, participants learn more about the triggers and warning signs that lead to drug use. Individuals are also seen by treatment counselors more than once a week, and they are required to attend 2 AA or NA meetings per week.

**PHASE IV (3 MONTHS – PROBATIONARY PHASE)**

As part of the process of being “weaned” from treatment, individuals in Phase IV no longer attend group counseling, though they attend individual counseling twice a month.

Phase IV is considered the probationary phase of the program. However, if participants struggle during Phases I, II, and III, HCADC staff will recommend they receive continuing care prior to entering Phase IV.

### ***Requirements:***

- Meet with treatment provider twice a month, or more if deemed necessary
- Attend all appointments with PPA, as required
- Attend 1 drug court session (graduation)
- Encouraged to attend NA or AA meetings in order to make personal connections that can potentially provide support when HCADC involvement ends

If an individual in Phase IV has a positive drug screen, the program will do one of two things (decided by the team):

1. She/he is referred back to continuing care for 12 weeks, then starts Phase IV over again, or
2. She/he is terminated from the program

## **Requirements to Change Phase**

Program participants may move from one phase to the next only when they have met all of the requirements of a particular phase, including maintaining clean UAs and having acceptable meeting attendance records. The time spent in each phase varies according to how quickly these requirements are completed.

To move from Phase II to Phase III, individuals must remain clean and sober for at least the last 15 days of the phase. If they have positive urine tests, participants will remain in Phase II until negative urine tests occur.

To move from Phase III to Phase IV, participants must remain clean and sober for the full 3 months of Phase III and complete “My

Personal Journal” (they have 6 months to complete the entire journal). If participants in Phase III have “dirty” urine screens, they will have to stay clean an additional full 3 months beyond the minimum time requirement in Phase III before they move into Phase IV. However, as noted above, they will have to go into the continuing care program prior to entering Phase IV.

Phase IV participants are given a greater amount of personal freedom than they received during the preceding three phases. They are required to see their counselors a minimum of twice a month, but have the option of seeing them more often. Some participants see their counselor once a week for the first month of Phase IV, then report twice a month. If counselors see that participants are struggling, they may be asked to report for counseling once a week for the balance of Phase IV. Participants are encouraged to attend NA and/or AA meetings, but it is usually up to the individual participant’s discretion to do so. Counselors may also prescribe NA/AA group attendance if participants have no other support or appear to be struggling.

When participants complete Phase IV, they receive verdicts regarding their cases, which appear on their records. The drug court judge either dismisses them from probation immediately upon graduating, or places them on probation (if she deems it necessary). Probation periods in district court can often last up to 3 years. However, typically, when participants graduate from HCADC, they are given what is referred to as “early termination of their probation.” This means that the judge officially removes the probation requirement as of the date of graduation. Graduates will be found not guilty or receive a “Probation before Judgment” (PBJ) finding.

## **Other Drug Court Services**

On an as-needed basis, HCADC participants are offered (or may be ordered to complete)

parenting, GED, and anger management classes, among other services. Participants who need mental health treatment are referred to appropriate service providers. HCADC helps participants with job-related needs, such as providing assistance with preparing resumes. The program also assists participants in obtaining driver's licenses. HCADC has a hygiene fund that is used to provide soap and other hygiene-related items to participants who do not have money to pay for those items. Participants who have disabilities (e.g., physical, cognitive) may be referred by HCADC to an appropriate job training program.

## **Services Provided by the Community**

HCADC has developed strong relationships with the Maryland State Department of Education, Division of Rehabilitation Services, Tuerk House (an inpatient treatment program in Baltimore), and Father Martin's Ashley inpatient program. The drug court currently works with Mann House, an extended care treatment facility in Bel Air that works only with male clients who have previously been in treatment.

As necessary, HCADC refers participants needing psychiatric services to the Harford County Health Department's psychiatrist. The availability of this service is limited. Participants are also referred to physicians, health programs, and drug and alcohol treatment within Harford County. Participants are not charged for these services. If participants are referred to therapists for reasons other than addiction, these referral therapists do not attend drug court sessions. Rather, they provide HCADC's treatment counselor with brief reports stating whether participants are attending treatment and making acceptable progress in therapy.

## **Team Meetings**

The HCADC team consists of the judge, an assistant state's attorney (ASA) from the Harford County State's Attorney's office, a parole and probation agent (PPA) from the Maryland Division of Parole and Probation, a treatment provider from the Harford County Health Department, the HCADC coordinator (employed by the Harford County Health Department), and an assistant public defender (APD) from the Maryland Office of the Public Defender (OPD). Until recently (2006) the OPD did not regularly participate on the drug court team. However, the current representative from the OPD attends all of the team meetings and drug court sessions.

The HCADC team meets once a month to discuss policy issues. The team also meets in the judge's chambers for 15 minutes prior to each drug court session. The purpose of these meetings is to discuss whether individual participants who are not abiding by program rules should be allowed to remain in the program, to issue bench warrants for any participants who have not appeared in court, and/or to discuss possible sanctions for individual participants. Meeting in the judge's chambers helps the team to protect the confidentiality of the participants under consideration.

The HCADC team members also interact frequently outside of court, usually by telephone or email communications. The coordinator estimates that 40% of her time is spent on emails and phone calls, frequently with the SAO or PPAs.

Key stakeholders reported that the HCADC team works well together, even when there are disagreements related to a participant or program element. Team members have come to respect each other's perspectives, understanding that each individual comes to the drug court with her/his own understandings and expectations. In addition to its pre-court

and policy meetings, the team meets for lunch following drug court sessions on the last Friday of every month. These meetings involve discussions specific to client issues. The team members have also attended drug court training programs together. Members reported that they learned during one of the national trainings they attended that they work well together compared to other teams they observed.

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

Providers are required to share specific participant information with the drug court. This information includes the results of urine screens, whether participants miss group or individual counseling sessions, any relevant issues that have arisen as a result of therapeutic relationships (such as significant mental health problems), and whether participants have obtained GEDs or jobs. If issues raised are related to serious mental health problems, and treatment providers believe that the drug court can usefully intervene, participants in question are held after drug court sessions and the issues are discussed among the members of the team.

