

Prince George's County Circuit Court Adult Drug Court *Process Evaluation*



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EXECUTIVE SUMMARY

Drug 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 Miami, Florida, in 1989. As of 2006, there were at least 1,597 adult and juvenile drug courts operating in all 50 states, as well as the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam (BJA, 2006).

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 Prince George's County Circuit Court Adult Drug Court (PGDC) began in August 2002, following a 2-year planning process. The planning committee was composed of members of the criminal justice and treatment staff within the County.¹ The program received support from various state and county agencies to provide staff support, as well as grants from the Governor's Office on Crime Control and Prevention and the Maryland Judiciary, Office of Problem-Solving Courts (in March of 2005). Judge Maureen Lamasney was the first PGDC Judge, and continues to serve in this capacity. She was actively involved in planning and implementing the program.

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. 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 PGDC. This report presents the results of a process evaluation of PGDC.

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

The PGDC added 2 additional case managers in June 2007, for a total of 7. They all work for the County Health Department. With a caseload of 25 per case manager, the maximum capacity for PGDC is now 175 participants.

As of June 2007, a total of 248 participants had enrolled in the PGDC program since it began operation in 2002, and 58 participants had graduated. The program currently (June 2007) has 126 participants.

According to stakeholders interviewed during the study, the goals of the PGDC are to:

- Graduate participants from the drug court program.
- Reduce recidivism among program participants.
- Reduce participant drug use.
- Engage participants in productive activities and improve all areas of their lives:
 - Educational
 - Vocational (so they can be gainfully employed and able to pay taxes)
 - Custody issues (help them to more effectively deal with child custody and support issues).

¹ The Planning Committee included representation from the Circuit Court, Maryland Division of Corrections, Maryland Division of Parole and Probation, and Prince George's County Health Department.

- Help participants become more responsible for their lives.

Process Results

Using the Ten Key Components of Drug Courts (as described by the National Association of Drug Court Professionals in 1997) as a comparative framework, NPC examined the practices of the Prince George's County Circuit Court Adult Drug Court program.

The PGDC fulfills many of the 10 key components through its current structure, policies and practices. It benefits from a non-adversarial approach and a positive working relationship between the State's Attorney's Office and the Office of the Public Defender. This drug court offers a continuum of treatment services, conducts frequent drug testing, has a coordinated strategy of sanctions and rewards, maintains judicial continuity, uses an electronic data system for treatment records, and supports team member training.

There are several areas where the PGDC should and can make program improvements. The drug court team could be expanded to include representatives of other interested parties, should discuss various program issues (including the roles and responsibilities of each agency that contributes to the program operation), and should work to ensure that all key partners understand their common and complementary goals and objectives. The program could work to get prospective participants into the drug court more quickly, making drug tests in the first two phases random, come to consensus on the policy and procedures surrounding testing for marijuana, consider increasing judicial contact with participants, and work to effectively transition to the statewide SMART data system when it becomes available.

Interpretation of the findings of this process evaluation is provided in an analytic framework that distinguishes among community, agency, and program level issues related to the operation of the program. Understanding

the needs of drug court participants within the context of the community setting, and the impacts of home and neighborhood environment on their behavior is crucial to establishing a program that best serves the needs of the target population. On the agency level of analysis, in the interest of enhancing program quality and efficiency, it is important to bring the partner agencies together to ensure consistent and thorough communication, and coordinated planning. Finally, on the program level of analysis, we can see that 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.
- PGDC should enhance its Advisory Committee by adding representatives from additional public and private community organizations. The augmented committee should be responsible for advising partner agencies on program design and ensuring that the program is meeting community needs—including accurately identifying the needs of the population and providing services that meet its needs. The program should identify any new community partners that would be interested in supporting the program, and also strengthen relationships/ties with existing agency partners.
- In assessing the relationship of the program to community needs and in an effort to determine whether some groups of participants (such as males, for example) have better results than others, the PGDC should review demographic characteristics of participants. Focus should be directed to determining if there are obvious differences between groups (e.g., in terms

of seriousness of substance abuse, criminal justice history, etc.). In addition, the program team should analyze components of the drug court program to see whether some groups are offered different types or intensity of services. It would also be useful to analyze which services or program components different groups are responding to best and to maximize their opportunities to experience services that improve their chances for success.

SUMMARY OF AGENCY LEVEL RECOMMENDATIONS

- Although the drug court team works well together, our interviews revealed that there is room for improvement. There appears to be room for strengthening consensus among the drug court team members that treating and rehabilitating participants is the top program priority.
- Because the drug court works with multiple treatment providers on a contractual basis, it is incumbent on the drug court staff to ensure that the most recent information about the drug court and its rules, regulations, and operations is passed on to providers. This information could be imparted to providers through additional in-service training.
- To identify bottlenecks or structural barriers, and process points at which more efficient procedures may be implemented, PGDC leaders 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 possible solutions to issues that are identified in this review. The program should set a goal for how long it should take to get participants into the program, work toward achieving that goal, and closely monitor its progress toward the goal.
- The program leadership should collect the most recent research on marijuana testing and convene a meeting of the drug court team to examine the research and develop a consensus on the drug court's policy and procedures needed to support the policy on this issue.
- The program leadership, in collaboration with the program's partner agencies, should ensure that all team members receive adequate drug court training. There should be an expectation of and encouragement for staff members 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 the program leadership. These tools will be useful in keeping track of training activities and in reinforcing the importance of professional development.
- As noted above, there is a need for team members to better understand their roles and the roles of others in the drug court program. In addition to examining roles and relationship through strategic visioning for the program, regular team meetings should consciously include refining and clarifying roles and responsibilities.

SUMMARY OF PROGRAM LEVEL RECOMMENDATIONS

- Continue to monitor evolving participant needs and adjust treatment resources accordingly.
- Apply random testing procedures for the first and second phases.
- The Drug Court Advisory Committee should review the intensity of PGDC judicial interaction and consider the potential value of increasing the frequency of court hearings for individual participants.
- As the State implements its new SMART MIS, the program will be able to utilize

electronic management information for program monitoring and evaluation purposes. PGDC should make a commitment to transition from collecting participant information paper files to electronic drug court records to facilitate program monitoring and evaluation. Program staff should be trained to use the management

information system, both in entering data consistently and in extracting information to use for program reviews and planning. Effective use of the new MIS should assist the program in determining whether it is reaching and meeting the needs of its intended population.

BACKGROUND

In the past 17 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 Miami, Florida, in 1989. There are now at least 1,597 adult and juvenile drug courts operating in all 50 states, as well as the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam (BJA, 2006).

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 is 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 and sometimes adversarial roles. The inter-agency 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.

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) methods (Carey & Finigan, 2003; Crumpton, Brekhus, Weller, & Finigan 2004; Carey et al., 2005).

From 2001 to 2003, NPC Research (NPC), under contract with the Administrative Office of the Courts of the State of Maryland (AOC), 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 Prince George's County Circuit Court Adult Drug Court (PGDC). This report contains the process evaluation results for the PGDC. 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's process.

METHODS

Information was acquired for the process evaluation from several sources, including observations of a drug court session and a team meeting, key informant interviews, a focus group with current drug court participants, and interviews with graduates of the program.

Site Visits

NPC's evaluation staff traveled to Maryland in April 2006 to meet PGDC team members, attend a pre-court team meeting, observe a PGDC session, and facilitate a focus group involving current participants. NPC's researchers returned to Prince George's County in July 2006 to interview two graduates of the program (one in person and one by telephone).

Key Informant Interviews

Key informant interviews were a critical component of the process study. NPC staff interviewed six individuals involved in the operation of PGDC, including the Drug Court Coordinator; Judge; Deputy State's Attorney; Felony Trials Division Chief, Office of the Public Defender; Treatment Counselor; and Case Manager.