Treatment counselors share information about participants in status reports submitted twice a month during the pre-court meeting with the judge. The PPA, the judge, the ASA, the APD, and participants' counselors all receive copies of this report. The judge wants participants to feel comfortable confiding in their counselors. Therefore, counselors may report to the judge, "I think this person could benefit from increased sessions," but would not share details of a counseling session with the judge.

## **Drug Court Sessions**

HCADC sessions are held twice a month. Until January 2006, they took place on the 2<sup>nd</sup> and 4<sup>th</sup> Friday of every month. At that time the

Harford County District Court changed its civil docket to Friday. As a result, the drug court sessions were moved to the 2<sup>nd</sup> and 4<sup>th</sup> Monday of each month. Each drug court session lasts approximately 2 hours, with 30 program participants being seen in a typical session. HCADC has the courtroom reserved for the entire day when court sessions are scheduled, so the session may continue as long as is necessary.

All participants who are active in the first three phases of the program are required to attend every drug court session. Passes from sessions may be given to participants as rewards, which is particularly appreciated by participants who are working and find it difficult to take time off for drug court sessions. Participants may request excused absences from sessions (for example, in order to take family vacations). In such cases the judge typically gives participants passes for the requested periods of time. Participants average about 5 minutes before the judge for each session attended. Phase IV participants are generally not required to attend HCADC sessions, unless they are required to attend as a sanction.

HCADC sessions are open to the public. They are typically attended by the ASA, PPA, addictions counselors, the judge, the coordinator, drug court participants and their supporters (e.g., families, significant others, children). Starting in June 2006, the APD has attended every drug court session. Prior to that date, an APD only attended if requested to do so by a participant. Lack of earlier involvement from the Office of the Public Defender had to do with limited resources (i.e., staff). Private attorneys may also be present in drug court sessions. One clerk and one bailiff attend HCADC sessions, as well.



## **The Drug Court Team**

### ***Judge***

HCADC has had three judges since its inception. The first was Judge Emory A. Plitt, who served from 1997 through 2000. Judge Plitt was succeeded by Judge Victor Butanis, who presided over HCADC for 3 years. In 2003, Judge Angela M. Eaves volunteered to replace Judge Butanis as drug court judge.

Currently, Judge Eaves presides over HCADC as the primary judge, with Judge Butanis filling in for her when she is unable to attend sessions. Although she sees her role as presiding over the program, she also believes that it is her responsibility to get to know every client on a more personal level than would be typical in regular court. Staff members have commented that she does this both because “she really cares” and also because it is part of her role as drug court judge (as opposed to regular court) to get to know the participants. During drug court sessions, the judge asks participants about their lives beyond the drug court program, such as the participant’s job and family life. Judge Eaves reports that she realizes that participants will not see her as a friend, even though she smiles and is friendly. They know that, as the HCADC judge, she can still send them to jail if they do not abide by drug court rules.

In addition to presiding over the two drug court sessions that take place each month, the HCADC judge spends 4 ½ hours per month on other drug court duties. These include pre-court staffing meetings. She is also on call to the HCADC staff at any time via email or by telephone. Once a month, the judge attends a lunch meeting following the drug court session with the entire drug court team. In this meeting they discuss issues, do program planning, and make needed changes to the drug court process.

### ***Drug Court Coordinator***

The HCADC coordinator, employed by the Harford County Health Department, is also the clinical supervisor for the program. One of her clinical duties is to make arrangements for participants who need to be placed in in-patient care. She currently carries a caseload of 10 clients (because of limited staffing resources). This has posed a few challenges because, traditionally, the coordinator’s role is to assist the PPA. She feels that she cannot ethically assist her clients and assist the PPA at the same time. As a result, she suspends assistance to the PPA.

The coordinator is responsible for attending Maryland Office of Problem-Solving Courts-related meetings in Annapolis. She brings back to the HCADC information relevant to the operation of HCADC—budget and grant information, new training-related information, etc. She also coordinates verbal and written correspondence among members of the team between drug court session dates. For instance, if individual participants test positively prior to drug court session dates, she issues a “show cause” order (to the individual), providing the participant with the APD’s telephone number, and notifies the APD about what had happened.

The coordinator sets up all drug court-related meetings. She also collects demographic data on individuals participating in the program.

### ***Parole and Probation Agent***

The primary role of the representative of the Maryland Division of Parole and Probation assigned to HCADC is to enforce court orders. When she meets with clients, she gathers general information required by the state, including employment status. She also verifies participants’ special conditions, which for drug court means whether they are attending the treatment component of the program, home/employment status, and any new arrests or tickets.

Drug court participants make up about 1/3 of the PPA's caseload. She reports that she would like to commit more time to the program, but since she is responsible for over 150 active cases, she cannot do so. Because she is required to make home visits to a certain number of intensive (non-drug court) cases monthly, she finds it difficult to find time to make home visits to drug court participants.

#### *Assistant State's Attorney*

The ASA completes one drug court docket every 2 weeks, generally spending 5 hours out of every 2 weeks working with HCADC-related issues. The ASA puts the docket together and reviews it to see how participants are doing. He attends the pre-court meeting in the judge's chambers prior to drug court sessions. The purpose of these meetings is to discuss participants who are having problems or are doing particularly well.

The ASA's role as prosecutor in the drug court program is to represent the prosecutorial interests of the state. As a result, he believes that it is necessary to maintain a certain level of detachment from participants. However, he also sees his role as one of providing support for the purposes of the program.

Although the ASA never abandons his role of representing the interests of the state, he holds his normal adversarial position in abeyance in order to play a more cooperative role in HCADC. Within the context of drug court, the ASA understands that there is a treatment process in place. As a result, he is not as quick to dispose of cases as he would in regular court. In drug court he recommends both sanctions and incentives, and is able to take a more informal approach than he does in regular court. For instance, he often uses humor to lighten the mood during drug court proceedings.

#### *Law Enforcement*

Law enforcement agencies are not directly involved with HCADC, other than in making qualifying arrests.