NPC has designed a Drug Court Typology Interview Guide,² which provides a consistent method for collecting structure and process information from drug courts. In the interest of making this evaluation reflect local circumstances, the Guide was modified to fit the purposes of this evaluation and this particular drug court. The information gathered through the use of the Guide assisted the evaluation team in focusing on the more important and unique characteristics of the PGDC.

For the process interviews, key individuals involved with the PGDC were asked the questions contained in the Typology Interview Guide that were most relevant to their roles in the program.

Focus Groups and Participant Interviews

NPC's researchers conducted a focus group at PGDC in April 2006 with current participants. In July 2006 NPC Research conducted an in-person interview and a telephone interview with graduates of the drug court program. The focus group and interviews gave the current and former participants opportunities to share their experiences and express their perceptions about the drug court process with the evaluation staff. A summary of results can be found in Appendix B.

² Under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. See Appendix A for Typology description.

PRINCE GEORGE'S COUNTY CIRCUIT COURT ADULT DRUG COURT PROCESS DESCRIPTION

The following information was collected from interviews, a focus group, and observation of the PGDC. The majority of the information was gathered from one-on-one key informant interviews conducted by telephone and, as much as possible, the evaluators have attempted to represent the information as it was provided by the drug court staff.

Implementation

Prince George's County Circuit Court Adult Drug Court began in August 2002, following a 2-year planning process. A planning committee that included members of the criminal justice and treatment staff within the County was established. It included Circuit Court, Maryland Division of Corrections, Maryland Division of Parole and Probation, and Prince George's County Health Department. The most significant challenges to be addressed before the drug court could be implemented were locating and securing funding and determining who would supervise program participants. Another challenge involved working out the Memorandum of Understanding between the Maryland Office of the Public Defender, Prince George's County State's Attorney's Office, and other agencies that agreed to provide staff and services to the new drug court program.

When the decision was made by the planning committee to implement an adult drug court in Prince George's County, an application was made for U.S. Department of Justice funds. Several people on the planning committee completed a three-part National Drug Court Institute (NDCI) training program in Dallas, Texas; Akron, Ohio; and Salt Lake City, Utah.

The Prince George's County Detention Center provided the first drug court staff member

(for case management and supervision support); this person was considered to be "on loan" to the drug court until the program was funded. Judge Maureen Lamasney was the first judge for the drug court. She was involved in all aspects of operational planning and continues to sit as its judge.

The County Health Department has also been involved with the drug court from the beginning, playing a major part in its successful implementation. One interviewee commented that, without the Health Department's support (e.g., paying the Detention Center to do drug testing for the program), the drug court would never have gotten off the ground.

In terms of providing other resources for the program, the Office of the Public Defender and the State's Attorney's Office provide assigned legal attorneys funded through their operating budgets to the drug court. After grants were received from the Governor's Office on Crime Control and Prevention and the Maryland Judiciary, Office of Problem-Solving Courts (in March of 2005), the State's Attorney's Office and the Office of the Public Defender were able to dedicate funds for a paralegal in each of those offices to work with the drug court.

Capacity and Enrollment

The PGDC currently has 7 case managers who work for the County Health Department. With a caseload of 25 per case manager, the maximum capacity for PGDC is now 175 participants.

A total of 248 participants have been admitted to the PGDC since it began operation in 2002, and 58 participants have graduated. The program is currently (June 2007) serving 126 participants, most of whom range in age from 18 to 35, with a few who are older. A large majority (85%) of the drug court's par-

ticipants have been African American males. Four Caucasian males, 1 Native American male, 1 Caucasian female and 18 African American females have also participated.

The primary drug of choice for participants entering the PGDC program is marijuana, followed by cocaine, PCP, and heroin. The program has not had any methamphetamine users.

The majority of participants in the PGDC have previously been involved with the criminal justice system, and all have been charged with a felony. When the drug court was first designed and implemented, its planners expected that individuals would be entering the program with felony charges related to substance abuse, such as robbery or theft. Additionally, the program planners believed that the primary referral pool for new drug court participants would be violation of probation cases. What they did not expect was that distribution charges would be the predominant felony charge that brought new participants into the program, though that is what has occurred.

Drug Court Goals

According to program stakeholders who were interviewed, the goals of the PGDC are to:

- Graduate participants from the drug court program.
- Reduce participant recidivism.
- Decrease participant drug use.
- Engage participants in productive activities, and improve all areas of life:
 - Educational
 - Vocational (so they can be gainfully employed and able to pay taxes)
 - Custody issues (to be better prepared to deal with child custody and support issues)
- Help participants become responsible for their lives.

Program Eligibility

Although ultimately the judge makes the final decision regarding program entry, the PGDC uses a team approach to determine whether an individual is appropriate for drug court.

To be eligible for PGDC, an individual must:

- Be a nonviolent offender.
- Not have a weapons charge on his/her record.
- Not have any prior charges or convictions with violent offenses.
- Be a resident of Prince George's County.
- Be 18 years old or older.
- Be diagnosed with a substance abuse disorder, but not have alcohol abuse as the primary diagnosis (the judge does not want the court to take people who only have problems with alcohol use).

Individuals with dual (substance abuse and mental health) diagnoses may be accepted into the program if their assessment results indicate that they are able to handle the normal demands of the drug court. The drug court only accepts referrals by criminal defense attorneys; defendants cannot refer themselves to the program.

Not everyone who is eligible is referred to drug court. For some prospective participants, drug court is seen as too difficult and overly restrictive, especially for those who are eligible for standard probation. Offenders are referred to drug court only if their defense attorneys advise them that it would be a better option than standard probation.

The process that leads to an offender entering PGDC includes the following steps:

1. The individual is arrested, and the resultant case goes to the Circuit Court. The State's Attorney's Office has 30 days to seek an indictment.

2. Once a decision is made by an assistant public defender assigned to the offender (or less frequently by a private defense attorney) to refer the prospective participant to drug court, the case is forwarded to the PGDC program office, which is also located in the Circuit Court Building in Upper Marlboro.
3. The defense attorney completes the drug court referral form and faxes it to the drug court coordinator.
4. The coordinator reviews the referral form to assure that the potential participant is a resident of Prince George's County and meets the age requirement.
5. The coordinator sends the potential participant's name and corresponding docket number to the State's Attorney's Office.
6. The State's Attorney's Office's paralegal runs a NCIC (National Crime Information Center) check to be sure that the person is eligible to participate in drug court in terms of his/her criminal history. The paralegal forwards the results of the background check to the assistant state's attorney assigned to drug court for approval or rejection.
7. The assistant state's attorney sends a form to the coordinator indicating whether or not the person is legally eligible for the program.
8. The Prince George's County Health Department's community supervision case manager schedules an intake orientation with the eligible individual. During this session she provides information to the prospective participant so that he/she can make an informed decision regarding entrance into the program. The community supervision case manager completes a TCU (Texas Christian University) Drug Screen II³ assessment at the intake orientation. If the screen does not indicate that the prospective participant has a drug problem, the intake process stops. If a drug problem is verified/identified, the following steps will then be followed:
 - a. The prospective participant signs a release of information allowing sharing of assessment and treatment information.
 - b. To further assess the level and severity of substance use/abuse, the coordinator refers the prospective participant to a treatment provider for a more detailed substance abuse assessment. This assessment includes the Client Assessment Inventory (CAI) and Addiction Severity Index (ASI). These assessments were performed by the County Health Department for the first several years of the PGDC's operation, but that responsibility was transferred to private providers in 2005.
 - c. The prospective participant goes to court for sentencing, during which s/he pleads guilty, and all of the information that has been collected regarding his/her eligibility for drug court is presented to the judge. Then, if the judge decides that drug court is appropriate, the offender is sentenced to participate in the program.
 - d. The community supervision case manager gives the new drug court participant the Level of Service Case Management Inventory (LS-CMI) assessment, to determine the appropriate level of supervision.