#### *Assistant Public Defender*

Prior to October 2004, because the Harford County office was highly understaffed, no representative of the Maryland OPD was assigned to HCADC. Beginning in October 2004, an APD was assigned to drug court. Ten percent of her time is committed to HCADC activities. The current APD attends HCADC sessions so that she will be available if participants need representation. Participants may request her assistance in advance of the session as well. In such cases, participants arrive at the APD's office, participate in intake interviews, and are required to meet specific income requirements. Individuals who do not meet income guidelines cannot be official clients of the OPD. However, if such individuals do not have other legal representation on the day of their "show cause" hearings, the APD will step in and represent them during their initial hearings. The APD tries to let participants or prospective participants know that she is available to represent them—sometimes by making announcements to that effect during open court sessions.

The APD's role is to protect the drug court participants' legal rights. She advocates on their behalf regarding sanctions. The APD attends pre-court meetings, as well as HCADC sessions.

#### *Treatment Team*

The treatment team consists of two addictions counselors and a clinical supervisor who, as noted above, also carries a caseload of drug court participants. The clinical supervisor (who is also the HCADC coordinator) supervises the treatment team. She assigns cases to the counselors based on caseload

and, when appropriate, by matching the personalities of the counselors with participants. She also coordinates with other agencies on behalf of HCADC participants. This takes the form of making telephone calls to available treatment programs in an effort to get individuals in need into inpatient treatment.

The treatment providers provide participants with individual counseling, group therapy, and education-related support. They also conduct intake interviews and evaluation of new participants.

The treatment counselors are the case managers for HCADC participants. They attend drug court sessions with participants, prepare status reports, and provide individual and group counseling.

The treatment counselors use a variety of treatment models, but emphasize the medical (or “disease”) model, and Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) models. Generally, the type of model used depends on the counselor and the individual, as well as on life characteristics presented by participants. The two counselors currently on staff have different experiences and training with regard to addiction treatment, which impacts their approach to working with clients.

### **Drug Court Team Training**

Members of the HCADC team have attended various drug court trainings, conferences, and workshops. In 2003, most of the HCADC team attended a national drug court training provided by the Bureau of Justice Assistance. The PPA receives annual training at national conferences, as well as frequent training by the Maryland Police Training Commission.

The APD attended a drug court training session in Annapolis in 2005, on topics that included methamphetamines, multicultural issues, incentives and sanctions, and legal issues.

The ASA received on-the-job training with the previous drug court prosecutor before taking on his role with HCADC.

### **Substance Abuse Treatment Fees**

The HCADC program began operation under a federal grant. During the period of federal grant funding, all drug court services were free to participants. After federal grant funding ended in 2004, program staff realized they could not continue to provide program services at no cost to program participants. Since that time, HCADC participants have been required to pay \$5 per session for counseling. Therefore, participants typically pay \$10 per week (\$5 for individual counseling and \$5 for group counseling). Since the drug court counselors are employees of the Harford County Health Department, they collect the fees at the Health Department Office where treatment services are offered. There is a sliding scale for those who cannot pay the entire counseling session fee. The fee may be raised or lowered at the judge’s discretion. Fees collected from HCADC participants are returned to HCADC by the Health Department to help cover drug court expenses.

### **Drug Testing**

When individuals first come into the HCADC program they are charged \$20 for a full urine screen. Thereafter, participants are charged \$14 for each additional sample that is tested. Although there is a sliding fee scale available for counseling services, lab fees are not reduced to accommodate low-income participants. The majority of UAs taken are sent to a laboratory for analysis. Instant tests and oral tests are also used in the program, particularly when a participant appears to be intoxicated when reporting for drug court sessions, counseling or other program service settings. If a swab or dipstick is used for testing and the results are negative, the test may

negative, the test may not need to be sent to the lab. The results of all drug tests are reported to the court.

Although participants know that HCADC makes an effort to ensure that each participant has at least one UA per drug court session, urine tests are performed randomly. Most program participants are tested at least once a week. Because of the random nature of the tests, an individual may be tested as many as three times in a week. The contract signed by incoming drug court participants states that they will accept the urine test results provided by the lab.

Urine tests are monitored by a person of the same gender as the participant being observed. Saliva tests do not require a same-gender person to administer them. There is no fee charged to the participant for a saliva test. While the saliva test will catch drug use within a 2- to 3-day period, it is not as thorough as a UA. The HCADC also uses breathalyzer testing on an as-needed basis.

The PPA also randomly tests all drug court participants in her caseload. The tests are not coordinated between the drug court and the PPA. The Division of Parole and Probation charges \$6 per urine test. According to the PPA, during the first 6 months that an individual is in the program, her agency relies on the drug court to conduct most of the program participant/probationer's drug testing. In the final 3 months of a probationer's program participation (during Phase IV), the PPA does most of the remaining testing (once a month). However, the PPA also tests participants on a random basis throughout the four phases.

Focus group participants said that the drug tests are costly and add up to a substantial amount over the duration of participation in the drug court program.

## **Rewards and Sanctions**

### **REWARDS**

HCADC provides incentives for good behavior. Such rewards are given in recognition of consistent attendance at drug court sessions and other appointments, acceptable participation in program activities, clean drug tests and life skills improvement. Rewards include passes to excuse participants from the drug court sessions, reduced fees, or candy bars. HCADC has also used a "group go" incentive, wherein a group of 10 or more participants who have met all program requirements are allowed to meet the judge as a group early in the drug court session, rather than have each participant appear before the judge separately. This results in the participants getting out of drug court early.

If individual participants are doing reasonably well (i.e., have been compliant with the requirements of the program for one month, or two court periods), or have improved after a period of difficulty, they may appear before the judge during a drug court session and draw reward slips from the drug court fishbowl. The fishbowl contains small slips of paper that include written messages of praise, passes from individual or group sessions, waivers of fees for UAs, or movie tickets. Some participants who are doing well may go to the fish bowl once a month. The judge and the ASA decide who will go to the fishbowl. They make this determination so that it will not look as though the counselors have favorites among the participants. However, counselors can make recommendations regarding who should be allowed to "go fish."

For participants to be allowed to move from one phase to the next is viewed by the program as a reward in itself. Individuals who complete Phases I, II, and III also receive certificates for phase completion and verbal praise from the drug court team.

## SANCTIONS

Sanctions may be given to participants for non-complaint behaviors, such as not reporting for group or individual counseling sessions, giving a positive drug screen, or not providing urine at all, being found guilty of a new charge (does not have to be drug related), or not attending court as required. Sanctions range from community service to up to three weekends in jail. The judge sometimes requires participants to check books out of the public library that deal with alcohol or drugs, do research on drug-related topics, and write reports about them. Drug court fees may be raised as a sanction, and participants may be given mandatory attendance at AA or NA meetings. Community service is also a frequent sanction assigned by the drug court judge.

In assessing the need for and severity of sanctions, the drug court judge considers the participant's history and offense record. If the individual participant is a long-time addict, she might not impose community service or jail, but perhaps will mandate more intensive services, such as a relapse avoidance program or more individual counseling sessions. The judge is aware of the level and severity of each participant's problems, and takes those issues into consideration when imposing sanctions. If a participant's primary problem is marijuana addiction, the judge may give him/her community service as a sanction the first time he/she has a positive drug test. The second time the participant has a positive test, the judge may not send him/her to jail for a weekend (a frequent sanction for positive tests) but, instead, she may try to tailor the sanction in a way that will prevent re-offending.

Generally, sanctions are consistently and swiftly imposed. If the sanction involves jail time, the judge will send the offender to jail directly from the drug court session. However, more recently the judge has allowed the

offending participant to return to his/her home after the drug court session on Friday morning, as long as the participant agrees to report to jail at 7 p.m. that evening. Most frequently the jail sanction is for two nights in the Harford County Detention Center.

HCADC's team discusses possible sanctions before drug court sessions. However, the judge cannot make a formal determination regarding a sanction until she hears the case in open court. Typically, prior to a drug court session in which a sanction is to be levied by the judge, the PPA and the coordinator will have discussed any issues related to the prospective sanction. The ASA will be aware of the facts related to the prospective sanction as well. During the pre-court meeting, the PPA and the coordinator inform the judge of participant problems that may be best addressed by the imposition of a sanction. However, these team members can only make formal recommendations involving sanctions in drug court sessions. Generally, the PPA or the ASA makes the recommendation during drug court sessions for the imposition of sanctions.

### *Sanctions Used in HCADC*

Generally, the severity of sanctions imposed on a program participant progresses as follows:

1. First occasion: Write an essay. For a participant who is late for appointments, the essay may be on time management. A participant who presents a positive drug test may be required to write on how to stay clean or the challenge of peer pressure.
2. Second occasion: Community service
3. Third occasion (perhaps the fourth and fifth, depending on the severity of the infraction): Weekend in jail

Participants may be ordered to report to inpatient treatment between sanctions. In such

cases, when they return to the drug court, participants begin where they left off in the program. Dismissal from the program generally occurs because participants continue to use, do not appear to want to stop substance abuse, and the team does not deem them appropriate for inpatient treatment.

Occasionally the program considers the imposition of more creative sanctions. For example, the judge has required participants who have consistently reported late to drug court sessions to attend two consecutive weeks of drug court sessions.

If participants are expelled from the program, they either go directly to jail (usually for 120 days) or into long-term in-patient drug or alcohol abuse treatment. When unsuccessful drug court participants are released from jail, they are placed on probation, required to refrain from using drugs, and go into outpatient treatment. The offenders also receive convictions on their records.

When individuals agree to participate in the HCADC program, they sign a contract and plead guilty pending completion of the program. If they meet all of the requirements of the program, they will receive “not guilty” findings. This means that they are eligible for expungement 30 days after findings of not guilty are entered into their records by the drug court judge. Fewer than 10% of participants earn this benefit. However, the judge will occasionally overlook minor violations of program requirements and still allow findings of not guilty for some program graduates.

Receipt of the “Probation before Judgment” (PBJ) finding is a more frequent outcome assigned to participants upon graduation from the HCADC program. If participants are assigned PBJ, three years following drug court graduation they will be able to request expungement, and have the charges in question stricken from their records. If participants miss even the most insignificant pro-

gram requirements, the PBJ finding will be the best outcome they can realize upon graduation from the program. If they enter the program with charges of driving under the influence of drugs or alcohol (DUIs), the best possible outcome will be the PBJ finding. If they enter the program with possession charges, they will need to comply 100% with the program requirements (including negative substance tests) in order to receive “not guilty” verdicts. Participants who perform in the program with this level of success will have probation cut in half—to 9 months.

## Unsuccessful Completion

As noted above, any individual who demonstrates a complete failure to cooperate with program staff and meet program requirements will not be allowed to continue in the program but, instead, will receive 120 days in jail and a conviction on his/her record.

## Graduation

Participants formally graduate during the last drug court session of each month. Graduates are immediately taken off of probation and, if eligible to receive a “not guilty” finding, will have their records expunged after 30 days. If the program graduates receive PBJs, they are still taken off of probation, but must wait 3 years before applying to have their records expunged.

Requirements for graduation from the HCADC include:

- Pass all phases
- Complete all treatment assignments
- Continual negative drug (urine) screens for 6 months

If participants violate the program requirements and have to go into in-patient care, they may return to the program upon release from treatment. If they proceed to success-

fully complete the program, participants will still be given an opportunity to graduate.

### **GRADUATION PROCESS**

1. The ASA calls the cases for each drug court session. Graduates are called to the bench at the beginning of the session, so that they do not have to sit through the entire drug court session. This also serves as an opportunity for graduates to appear as positive models of success to the newer participants in the program.
2. The ASA informs the judge, “We have a graduation today, and it is for \_\_\_\_\_”
3. The graduate stands at the bench; the judge steps down from the bench, offers inspirational comments, and praises the graduate for doing a good job
4. The graduate speaks for 3 to 5 minutes, though some choose not to speak at all
5. The counselor, PPA, and ASA all say a few words. The ASA might ask, “Did you picture yourself here the day you signed up?” or “Are your relationships with your family better?”
6. Each participant receives candy (participants put in their orders in advance), a diploma in a folder, and a serenity prayer keychain; and shakes hands with the judge
7. Everyone in the courtroom applauds

The Harford County Health Department pays the graduation costs.

### **Aftercare**

Although HCADC does not have a formal aftercare program, graduates may contact program staff after graduating from the program. Conversations between counselors and graduates are confidential and are not reported to the drug court.