³ <http://www.ibr.tcu.edu/pubs/datacoll/Forms/ddscreen-95.pdf>

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

The three most important incentives for individuals to participate in the PGDC program are:

- To stop using drugs,
- To stay out of jail, and
- To receive a Probation Before Judgment (PBJ) and have their convictions expunged from the record.

Drug Court Program Phases

Participants may complete the PGDC program in one year, unless they fail to meet program requirements (e.g., receiving sanctions) that result in time within a phase being extended. The drug court has four phases, described in detail as follows:

PHASE I (30 DAYS MINIMUM)

Requirements for PGDC Participant Completion of Phase I Include:

- *At least 8 consecutive negative urine tests.* Participants are tested twice weekly, meaning 30 days of negative urinalysis results are required to complete Phase I. Testing positive results in starting the phase over.
- *Participate in an outpatient treatment program for up to 8 hours per week.* Treatment is based on the treatment needs assessment administered by a private treatment provider (e.g., CAI, ASI, ASAM). Including education and process groups, treatment sessions are one hour in duration.
- *Do not receive any sanctions within 30 days.* If a sanction is received, the 30-day count starts over.

- *Meet with a case manager as required.* The case manager determines the frequency of meetings.
- *Complete a Phase I journal.* The journal is based on The Change Company's⁴ "Getting it Right" series. The journal is entitled, "Responsible Thinking." This type of journaling is used by the drug court to address criminogenic risk factors.
- *Attend court proceedings, as required by the program team.*
- *Attend NA or AA meetings.* The decision regarding whether participants are required to attend NA/AA meetings during the first phase, and how many sessions they have to attend, is made by the case manager and treatment provider. The decision is informed by the assessed needs and strengths of the participant, identified through contact with the case manager and treatment provider.

PHASE II (60 DAYS MINIMUM)

Requirements for Participant Completion of Phase II Include:

- *Clean drug screens for 60 days.* The participant is tested twice a week (Monday and Thursday). Testing positive results in starting this phase over.
- *Participate in an outpatient treatment program twice a week or more.* The treatment program is determined by the treatment provider after assessing needs. Each session lasts one hour.
- *Meet with a case manager as required.* The frequency of meetings is determined by the case manager.
- *Complete a Phase II journal.* The journal is based on The Change Companies' "Getting it Right" series. The journal is

⁴ <http://www.thechangecompany.org/getitright.htm>

entitled, "Change Plan," and must be completed to the satisfaction of the case manager.

- *Attend court proceedings, as required by the program team.*
- *Attend NA or AA meetings as determined by the case manager and treatment provider.*

PHASE III (90 DAYS MINIMUM)

Requirements for Participant Completion of Phase III Include:

- *Participant must be clean for 90 days.* Testing positive results in starting this phase over. Drug testing is random and takes place once a week or more. Participants call in to the drug court daily to determine if they are to report the next day for testing
- *Take part in an outpatient treatment program.* The program is determined by the treatment provider after assessing participant needs.
- *Verifiable employment or job training.*
- *Attend NA or AA meetings as determined by the case manager and treatment provider.*
- *Meet with a case manager as required.* The frequency of meetings is determined by the case manager.
- *Attend court proceedings as required by the program team.*
- *Complete a Phase III journal.* The journal is based on The Change Companies' "Getting it Right" series. The journal is entitled, "Managing My Life," and must be completed to the satisfaction of the case manager.

PHASE IV (6 MONTHS)

Requirements for Participant Completion of Phase IV Include:

- *Participant must be clean for 6 months.* Testing positive results in starting this phase over. Drug testing is random and takes place once a week or more. Participants call in to the drug court daily to determine if they are to report the next day for testing.
- *Maintain employment for at least three months.*
- *Attend NA or AA meetings as determined by the case manager and treatment provider.*
- *Meet with a case manager as required.* The case manager determines the frequency of meetings.
- *Attend court proceedings as required by the program team.*
- *Complete Phase IV journals.* The journals are based on The Change Companies' "Getting it Right" series. The journals are entitled, "Personal Growth," and "Relapse Prevention." They must be completed to the satisfaction of the case manager.

In all phases, participants are responsible for completing a worksheet entitled, "Tracking my Progress" (also from The Change Companies), which they bring in with them every court session. This worksheet allows participants to highlight the things that they have accomplished since the previous court date.

In order to graduate from drug court, participants complete a graduation questionnaire with the assistance of their case manager. They must also be interviewed by the drug court team. Prospective graduates must schedule the interview at least 30 days prior to graduation. Interview meetings always take place on a court day (at 1:30 pm), after the pre-court meeting and the drug court ses-

sion. The interview provides the team with opportunities to ask participants questions about their progress and their post-drug court plans, and to express any concerns they might have about the participant's current level of participation. This process provides participants with an opportunity to plan ahead and to establish supports they will need after leaving the structure of the program, as well as to address any staff concerns and to focus on the goal of completing the program successfully.

Participants must pay all drug court-related costs for which they are responsible prior to graduation.

Requirements for Phase Advancement

Case managers are responsible for making a recommendation to the case management supervisor when participants are ready to change phases. This recommendation is a product of participant completion of all of the requirements of a phase. The case management supervisor sends a report to the drug court coordinator, stating that participants have completed a phase. The coordinator verifies that all requirements in the handbook have been met. If the requirements have been met, participants are moved up to the next phase.

Treatment Overview

Although PGDC, through the Prince George's County Health Department/Division of Addictions and Mental Health, contracts with numerous providers for treatment services, there are three primary outpatient service providers: Gaudenzia, Second Genesis, and Comprehensive Treatment Services. Around 5% of drug court participants receive treatment through public programs operated by the Division of Addictions and Mental Health (DAMH). A DAMH Adult Services Manager is responsible for assisting participants who have special needs

and co-occurring disorders. However, participants with co-occurring diagnoses are often referred to inpatient services by the drug court program. Since the drug court only accepts individuals who are "stable" at the time of entry, those with co-occurring disorders are generally identified after they have been in the program a while.

The County Health Department also contracts with a number of private residential treatment providers who can provide residential care to drug court participants, as needed. These include Calvert County Treatment Facility, Second Genesis, Reality Incorporated, Avery Road Treatment Center, and Walden Sierra. For outpatient treatment, location of available services is a determining factor when matching a treatment provider with drug court participants. Case managers try to find providers located close to where participants live. This matching is believed to increase the probability that participants will make it to treatment on time and reduce the stress of traveling longer distances to receive services. Treatment providers determine the level of care needed for each individual. According to their contracts, all outpatient providers possess capability and capacity to meet multiple participant needs.

About 90% of the caseloads of the contracted treatment providers is made up of individuals currently involved with the criminal justice system, including parolees, probationers, and drug court participants.

The case managers assigned to the drug court program are employed by the County Health Department. They are responsible for monitoring participant adherence to requirements of the program. They each supervise a caseload of approximately 25 program participants. Although drug court participants are officially on probation while in the program, they are supervised directly by the community supervision case manager, and not by Parole and Probation staff.

The program has no central intake office for drug assessment and treatment. The drug court, in most cases, determines whether a person has a substance abuse problem and needs treatment. Treatment providers will also conduct level of need assessments. The ASI and CAI are the tools generally used by this drug court for assessing level of prospective participant addiction/abuse and related treatment needs.

The treatment model used by PGDC is an individual participant-focused approach, which uses the cognitive behavioral model as a foundation for intervention. The drug court has allowed the merging of the sanction-based model, such as that used by the Division of Corrections, with treatment. Treatment providers are encouraged to customize care based on individual needs. Treatment providers offer continua of services and resources to meet drug court participant needs. Case managers work on an ongoing basis to further develop and access treatment provider resources. To this end, it is the responsibility of all case managers to actively develop and maintain relationships with service providers in the community. In addition to substance abuse treatment, service providers offer HIV screening and education, and nutrition education to participants. Individual, group, and family treatment services are available to all drug court participants through treatment providers.

When the drug court was founded, treatment was structured, with all participants receiving the same mix of individual, group, and family counseling services. When drug court staff began to realize that many participants had been arrested for drug distribution and did not have a high level of addiction, they modified the treatment approach. The revised program matched the intensity of services with the intensity of participant need.

Outpatient treatment services offered by the County Health Department and most private providers were limited when the drug court

began. Treatment activities included once-a-week group sessions, a minimal level of education and support, and limited therapeutic processing. However, over the past 3 years there has been a push among the drug court program staff, private providers, and at the State, toward understanding and incorporating recent national research. The program and its service providers have embraced emerging treatment technologies. This focus on research-based understanding has been the impetus behind shifting the program's caseload toward increasingly individualized treatment.

Team Meetings

The drug court team consists of the presiding judge, drug court coordinator, assistant state's attorney, assistant public defender, case managers, treatment providers, and the community supervision case manager. The entire team (with the exception of treatment providers) meets for a pre-status meeting an hour before each drug court session to discuss cases on the docket and to determine if any participant sanctions are warranted. If a treatment provider's attendance/input is needed to better inform the court regarding a participant's challenges, behaviors, etc., he/she will be asked to attend pre-court meetings.

Other Meetings

Weekly clinical staffing meetings take place on Tuesdays. These meetings include the drug court coordinator, case managers, case management supervisor, and community supervision case manager. The purpose of the meetings is to discuss any clinical and/or supervision issues that need to be addressed with the members of the clinical team before they attend the pre-status meeting.

The Drug Court Coordinating Council, a group that meets on an ad hoc basis, is made up of representatives from all agencies involved with PGDC: Circuit Court, Prince George's County Department of Corrections,

County Health Department, Office of the Public Defender, and the State's Attorney's Office. This group meets to discuss treatment resources in the County. If there is a problem, such as a lack of inpatient beds, all the players are at the table and can work together to identify solutions to the problem.

The Drug Court Advisory Committee was established by an order of the court in July 2004. It meets twice a year, usually on a day that the drug court has a graduation ceremony. This group discusses different projects, and any issues relevant to drug court operations. The committee members include judges; the county executive; the county council chair; the municipal chief's association chair; the court administrator; administrative heads of the Department of Corrections, Health Department, Parole and Probation, Department of Juvenile Services, Office of the Public Defender, Police Department; and two pastors.

Provider and Team Communication with Court

Contracted private treatment providers submit treatment updates electronically to the drug court case managers bi-weekly via the University of Maryland's Automated Tracking System (HATS) database. The reports deal with program participant attendance, activities (e.g., individual counseling, groups), and level of participation. The case manager combines the treatment report with information received through direct contacts with the participant, and integrates the information into a single status report that is presented to the judge. The judge receives a printout including individual participant status and written commentary from each case manager. There is a pre-court meeting an hour to an hour and a half before every drug court session, during which the team discusses individual cases. At this meeting, the judge is informed about each participant's status and progress. The judge determines, subject to new information presented

by participants in court, how she will deal with each case.

Drug Court Sessions

Drug court sessions, held weekly, are effectively program participant status hearings. Typically, a drug court session docket contains about 30 cases. The sessions last 2 ½ to 3 hours. Time spent with each participant during a drug court session varies from 2 or 3 minutes to 15 minutes, depending on the number and extent of issues presented by the team and considered by the judge.

The Drug Court Team

The drug court team consists of the judge, drug court coordinator, assistant state's attorney, assistant public defender, case managers, treatment providers, and community supervision representative.

Judge. The current PGDC judge was sworn in at the end of 1998, and became involved in the drug court planning process a year later. She was assigned to PGDC by the Prince George's County circuit court administrative judge. The drug court began accepting participants in August 2002.

The judge sees her role in drug court as very different from regular court. Drug court is designed in such a way that a judge sees the same people on a consistent basis over the course of a year or two (depending on how they are doing in the program). In drug court, a judge gets to know every participant on a personal level, and is aware of what is going on in their lives. She also has stated her personal interest in the success of all participants. She says that this is generally not the case in regular court. Normally a judge sees offenders on a very limited basis—generally only during trials and sentencing proceedings.

In drug court, the judge and defendants enter into contracts, all agreeing to support participant success in the program. The judge's formal responsibility is to review participant

progress in meeting program requirements and to levy necessary sanctions. However, PGDC's judge also sees herself as a coach to participants. When program participants do well, the judge praises their efforts. When they perform poorly, the judge provides corrective feedback—letting them know that there are consequences for their non-compliant behaviors.

The judge presides over drug court once a week and additional sessions when there is a need for emergency sanctions. She actively participates in the weekly pre-status meetings. About 20% of the judge's time is spent on drug court-related activities.

Drug Court Coordinator. The drug court coordinator, who has served in the position since 2002, provides clinical oversight (the case management supervisor also assists with clinical oversight) and administrative direction for the program. A trained clinical social worker and addiction counselor, she coordinates all drug court activities. She is employed by the Circuit Court for Prince George's County.

Probation. The Maryland Division of Parole and Probation has chosen not to participate in the PGDC program. Essentially, drug court participants are sentenced to probation, but are supervised by the PGDC program.

Community Supervision. The PGDC program received a grant to pay for staff to serve in a probation agent capacity. Referred to as community supervision case managers, these individuals are supervised directly by the coordinator. Their main role is to do intake orientation appointments, to perform intakes at the jail, and to assess potential participants by giving them the TCU drug screen and LS-CMI (to determine if there is a substance related problem). They also place sanctioned participants on home electronic monitoring, and follow those individuals while they are being monitored. In addition, the community supervision case managers check to see that participants who are on monitoring are ad-

hering to the imposed curfew, and they make home visits to program participants.

Originally, the community supervision case manager position was funded through grant funding. Recently, the position was absorbed into the Circuit Court operating budget.

Assistant State's Attorney. The Assistant State's Attorney (ASA) determines legal eligibility for drug court. She also processes motions for discharge. As a representative of the prosecutorial interest of the State, if a participant is non-compliant with program rules, has received a new charge, or if a team member requests that a participant should be discharged from drug court, the ASA is very active in responding as needed.

The Assistant State's Attorney attends the weekly drug court sessions and monitors the progress of the individuals in the program. She attends court and makes recommendations to the judge based on her assessment of the defendant's performance in the program.

According to one staff member in the State's Attorney's Office, drug court activities are quite different from regular court activities, in that the drug court program is really a monitoring process, over a period of time.

The relationship between the ASA and the Assistant Public Defender is reportedly very good. They generally do not pursue the adversarial relationship that exists in regular court process.

Law enforcement. Law enforcement's involvement with the PGDC is limited. The Office of the Sheriff in Prince George's County serves warrants for the drug court judges, and also provides security in the courtroom, but that is the limit of its drug court role.

Other than making the initial arrest that results in the participant being eligible for drug court, the Prince George's County Police Department does not have a role in the PGDC.

Assistant Public Defender. The three Assistant Public Defenders (APDs) assigned to drug court meet weekly. At times, all of them are able to attend drug court sessions. At least one APD is always at the counsel's table with the drug court participants during drug court sessions. The APDs collectively represent all drug court participants—they do not each have individual participants assigned to them. In terms of day-to-day duties, all three attorneys have the same responsibilities with regard to participants: to determine the substance of alleged program violations, and to make sure that the sanctions imposed are fair in response to violations. They also make sure that the sanctions are carried out as intended. APDs advocate on behalf of drug court participants in court if they assess that the program is not acting in the participant's best interest. If the PGDC seeks to remove a participant from the program, an APD may request a full hearing.