Only those who receive suspended sentences remain on probation. Probation terminates upon graduation for those who earn not guilty or probation before judgment findings.

HCADC had planned to start an alumni group (similar to an AA-type group) in the later part of 2005. The purpose of the group was to give graduates one day a week when they could return to talk with counselors and their peers. However, because of staffing challenges and limited participant interest, the group never got off the ground.

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

The HCADC program does not have an electronic database. Data are kept in paper files. Information collected on participants includes age, gender, racial background, drug of choice, and the charge that brought that person to drug court.

Client fees are entered into the Citrix system, which is housed in the Harford County Health Department. This database is used by the Health Department primarily for billing.





## 10 KEY COMPONENTS OF DRUG COURTS

This section lists the 10 Key Components of Drug Courts as described by the National Association of Drug Court Professionals (NADCP, 1997). Following each key component are research questions developed by NPC for evaluation purposes. These questions were designed to determine whether and how well each key component is demonstrated by the drug court. Within each key component, drug courts must establish local policies and procedures to fit their local needs and contexts. There are currently few research-based benchmarks for these key components, as researchers are still in the process of establishing an evidence base for how each of these components should be implemented. However, preliminary research by NPC connects certain practices within some of these key components with positive outcomes for drug court participants. Additional work in progress will contribute to our understanding of these areas.

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

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

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

### National Research

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

### Local Process

The HCADC integrates criminal justice system oversight and treatment services. The drug court team consists of the judge, assistant state's attorney, parole and probation agent, treatment provider, drug court coordinator, and a representative from the Office of the Public Defender. Although historically the defense attorney has not been a regular part of the team, a representative from the OPD currently attends team meetings and drug court sessions. Addictions counselors also attend the drug court sessions. This drug court has two treatment counselors and a clinical supervisor (the drug court coordinator), who supervises the counselors and assigns cases to them. As a result, staff with criminal justice and treatment agencies are closely linked. Respondents mentioned that they worked well together compared to other teams they observed while attending a national drug court training.

The drug court has several mechanisms in place for facilitating communication and collaboration between and among team members. The team meets prior to each drug court session to discuss participant issues. The treatment providers share information twice a month with the drug court in status reports, which are sent to the judge, PPA, ASA, APD, and the participant's counselor. In addition, policy issues are discussed at monthly team meetings outside of drug court.

### Suggestions/recommendations

None at this time.

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

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

### National Research

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

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

### Local Process

In this drug court, the prosecutor and defense counsel work cordially with each other. This is in contrast to the traditional adversarial relationship. However, while the ASA's role is notably different in drug court from his prosecutorial role in dealing with cases in a regular docket, the APD's role is less substantially altered. The State's Attorney's Office has accepted the fact that, in the drug court program, there is a treatment process in place. While the ASA still sees representing

the interest of the state and promoting public safety as his primary objectives, he views the therapeutic process of drug court as supportive of these objectives. He is viewed by other team members as less adversarial than in non-drug court cases. The APD's primary role in drug court is to protect the drug court participants' legal rights and to advocate on their behalf regarding sanctions. This role is not significantly different from that represented in regular court settings. For example, respondents noted that the APD usually advocates to keep clients out of jail, even when other team members believe short periods of incarceration could be beneficial.

One respondent commented that the APD, ASA, and the rest of the drug court team work well together, even when they disagree. They respect each other's perspectives regarding the operation of the program and in dealing with participants.

The APD and ASA each play a role in getting participants enrolled in the drug court. While the State's Attorney's Office has the primary responsibility for determining drug court eligibility, the Office of the Public Defender may refer individuals to drug court.

### Suggestions/recommendations

- HCADC should continue to have team meetings to discuss policies, practices, and the local program model. Because drug courts have been successful when they have allowed prosecutors and defense attorneys to shed their traditional roles and work together, the Office of Public Defender may want to consider experimenting with trusting the team process in reaching consensus on sanctions as well as rewards for drug court participants. Additionally, other team members may find a discussion about the OPD's position regarding jail time useful in determining procedures and policies around the use of this sanction.

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

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

National Research

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

Local Process

The target population for this drug court has changed over time. The program originally accepted only first time offenders, but now accepts second time offenders. The HCADC is a post-plea program. Maximum capacity for HCADC recently increased from 40 to 50 participants. Capacity was held at 40 while they had federal funding, which required that limitation. After federal funding ended, capacity was increased to 50 (each counselor will manage 25 clients, with help from the coordinator, who is the clinical supervisor).

Clients who are addicted to heroin (unless first detoxed) or who are on methadone are not accepted into this drug court.

The State's Attorney's Office receives files from the Commissioner's office and reviews them in order to make a preliminary eligibility determination. The judge, PPAs and APD also may refer potential drug court participants to the State's Attorney's Office for eligibility determination.

The length of time between arrest and a prospective participant entering drug court is a minimum of 45 days—although it normally takes about three months. The time between

arrest and entry depends upon how long it takes for the charging document to be processed, followed by another 45 or more days before a court date.

Suggestions/recommendations

- To identify bottlenecks or structural barriers, and points in the process where more efficient procedures may be implemented, HCADC should conduct a review and analysis of the case flow from referral to eligibility determination to drug court entry. The judge and coordinator should use the drug court team to brainstorm—and test—possible solutions to issues that are identified. The program should set a goal for how many days it should take to get participants into the program, and work toward achieving that goal.

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

*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<sup>4</sup> (Carey et al., 2005) and substantially higher graduation rates and improved outcome costs<sup>5</sup> (Carey, Finigan, & Pukstas, under review). Clear requirements of this type may make

<sup>4</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.

<sup>5</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.

compliance with program goals easier for program participants and also may make it easier for program staff to determine if participants have been compliant. They also ensure that participants are receiving the optimal dosage of treatment determined by the program as being associated with future success.

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

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

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

#### Local Process

The HCADC has four phases. This allows participants to feel that they are making progress over time. It also supports participants in taking responsibility for structuring their lives while still under program supervision.

Each phase has clear requirements that must be satisfied in order for participants to move from one phase to the next. Participants attend treatment sessions once every week. In the first two phases, treatment is individual therapy. In Phase III, participants may be permitted to attend one AA or NA group in lieu of one individual session.

Drug court participants are offered individual counseling, group therapy, and education (such as parenting, GED, and anger management classes). Other services that are available to participants include help with job seeking, assistance with preparing for driver’s license tests, referrals for job training for individuals with a disability, and provision of personal hygiene items (such as soap) for those who have no money to pay for those items. As needed, participants are referred for mental health services. One respondent indicated that more services are available for men than for women. Services provided beyond drug and alcohol treatment are intended to assist participants to function better in the community once they have completed the program.

Several respondents commented regarding the participant characteristics they believed are most associated with successful program completion. One respondent suggested that older, more mature clients have fewer challenges in the program and complete sooner than younger participants. Another contended that younger, recreational users are more successful than other participants because they have less to overcome and tend to complete more quickly than participants with a more extensive substance use history. It will be interesting to test these perceptions in a future outcome study.

One interviewee suggested that the program could be more patient with people who are having problems. For instance, rather than dismissing participants, the program could be lengthened for them. This model of adding

treatment and supervision resources for clients experiencing difficulties or setbacks is used in other drug courts. It fits with the philosophy that drug courts exist to enhance access to treatment, and that this population has as its primary issue substance abuse. Of course, the resources have to be available in the local service environment for this to be an option.

Interviewees identified a variety of program needs that would require additional funding. For the most part, they identified staffing, treatment, and infrastructure needs:

- An additional counselor
- Additional gender-specific services for women
- More psychiatric help
- Inpatient detoxification
- Inpatient treatment slots
- Additional Parole and Probation Agent(s)
- More Office of Public Defender time
- More and better equipment (e.g., computer, copier)
- Additional rewards and incentives for the program participants and graduates

A respondent also suggested that the program would benefit from additional involvement from program graduates, such as through alumni or support groups.

#### Suggestions/recommendations

- The drug court team should consider conducting a strategic planning session, or, as an alternative, place strategic planning issues on the agenda of one or more drug court team meetings. In either setting there should be a discussion concerning program needs and ideas for generating additional resources. The team should identify mechanisms and potential sources of funding, such as grants, com-

munity partnerships, and enhanced state or county funding to support the program. Consideration of funding for program requirements should, of course, begin with the annual grant from the Maryland Office of Problem-Solving Courts. The team should also discuss who will be responsible for which steps toward achieving these goals. Most importantly, the team should share a strategic vision for the future operation of the program.

- Data about the drug court and its participants could be analyzed and used to inform the team about the types of participants who are most and least successful in this program. This would also inform their practices with those participants. To ensure that the program design and operation is effectively addressing and meeting the needs of its target population, the program should continuously collect and make use of data concerning program participants. The new Statewide Maryland Automated Records Tracking (SMART) management information system should facilitate this objective. The team should strive to use information generated by the new system to continually improve the program.

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

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

#### National Research

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

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

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

#### Local Process

The HCADC uses drug testing to encourage abstinence and to monitor program compliance. Drug court staff and the PPA test participants for drug use. Urine tests are sent to a lab for analysis. Such that the results will be available at the next court session, individuals are tested randomly at least once between drug court sessions. Urine tests are monitored by a person of the same gender as the participant being observed. Participants are required to give UAs more frequently in the beginning of the program. UA requirements gradually taper off toward the end of the program. In addition to urine tests, the drug court also performs saliva tests and uses breathalyzer testing.

UAs are randomly administered to participants between one and three times per week. The minimum is once per drug court session (once every 2 weeks). It would require additional analysis to determine how closely HCADC's UA practice compares to national practice among drug courts. A review of individual level data regarding actual UAs performed in the HCADC program would provide the data needed to determine the actual

average number of drug tests per week and the proportions of participants who receive the frequency of tests seen in other drug court programs nationally.

#### Suggestions/recommendations

- It would be of value to the program if they could conduct an analysis of the frequency of actual testing and how it differs by phase or participant characteristics, or compared to other courts.

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

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

#### National Research

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

Carey, Finigan, & Pukstas, under review, 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

HCADC's team discusses possible sanctions before court. The PPA or the ASA typically makes recommendations regarding sanctions and rewards. During the pre-court meeting the judge is informed about issues that need to be addressed. However, in accordance with court procedures she cannot make formal determinations until she hears the case in open court.

HCADC imposes community service as a second sanction, and a weekend in jail for a third incidence (or fourth and fifth, depending on the infraction) of non-compliance. If a participant is dropped from the program, he/she goes directly to jail (usually for 120 days) or into a drug or alcohol treatment program for longer-term in-patient services. When the individual is released from jail, he/she will be on probation and required to refrain from using drugs, will go to outpatient treatment, and will have a conviction on his/her record.

Rewards in the HCADC program are comparable to national practice. Participants are rewarded for progress with praise from the judge, a pass to excuse the participant from the next court session, reduced fees, or candy. Participants may earn opportunities to draw from a fishbowl—to receive, passes from group or individual counseling sessions, free UAs, or movie tickets. A unique practice of this drug court is to allow a “group go,” during which a group of 10 or more participants who have demonstrated strong program performance are allowed to appear before the judge as a group, rather than separately, and thus be excused from court early.

### Suggestions/Recommendations

The intent of sanctions and rewards should always be to reinforce desired behavior (e.g.,

abstinence) and minimize undesirable behavior (e.g., missing sessions).

- Sanctions and rewards should be examined to ensure they do not interfere with the ability of participants to be successful. For example, removing transportation assistance as a sanction could inadvertently contribute to missing required appointments or lengthy time in jail could lead a participant to lose employment.
- The *process* for giving sanctions and rewards should be examined to ensure that the intended lesson is clear and effective. For example, an immediate response to poor behavior is generally much more effective than a delayed response.

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

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

### National Research

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

Research in California and Oregon (Carey et al., 2005; Carey & Finigan, 2003) demonstrated that participants have the most positive outcomes if they attend at least one court session every 2 to 3 weeks in the first phase of their involvement in the program. In addition, programs where judges participated in drug court voluntarily and remained with the program at least 2 years had the most posi-

tive 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

Judge Eaves has presided over the drug court since 2003. One interview respondent noted that strengths of this program involved the positive relationships between and among the treatment team and program participants and between the judge and participants.