The Office of the Public Defender's (OPD) felony trials division chief supervises and is an active part of the team of attorneys who work with 90% to 95% of the drug court participants. He began working with PGDC while the program was still in the planning stages. The OPD felony trials division chief represents the agency's interests concerning drug court policy development and operation.

Private attorneys also represent a small number of drug court participants. However, the APDs also monitor the program's treatment of participants represented by private counsel.

As noted above, the APDs assigned to drug court relax their usual adversarial position vis-à-vis ASAs assigned to the program. They generally work cooperatively with ASAs in the interest of helping participants. APDs feel that their responsibility is to get program participants drug-free. Generally, drug court participants stay in the program long enough for APDs to get to know them and to build relationships with them and their families. This is very different compared to the clients they

work with in regular court, with whom they do not build long-term relationships.

Case Management Supervisor and Case Managers. Case managers and their administrative supervisor are employed by the Prince George's County Health Department to provide case management services for drug court participants. There are currently seven case managers working directly with drug court participants. The case management supervisor (CMS) provides administrative oversight to the case managers and handles the day-to-day supervision responsibilities. This staff member (originally a case manager for the program) works closely with the drug court coordinator to facilitate operation of the drug court treatment component. The CMS is also responsible for locating ancillary services that may be needed by drug court participants outside of the treatment provided by the various social service agencies in the County. She maintains contact with all service providers to be sure that participant treatment is progressing as planned.

The roles of PGDC case managers include assessing participant strengths and weaknesses, providing referrals to ancillary services, monitoring participant progress, and reporting to the court on the status of participants assigned to them. Case managers are responsible for making sure that drug court participants go to treatment and drug screen appointments, and that they attend any referrals or other important appointments.

Funding for drug court case management and CMS positions comes from the Maryland Alcohol and Drug Abuse Administration.

As a result of the program realizing that some participants in later phases do not need the same amount of attention as is needed in the earlier phases, the case management model is being revised to a more strengths-based approach. In addition, the program is considering revising the 25 to 1 participant to case manager ratio in the future to a weighted caseload that takes into account participant needs.

Director, Division of Addictions and Mental Health, Prince George's County Health Department. The director of the Division of Addictions and Mental Health of the County Health Department facilitates drug court participants' connection to treatment. She deals with funding issues and makes staff assignments that facilitate access to treatment and other ancillary services. The Health Department, through the Division of Addictions and Mental health, provides some treatment directly and also contracts with a network of providers that provides drug court treatment services.

Paralegals. The paralegal for the Office of the Public Defender (a part-time position) assists the APD with sending referrals to the drug court program, gathers information that the APD might need for court on Thursdays, takes notes for the APD during drug court sessions, and files court documents.

The role of the paralegal for the State's Attorney's Office (a full-time position) includes screening all referrals to the drug court program based on the prospective participants' criminal profiles, writing motions for discharge, and conducting 90-day record checks for drug court participants. Similar to the paralegal in the Office of the Public Defender, she prepares cases for drug court sessions, maintains case files and takes notes during court sessions.

Drug Court Team Training

The majority of the drug court team members attended a three-part training program provided by the National Drug Court Institute. The judge attended that training program, as well as several national drug court conferences. The drug court coordinator attended the third part of the NDCI training series, and has attended national conferences and other sponsored training activities over the years. She also has prior experience working with drug courts. The ASA received on-the-job training with drug courts, but limited formal

drug court-related training. Drug court team members attended a statewide Maryland drug court meeting in February 2006 (a training conference, presented as a "Winter Symposium"), during which drug court staff could learn from one another. Local training sessions are also provided for team members twice a year through the Maryland Judiciary, Office of Problem-Solving Courts.

Drug Court Service Costs

Treatment providers charge PGDC participants service costs based on a sliding scale. Most drug court participants do not have the ability to pay full provider costs; most pay \$5 or \$10 per visit. There is a service cost assessed for each service provided as established in contracts with the Health Department. Treatment providers are reimbursed by the Health Department for the contracted amount minus whatever costs are recovered from participants.

The PGDC program is planning to impose a service cost to participants who enter the drug court program. If implemented, the service cost charged participants would have to be paid in full before they are allowed to graduate from the program. Program leaders believe that having participants share in responsibility for the cost of drug court will help to teach them to be more responsible.

Drug Testing

The drug court program, through the County Health Department, is responsible for drug testing participants. The County Department of Corrections has a screening lab that County programs, including the drug court, use for drug testing. The lab sends drug screen results to case managers, who enter them into the HATS database so that they are available to all of the providers. Earlier in the year, the PGDC also added the use of Secure Continuous Remote Alcohol Monitor (SCRAM) units in its community supervision program. The SCRAM unit monitors alcohol

content continuously though a chip that touches the skin.

During the first two phases of the drug court program, participants are tested twice a week. Testing is not done randomly during those phases. Rather, individuals are assigned specific days to be tested during the week. During the last two phases of the program, participants are required to call the drug court office to find out if they are to report to Butler House (a County Department of Corrections testing facility) for a urinalysis (UA). These drug tests during Phases III and IV are supposed to occur randomly every week. The County Health Department budgets for the cost of drug screens are reimbursed by the Health Department.

While everyone on the team agrees that individuals should be sanctioned for positive drug tests, there is a difference of opinion regarding sanctions for marijuana use. Since this substance remains in a person's system longer than most other drugs, participants could receive multiple sanctions during the time the drug is slowly leaving the person's body. The court essentially treats two positives in a week for marijuana as a single positive result, and sanctions accordingly.

The drug court's response to marijuana's residual presence in the body after use and multiple positive screens for marijuana has implications for referrals to the program. It was reported that the Office of the Public Defender is reluctant to refer clients who are chronic marijuana users to the program because it does not agree with the drug court's unwillingness to test for levels or not taking levels into consideration when imposing sanctions for positive screens. Case managers struggle with this issue as well—they want to believe participants who say they are not using even though they continue to give positive drug screens.

Rewards and Sanctions

REWARDS

PGDC participants are rewarded for meeting program requirements, such as attending treatment meetings as scheduled, being tested for drug use as scheduled and testing negative, attending meetings with the case manager, being compliant with community supervision, and attending court appearances.

The drug court program is perceived as being more nurturing, with less formality, than other courts. Positive feedback is offered to participants from the judge on a consistent basis. In addition to praise from the judge, each participant receives a certificate as he/she completes each phase. The certificate is presented in a drug court session. The drug court is currently working to add gift certificates and other tangible rewards for participants to the program. Program leaders are looking to the business community for this support. One of the newer rewards (first implemented about 2 years ago) is a trophy that is given to individuals when they graduate from the program.

SANCTIONS

In the pre-status meeting held an hour before the drug court session, the entire team comes together to discuss, among other things, who should receive sanctions, and what types of sanctions should be levied. However, the judge makes the final decision about sanctions after taking into consideration any new information provided by the participant during the drug court session.

Sanctions are given to drug court participants for non-compliant program performance. These behaviors include positive drug tests, missing treatment sessions, missing appointments with the case manager, exhibiting disrespectful behaviors to treatment providers and agency representatives involved with the program, committing new crimes, or

demonstrating a generally negative attitude regarding the program.

Because drug court sessions are held weekly, sanctions are usually imposed within a week of the identified infraction. If not, the sanction is imposed on the next court date. If a participant who is on electronic monitoring absconds from supervision, the judge will issue a warrant for that individual's arrest, during or outside of court sessions.