Participants in HCADC have contact with the judge during court once every 2 weeks throughout Phases I through III. During Phase IV, participants attend court once, for graduation. While the frequency of judicial contact is lower than the national average for Phase I, it is higher than average in Phase III. As compared to the typical practice of early intensity of judicial contact tapering to less intensity later in the program, the HCADC has more consistent judicial involvement. It remains to be seen whether the local model is more or less effective for clients.

#### Suggestions/recommendations

- It is unclear why the program chose to implement regular biweekly court appointments across the program phases rather than another model that includes tapering of judicial contact. There are clearly advantages and disadvantages of the HCADC model. The HCADC team should make this issue part of its discussion regarding its strategic vision for the future of the program. In addition, this issue can be considered in a future outcome studies.

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

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

#### National Research

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

#### Local Process

The HCADC's program goals are to reduce recidivism, educate participants about the effects of drugs, and influence them to refrain from using drugs. HCADC gives individuals who are dependent on or abusing drugs opportunities to change their behavior and their lifestyle. The program is designed to include practices that will lead the drug court toward its goals.

The drug court team meets monthly to discuss policy issues, and adjusts the program process as decided by the team. One interview respondent described an anonymous survey that is sent to participants to find out how the program could better serve them as evidence that the HCADC is interested in evaluating and monitoring its program. Program staff members are working on revising some of the drug court policies to reflect program changes that have occurred since the original model was implemented.

While the HCADC program is interested in evaluation and program monitoring, it does



not have the data infrastructure in place to support these activities. For example, data are kept in paper files rather than an electronic database.

#### Suggestions/recommendations

- HCADC should make a commitment to transition to electronic drug court records to facilitate program monitoring and evaluation. The new SMART MIS should support this objective. Program staff should be trained to use the management information system, both in entering data consistently and extracting information to use for program reviews and planning.

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

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

#### National Research

The Carey, Finigan, & Pukstas, under review, study found that drug court programs requiring: all new hires to complete formal training or orientation; team members to receive training in preparation for implementation; and all drug court team members be provided with training were associated with positive outcomes costs and higher graduation rates.

#### Local Process

All program staff and team members need to have an understanding of their roles and how to fulfill their roles. The variety of agencies and jurisdictions involved in the program who bring to it different professional orientations and agency goals makes this a challenging objective. As a result, continuous training is key to the success of any drug court program. Members of the drug court team have attended drug court trainings, conferences and workshops, covering such topics as

methamphetamine, multicultural issues, incentives and sanctions, and legal issues. In 2003, most of the HCADC team attended a national drug court training provided by the Bureau of Justice Assistance. In addition, the PPA receives frequent training by the Maryland Police Training Commission. The ASA received on-the-job training with the previous drug court prosecutor before taking on his role with the drug court.

#### Suggestions/recommendations

- HCADC should ensure that all team members receive initial training to understand the broader context of the purpose, goals, and structure of drug courts as well as each team member's role within the program. The program should also establish an expectation and support for staff to take advantage of ongoing learning opportunities. A training plan and log can be useful organizational tools to keep track of training experiences and to reinforce the importance to the program of professional development.

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

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

#### National Research

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

ployment services, faith communities, and Chambers of Commerce.

#### Local Process

The HCADC has a strong relationship with the Maryland Division of Rehabilitation Services, with Tuerk House (an inpatient treatment program in the area), and with Father Martin's Ashley inpatient treatment program. The drug court works with Mann House, a halfway house that serves male clients. Participants are referred out to physicians, health programs, and drug and alcohol treatment within Harford County.

As necessary, HCADC refers participants needing psychiatric services to the Harford County Health Department's psychiatrist. Unfortunately, availability of the county's psychiatrist is limited. Key informants mentioned a need for more psychiatric services.

#### Suggestions/recommendations

- The program should consider creation of a policy or steering committee made up of drug court team members and representatives from other community agencies, representatives of the business community and other interested groups. Not only could this result in expanded understanding of and community support of the program, it may result in additional services and facilities for the program.
- Identification of new community partnerships and ways of strengthening existing community partnerships could be agenda items for the drug court team's strategic vision discussion. In particular, program participants would benefit from educational and employment support and job readiness services.

# HARFORD COUNTY ADULT DISTRICT 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, with 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.

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. In this section of the report, we provide an analytic framework for implementing the recommendations included in the prior section.

## Community Level

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

Social service and criminal justice systems are designed to respond to community needs. To be most effective, it is important that these systems clearly understand the components and scope of those needs. System part-

ners must analyze and agree on the specific problems to be solved, as well as what the contributing factors are, who is most affected, and what strategies are likely to be most successful when addressing the problem. A formal/informal needs analysis will help to define what programs and services should look like, who the stakeholders are, and what role each will play.

The key agency partners involved in the HCADC seem to have a clear understanding of their service population. However, the program could benefit by reaching out more to community agencies and developing community partnerships, in order to generate resources for the program.

## SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

- The drug court team should develop a strategic vision through which it can identify program needs, ways to meet those needs, and the specific resources that would be needed.
- As a component of its strategic vision development/needs assessment study, HCADC should ensure that the program is designed to reach the in-need population in terms of ethnicity, drug of choice, age, gender and other characteristics.
- HCADC should consider creating a policy (or steering) committee made of up drug court team members and representatives from public and private community organizations. This committee would be responsible for advising partner agencies on program design and ensuring that the program was meeting community needs.
- The program should work to identify any new community partners that would be

interested in supporting the program, and also strengthen relationships/ties with existing agency partners.

## Agency Level

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

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

### SUMMARY OF AGENCY-LEVEL RECOMMENDATIONS

- The drug court team should review the program's policies, practices, and the overall program model. This review should include assessment of the appro-

priate roles of each of the agency stakeholders.