The judge considers mitigating circumstances prior to giving out a sanction. Sanctions may include one or more of the following:

- Verbal reprimand
- Assignment to write an essay
- Community service (imposed in 8-hour increments)
- Jail time
- Home electronic monitoring
- Increased requirements for:
 - Court hearings
 - Case management sessions
 - Treatment responses (e.g., increased levels of treatment, a different level of care, NA/AA meetings)

Sanctions are generally graduated. Sometimes, however, less severe sanctions may be skipped. Occasionally, a sanction is imposed that is more individualized. This practice represents recognition that different things motivate different people. For the most part, though, participants know which sanction they will receive before it is given out.

Recently, a new sanction has been used with the PGDC participants: participants have been given the option of receiving a week-long jail suspended sentence in lieu of a day in jail. As long as they do not fail to comply with drug court expectations during that week, they will be able to avoid jail. It was

reported that most participants choose the suspended sentence instead of the day in jail.

Program Termination

Continuous non-compliance with the PGDC program requirements is the most common reason for participant removal from the program. If participants receive new arrests/charges and convictions, depending on the nature of the new charge, the offender may be allowed to remain in the program. Typically, charges involving violence and/or other serious felonies result in immediate termination from the program. If the nature of the charge does not warrant immediate program termination, the new conviction may be brought into drug court.

Leaving the program to receive specialized or intensive treatment does not automatically result in participant termination. Participants who are placed in inpatient treatment are still considered to be part of the program. Participants returning from an inpatient stay of 6 months or more may come back into the drug court program.

Lack of acceptable program progress can result in termination. The drug court has recently imposed a ceiling that would limit the amount of time a person is allowed to stay in Phase I without moving forward to the next phase. After a participant spends one year in Phase I of the program, the drug court will discharge him/her. Currently the remaining phases do not have time limits, but the program leadership is considering adding them.

If a participant is unsuccessful in the program, the judge will "reconsider" the sentence, and may impose an alternative sentence such as jail time or a period of probation (according to the sentencing guidelines). Essentially, at the time that participants plea, the judge will have both a "Plan A" and "Plan B" (for sentencing), based on the recommendation of the ASA and APD; she will generally impose the Plan B, a lesser sentence, if the participant is unsuccessful in the

program. If a Plan B was not identified, then she will follow plea guidelines based on the initial offense.

Graduation

Three times a year, PGDC has a progression/graduation ceremony during which graduates and persons progressing through phases are recognized. The ceremony takes place in the late morning, and food is available to those who attend. Generally, to support participant motivation, everyone in drug court is assigned that court date so that they are able to attend. There is a guest speaker present for the ceremony. Participants advancing in phases and graduates receive applause from those in attendance. Graduates receive a trophy for completion, further praise from the judge, and hugs and handshakes from members of the team and friends and relatives in attendance. Upon graduation participants are also removed from probation.

Requirements for graduation:

- All court and treatment obligations completed and participant costs paid.
- 6 months drug-free.
- Requirements of all phases of the program met.
- If a GED was needed, graduate has either received the GED or entered a GED class.
- Employed.
- Stable housing and living situation.

A change in the graduation process that was instituted in 2004 requires that one month prior to scheduled graduation, the prospective graduate fills out a questionnaire and then meets with the drug court team to present his/her plans for the future. The team asks the participant a series of questions based on answers provided in the questionnaire. The purpose of this step is to be sure that the participant is ready to leave the pro-

gram, thus decreasing the probability of post-program failure.

When participants graduate, their probation is typically terminated, and they receive a Probation Before Judgment (PBJ). A small number of graduates receive unsupervised probation (e.g., an individual with unpaid restitution who could not receive a PBJ).

Aftercare

Although PCGADC does not have a mandated aftercare program, it is noteworthy that the program provides treatment referrals if graduates request this assistance. In addition, program staff members occasionally informally check on the status of former participants. Former participants also visit drug court team members on occasion. Although there is no formal aftercare program, the judge can mandate that individuals who need further supervision be supervised through regular Maryland Parole and Probation for a period of time that she deems appropriate.

Data Collected by the Drug Court for Tracking and Evaluation Purposes

When the PGDC program first began, something staff believed was missing was a tool for monitoring participant and program progress. The drug court has access to participant information in the statewide HATS database and in a Court Case Management System. However, drug court staff has had difficulty, particularly with HATS, in accessing information for analyses. For example, because contract treatment providers are opening the initial participant treatment records in HATS, due to confidentiality guidelines, the drug court is not allowed access to demographic and other important participant information. While the drug court coordinator has limited access to the records and can enter information into the database on participants, she can only retrieve information that drug court staff enter into the database. As a

result, the drug court coordinator is extremely limited as to what information she can collect for analysis.

Drug Court Funding

The primary source of organizational resources that support PGDC are provided by the Prince George's County Circuit Court, an agency of Maryland State Government. The Circuit Court is supported through the State Judiciary budget. At least three budgetary areas within the Judiciary budget support resources (staff, facilities, etc.) made available to the program: Circuit Court Judges; Administrative Office of the Courts; and Clerks of the Circuit Court. Prince George's County provides support for the program through the

operating budgets for the Department of Corrections and County Health Department. Through shared funding for the County Health Department, the Maryland Department of Health and Mental Hygiene (DHMH) also provides support for the program. Case management funding comes from the State Alcohol and Drug Abuse Administration (ADAA), which is part of DHMH. The drug court must apply for these funds annually. In FY 2006 the program began to receive funds from the Maryland Judiciary, Office of Problem-Solving Courts.

A Byrne Justice Assistance Grant (BJAG) has also been a source of funding for the PGDC program. This 3-year grant expired at the end of March 2007.

TEN 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.

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 at-

torney) 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

Prince George's County's Circuit Court Adult Drug Court judge; drug court coordinator; representatives from the State's Attorney's Office and Maryland Office of the Public Defender; case managers; treatment providers; and the community supervision representative all participate in drug court team meetings. Good relationships have been established between and among team members. Members of the team reported that they work well together. One respondent commented, "The relationships that you build with the other members of the team...if they weren't there, the drug court would never work."

Other groups that meet to discuss drug court issues include the Drug Court Coordinating Council (a steering committee for the drug court), which meets to discuss treatment plans and County resources, and the Drug Court Advisory Committee (administrative heads of the key agencies), which meets twice a year to discuss projects and issues relevant to drug court operations. Staff meetings, in addition to the pre-session team meeting, take place weekly to discuss clinical and/or supervision issues.

Treatment providers share information on the status of participants with case managers bi-weekly through electronic summaries. This information is combined with the case manager reports to create status reports that the judge receives. Individual cases are discussed in a pre-court meeting prior to each drug court session.

There is no central intake office for the drug court, but the County Health Department and treatment providers assess drug court participants to determine needed treatment and

other services. The Health Department was identified by an interview respondent as being key to providing case management and treatment resources to the drug court program. Although the County Health Department is responsible for drug testing, drug tests are performed by the County Department of Corrections, which has an on-site screening lab. The drug court is working with the Department of Corrections to increase random drug test scheduling consistency.

The drug court is redesigning the array of treatment services available to participants. Treatment options were modified when it was discovered that many participants entering drug court do so with distribution charges, and a relatively low level of substance abuse. The drug court continues to work on being more flexible and efficient in matching treatment resources to participant needs. The case management model has been revised to reflect a more strengths-based process, taking into account the assumption that some participants (particularly those in later phases of the program) do not need as much attention and support as others in the program. The drug court is also considering revising their 25 to 1 participant to case manager ratio to a weighted caseload model that takes into account variation in participant needs.