- To identify bottlenecks and structural barriers, as well as points in the process where efficiency and effectiveness could be improved, the drug court team should include in its program review an analysis of the flow of participant cases from referral to eligibility determination to drug court entry.
- The drug court team should review the range of sanctions it levies and which team members are responsible for monitoring each type of sanction. The team should consider expanding the range of sanctions to support a model of increasing program and treatment services.
- The program, in collaboration with its partner agencies, should ensure that all team members receive initial and then continuing drug court training. There should be an expectation of and encouragement for staff taking advantage of ongoing learning opportunities (both locally and nationally). To support this goal, a training plan and log system should be established, the results of which should be reviewed by program administrators. These tools will be useful in keeping track of training activities and in reinforcing the importance of professional development.

## Program Level

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

will work best for the program's target community.

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

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

- HCADC staff should be trained to use the new Statewide Maryland Automated Records Tracking (SMART) Management Information System (MIS), both in entering data consistently and in extracting in-

formation to use for program review and planning. The drug court team should initiate and continue analysis of data about the drug court and its participants, and use it to inform the team about its clientele and their programmatic needs.

- An outcome study of HCADC should be conducted, to assess the extent to which the program is meeting its stated goals. For example, an outcome study would demonstrate whether drug court participants are accessing substance abuse treatment and reducing their criminal behavior to a greater extent than individuals who do not participate in the drug court.



## SUMMARY AND CONCLUSIONS

**T**hrough its current policies and structure, Harford County Adult Drug Court fulfills many of the nationally recognized 10 key components of drug courts. It integrates alcohol and other drug treatment services with criminal justice system case processing, has a consistent structure for responding to participant compliance, maintains regular judicial involvement with participants, and has invested in comprehensive training for drug court team members.

There are several areas in which the HCADC should and can make program improvements to make it more effective from community, agency and program-level perspectives. Analyzing the barriers in getting prospective participants from referral to drug court entry, enhancing utilization of an electronic management information system for program monitoring and evaluation purposes, and identifying resources, both inside and outside of the community, to enhance program services would improve program quality and enhance understanding of the program across stakeholders.

Recommendations for program improvement can be summarized as follows:

- **Internal communication:** Continue to have team meetings to discuss policies, practices, and the local program model, particularly as it relates to the appropriate roles of different partners. For example, the team may want to revisit its practice of requiring the same level of judicial oversight at the beginning and later phases of the program.
- **Program efficiency:** Conduct a review and analysis of the flow from referral to eligibility determination to drug court entry, to identify any bottlenecks or structural barriers, or any places where efficiencies might be implemented. Discuss which agencies can take on responsibility for efficiencies at various points along the participants' path into drug court.
- **Strategic planning:** Create a policy or steering committee made of up drug court team members and representatives from public and private community organizations. Assess community and program needs and ideas for generating additional resources. Specify staff responsibility for advancing the strategic vision of the program. Expand community partnerships, and pursue enhanced state or county funding to support the program.
- **Analysis and evaluation:** Collect and analyze demographic and program performance data about the drug court and its participants. Data should be interpreted to inform the drug court team about participants in the program and the effectiveness of the program's practices. Such data will also support a future outcome evaluation of the program.
- **Training:** Encourage partner agencies to commit to training. Ensure that all new team members receive initial drug court training to help them understand the broader context of the purpose, goals, and structure of drug courts as well as their roles within the program. Expect and encourage staff to take advantage of ongoing learning opportunities.





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



## Drug Court Typology Interview Guide

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

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





## Focus Group Summary

Active and graduated participants were part of a focus group facilitated by NPC Research in April 2006. The group included one female graduate, two males in Phase II, and one male each in Phases I and IV. Following is a summary of the comments made during the focus group:

### **What has been helpful about drug court?**

- Kept me clean.
- Saved me money (not spending it on drugs and alcohol).  
This is the least expensive individual therapy I've ever received (gets individual sessions with a counselor)
- Changed my life. Instead of going backwards, I'm moving on with my life.
- Kept me out of jail.
- I learned a great deal. I went back to school, starting saving more money, and got a better job. The staff was awesome.

### **What hasn't been helpful?**

- The inflexibility of the schedule. In Phase I and II you have two sessions to pick from, but in Phase III you're locked in to one set time. I'm in school, and I had to rearrange my class schedule to make everything.
- The only thing that kills me is going to court, which creates challenges for my employer (because court takes place during the day). The after work stuff isn't a problem.
- All of my friends got in trouble (all first offenses and the same offense). I was the only one to go into this program. They all got a year's probation and were off in 6 months. If I knew then what I know now, I would have did probation. It's really hard for me.

### **What could they have told you before joining DC that would have helped you make a better informed decision?**

- They could have told me that I had to come to court twice a month, do all of these hour-long sessions (groups), do a book, and see a probation officer once a month. Also, I joined the DC because they said it was free. Well, it's cost me more to do DC that it would have cost to pay the fines in the first place. By the time I get out, I will have paid \$800 to \$1,000. If I would have just paid my fine, it would have been \$500.
- My friends think I'm the stupidest kid. I would be off of probation by now, but am still in the program. I've been clean since the beginning of my time in the program. It's not like I did it every day (I didn't smoke weed or use cocaine every day). I only used a couple of times a month; I wasn't a heroin addict, I worked, had my own job, I paid my bills, I wasn't stealing...I didn't deserve this kind of program. It's really for addicts.

**What has your experience been with DC staff?**

- Good. Fair.
- Judge Eaves is very fair, very nice as long as you're sticking to the program (doing what you're supposed to do).
- The drug court staff wants to make sure that you have at least one goal in mind, even if it's just to make it out of the program.

**How has the treatment been?**

- Expensive.
- The drug tests are costly. Having to put down \$15 a week can add up.
- If they hit you twice in one week, they might give you a free one (like a little dip test).

**What are the obstacles to participating in DC?**

- At least one time you have to go to an AA/NA session, as a replacement for going to one of these sessions (regular group). They give you a list and you have to find a group. A few people in the group (participants) are associated with either NA or AA.

**Any more suggestions for changes or other comments?**

- I think that making us see our probation officer is a waste of time. All I do is go down there and half the time I can't see her (I have to fill out a paper saying I was there and just leave). [*Many agreed with this comment.*] It's the same thing with court; if I get into trouble, I should have to come in, but not otherwise.
- I think that the only obligation we should have is to come here (to group) and court should be for people who have not done well.