Suggestions/Recommendations

- Although the drug court team appears to work well together, respondents reported that there is room for improvement in this area. The level of commitment to treating and rehabilitating participants as the first priority for all team members was questioned. The team should revisit the program's target population, goals, and measures of success, to ensure that all team members are in agreement and to engage in discussion to clarify these areas as needed. A team retreat might provide an opportunity for this type of dialogue and planning.

- Because the drug court works with multiple treatment providers on a contractual basis, it is incumbent on the drug court staff to ensure that the most recent information about the drug court and its rules, regulations, and operations is passed on to providers. This information could be imparted to providers through additional in-service training.
- Continue to monitor participant needs and adjust treatment resources accordingly.

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

Prosecution (Assistant State's Attorneys) and defense counsel (Assistant Public Defenders)

working with Prince George's County's Circuit Court Adult Drug Court are part of the drug court team, and are committed to the roles they play as part of that team. The relationship between the Assistant State's Attorneys (ASA) and Assistant Public Defenders (APD) is reportedly very good, and not as adversarial as it would be in a regular court situation. ASAs recognizes that the drug court process involves monitoring individuals over time, unlike the business as usual court process, which involves very brief, impersonal involvement with clients. APDs working with the drug court have opportunities to get to know program participants and their families, and are able to build relationships with them.

Suggestions/Recommendations

None at this time.

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

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

National Research

Carey, Finigan & Pukstas, 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 sooner participants can be identified and enter drug court, the sooner they will receive needed treatment and supervision services. In addition, a quick response to a crisis incident, such as an arrest, can maximize the opportunity for change. PGDC is part of Prince George's County Circuit Court. It is a post-plea program, which means that prospective

participants must be indicted to become Circuit Court cases. After charges are filed, the State has 30 days to indict. Following indictment, there is another 30 days before offenders are assigned to APDs. As a result, it is possible that drug court referrals may not take place until 60 to 90 days after a potential qualifying arrest date. This timing contrasts with 43% of post-plea/post-adjudication programs nationally that report 10 or fewer days between arrest and initial drug court appearance.

The time from referral to drug court entry is about 2 weeks. Appropriateness for drug court participation is determined by the drug court team, based on the application of the drug court's written eligibility requirements, with the judge making the final decision.

Suggestions/recommendations

- To identify bottlenecks or structural barriers, and points in the process where more efficient procedures may be implemented, PGDC 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 team could review the systems of programs that have shorter lapses between arrest and drug court entry, to gain ideas. 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.
- There is a perception (reported during team interviews) that male participants have better results than female participants. The program should conduct an analysis to support or dispel this perception. As part of this analysis, the PGDC should review demographic characteristics of male and female participants, to see if there are obvious differences in the two groups (e.g., in terms of seriousness

of substance abuse, criminal justice history, etc.). In addition, the program should analyze components of the drug court program to see whether males and females are offered different types or intensity of services. It would also be useful to analyze if certain groups of participants respond better to different services or program components, to maximize their chances for success.

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

Research Question: Are diverse specialized treatment services available?

National Research

Programs that have requirements around the frequency of group and individual treatment sessions (e.g., group sessions 3 times per week and individual sessions 1 time per week) have lower investment costs⁵ (Carey et al., 2005) and substantially higher graduation rates and improved outcome costs⁶ (Carey, Finigan, & Pukstas, under review). Clear requirements of this type may make compliance with program goals easier for program participants and also may make it easier for program staff to determine if participants have been compliant. They also ensure that participants are receiving the optimal dosage of treatment determined by the program as being associated with future success.

Clients who participate in group treatment sessions two or three times per week have

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

The American University National Drug Court Survey (Cooper, 2000) 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

PGDC works with multiple treatment providers to provide services appropriate to the needs of each participant, and these providers are part of the drug court team. The full continuum of services is available to drug court participants, including HIV screening and education and nutritional education. Individual, group, and family counseling are all available to participants.

The PGDC program has four phases, each with clear performance requirements, so participants can feel that they have made progress over time and can begin to take responsibility for structuring their lives while still under program supervision.

⁵ 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.

⁶ 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.

PGDC does not have a mandated aftercare program. The judge, however, may place a person in an informal version of aftercare, to be supervised by Parole and Probation. Most participants are considered on unsupervised probation after graduating from the program, however there is always help available to them (from drug court staff) if they request it.

Suggestions/recommendations

- The program should consider encouraging or requiring a routine aftercare phase or component, to support participants in their transition to the community and off of supervision and enhance their ability to maintain the behavioral changes they have accomplished during participation in the PGDC.

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

Based on findings from the American University National Drug Court Survey (Cooper, 2001), the number of urinalyses (UAs) given in PGDC is comparable to the majority of drug courts nationally. Participants in PGDC are tested twice weekly during Phases I and II, and randomly at least once a week in Phases III and IV. Participants are required to give UAs more frequently in the beginning of the program, and increasingly less frequently as they progress toward the end of the program.

Drug tests do not always occur randomly every week. The drug court is working with Department of Corrections (who does the testing) to devise a more efficient system. Random drug testing is preferable to scheduled testing, because if the dates of the testing are known, participants can time when to use substances so they will not show up on their tests.

While everyone on the team agrees that individuals should be sanctioned for positive drug tests, there is a difference of opinion about whether marijuana use, which stays longer in a person's system than most other drugs, should result in multiple sanctions during the time the drug is in a participant's body. Currently the program may treat two positives in a week for marijuana as a single positive result, and sanction the outcome as a single failure.

Concerns about marijuana's residual presence in the body after use and the court's response to multiple positive screens for marijuana has implications for referrals to the program. It was reported that the Office of the Public Defender is reluctant to refer cli-

ents who are chronic marijuana users to the program, because the agency does not agree with the program not testing for levels of drug evidence. The program's case managers have also struggled with this issue. Even though their participants continue to give positive drug screens, they want to believe participant assertions that they are not continuing to use.

Suggestions/recommendations

- PGDC is already working on random testing procedures for the first and second phase, which would be a beneficial program modification.
- The program should examine the most recent research on marijuana testing and convene a meeting of the drug court team to examine the research and come to consensus on the drug court's policy and procedures on this issue.

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

Research Questions: Does this court 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

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. In addition, 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.

In PGDC, the judge receives a status report that includes biweekly updates from the case managers and treatment providers. The drug court team discusses individual cases during a pre-court meeting after which the judge and the team share ideas about how each case should be addressed in the court session (subject to new information from the participant). This shared understanding includes whether rewards will be presented or sanctions imposed.

Sanctions are imposed for non-compliant behaviors such as positive drug tests, missing treatment sessions or appointments with case managers, committing additional crimes, exhibiting disrespectful behaviors, and demon-

strating a negative attitude regarding the program, staff members, treatment providers, etc. Sanctions are usually imposed at the next drug court session during the week that the infraction occurred.

Sanctions are usually graduated, although less severe sanctions may be skipped, depending on the severity of the infraction. Common sanctions used by PGDC include verbal reprimands, writing essays, community service, jail time, and increased program requirements (court hearings, levels of treatment, drug testing frequency). Recently a sanction option has been instituted wherein participants may be offered a week long suspended sentence in lieu of a day in jail.

Participants in PGDC are rewarded for compliance with program requirements, such as attending treatment as scheduled or meeting with the case manager. Most rewards are verbal (praise from the bench). A certificate is given to participants upon completion of each phase, and a trophy is awarded to graduates. The program is working to acquire gift certificates and other tangible rewards for participants who are doing well in the program.

Suggestions/recommendations

- Continue outreach to build community connections to access rewards and incentives that are meaningful and motivating to participants.

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

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

National Research

From its national data, the American University Drug Court Survey (Cooper, 2000) reported that most drug court programs require weekly contact with the judge in Phase I, contact every 2 weeks in Phase II, and

monthly contact in Phase III. The frequency of contact decreases for each advancement in phase. Although most drug courts follow the above model, a substantial percentage reports less court contact.

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

Local Process

In the PGDC program, participants are required to attend court sessions regularly, though the frequency is not specified. However, it appears that the frequency is lower than the national standard seen in the Cooper study mentioned above. There are approximately 95 current drug court participants, and approximately 30 are seen each drug court session, which occurs weekly. During each court appearance, the judge speaks directly with participants and consistently provides guidance and follow-through on warnings to participants who are not following program requirements. Therefore, participants have the experience of being held accountable by the court for their performance in the program.

The relationship that the judge and other team members have with each participant is a notable characteristic of the program, according to a key informant. Each defendant is treated as a special individual, with specific needs/challenges that must be addressed. Drug court participants who took part in a focus group had positive comments to offer about the presiding judge for PGDC. They

believe that, overall, she exhibits fairness and understanding. They also pointed out how important it was to be “straight” with the judge—she seems to be able to tell when they are not being truthful and, if they are caught lying, she will not hesitate to provide a consequence.

Suggestions/recommendations

- In light of national drug court practice, the Drug Court Advisory Committee should review the intensity of PGDC judicial interaction with participants and whether to increase the frequency of court hearings for participants.

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

PGDC leadership understands the value of program performance monitoring. Data from PGDC is entered into the statewide HATS data system and into a Court Case Manage-

ment System. However, due to confidentiality restrictions, the drug court has had difficulty accessing information from the HATS database. Since participant treatment-related data are entered into HATS by service providers, the program has not been able to access it. The drug court does not maintain an internal program-specific electronic database. Program information is kept in paper files, which makes compilation and analysis of information more difficult.

Suggestions/recommendations

- As the State implements its new State-wide Maryland Automated Record Tracking (SMART) Management Information System (MIS), the program will be able to utilize electronic management information for program monitoring and evaluation purposes. PGDC should make a commitment to transition from what is currently collected in paper files to electronic drug court records to facilitate program monitoring and evaluation. 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

The drug court team has attended a 3-part training provided by the National Institute of Drug Court Professionals, and local and national training programs and conferences. In addition, drug court team members have participated in Maryland Drug Court training, wherein they had opportunities to learn from drug court professionals. PGDC team members found that there are variations of practice among jurisdictions in the State, and that learning the most effective drug court practices is a continuing process.

Suggestions/recommendations

- The program, in collaboration with its partner agencies, should ensure that all team members receive initial and continuing drug court training. There should be an expectation of, and encouragement for, staff taking advantage of ongoing learning opportunities (both locally and nationally). To support this goal, a training plan and a log system should be established, the results of which should be reviewed by program administrators periodically. These tools will be useful in keeping track of training activities and in reinforcing the importance of professional development.

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

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

National Research

Responses to American University’s National Drug Court Survey (Cooper, 2000) show that most drug courts are working closely with community groups to provide support services for their drug court partici-

pants. Examples of community resources with which drug courts are connected include self-help groups such as AA and NA, medical providers, local education systems, employment services, faith communities, and Chambers of Commerce.

Local Process

A number of community and State resources (e.g., Department of Rehabilitative Services) offer some life skills training and other skills-based education groups, to which drug court participants may be referred. The Community Treatment Network providers are contracted through the County Health Department to provide residential and outpatient services to the drug court participants. The drug court also has relationships with NA and AA groups within the community. Drug court participants may be required to attend such groups throughout their participation in the program.

PGDC case managers have developed relationships with community agencies that sponsor apprenticeship programs (to which the case managers refer participants), and they have created a good relationship with Workforce Development, an agency that is responsible for employment placement. Case managers have reached out to faith-based agencies that sponsor classes or provide housing resources that are available to drug court participants.

Although part of the responsibilities of the CMS and of the case managers is to develop and manage resources (including community resources), one respondent reflected that this activity is not happening to the extent that it should be. At least one team member was not aware that the program has staff members who are responsible for developing community partnerships, even though from the beginning it has been part of the case manager’s role in the program.

Suggestions/recommendations

- Team members need to better understand their and others' roles in the drug court program. Team meetings devoted to refining and clarifying roles and responsibilities will be useful to this end.
- 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.
- PGDC should enhance its Advisory Committee by adding representatives from public and private community organizations. This committee would be responsible for advising partner agencies on program design and ensuring that the program is meeting community needs.
- The program should identify any new community partners that would be interested in supporting the program, and also strengthen relationships with existing agency partners.

PRINCE GEORGE'S COUNTY CIRCUIT COURT ADULT DRUG COURT: A SYSTEMS FRAMEWORK FOR PROGRAM IMPROVEMENT

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

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

Community Level

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

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

what the contributing factors are, who is most affected, and what strategies are likely to be most successful when addressing the problem. A formal/informal needs analysis 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 PGDC seem to have a clear understanding of their service population. However, the program could benefit by more effectively reaching out to public and private community agencies to generate more tangible and intangible 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.
- PGDC should enhance its Advisory Committee by adding representatives from public and private community organizations. This committee should advise partner agencies on program design and ensure that the program meets community needs.
- The program should identify new community partners that would be interested in supporting the program, and strengthen relationships/ties with existing agency partners.
- In the interest of determining why male participants have better results than female participants, the PGDC should review demographic characteristics of male and female participants to see if there are obvious differences in terms of serious-

ness of substance abuse, criminal justice history, etc., between the two groups. In addition, the program could analyze components of the drug court program to see whether males and females are offered reasonably comparable services. To maximize their chances for success, it would also be useful to analyze which services or program components women are responding to best.

Agency Level

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

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

SUMMARY OF AGENCY LEVEL RECOMMENDATIONS

- Although the drug court team works well together, there is room for improvement in terms of team agreement regarding overarching program goals and contributing agency roles in attaining them.
- Because the drug court works with multiple treatment providers on a contractual basis, it is incumbent on the drug court staff to ensure that the most recent information about the drug court and its rules, regulations, and operations is passed on to providers. This information could be imparted to providers through additional in-service training.
- To identify bottlenecks or structural barriers, and points in the process where more efficient procedures may be implemented, PGDC should conduct a review and analysis of 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 long it should take to get participants into the program, work toward achieving that goal, and monitor progress in meeting it.
- The program should gather the most recent research on marijuana testing, and convene a meeting of the drug court team to examine this information in order to reach consensus on the drug court's policy and procedures regarding this issue.
- The program, in collaboration with its partner agencies, should ensure that all team members receive 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 on a regular basis. These tools will be useful in keeping track of training activities and in reinforcing the importance of professional development.

- There is a need for team members to better understand their and others' roles in the drug court program. Team meetings devoted to refining and clarifying roles and responsibilities would be useful.

Program Level

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

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

SUMMARY OF PROGRAM LEVEL RECOMMENDATIONS

- Continue to monitor participant needs and adjust treatment resources accordingly.
- PGDC is already working on random testing procedures for the first and second phases, which would be a beneficial program modification
- The Drug Court Advisory Committee should review the intensity of PGDC judicial interaction and consider whether to increase the frequency of court hearings for individual participants.
- As the State implements its new SMART MIS, the program will be able to utilize electronic management information for program monitoring and evaluation purposes. PGDC should make a commitment to transition from what is currently collected in paper files to electronic drug court records in order to facilitate program monitoring and evaluation. 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.

SUMMARY AND CONCLUSIONS

Through its current policies and structure, Prince George's County Circuit Court 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 PGDC 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:

Strategic planning: Assess community and program needs, and ensure all key stakeholders share a common vision of the program. The program should identify any new community partners that would be interested in supporting the program, and also

strengthen relationships/ties with existing agency partners.

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.

Internal communication: Ensure that information continues to flow consistently to all contracted treatment providers.

Program efficiency: Conduct a review and analysis of the flow from referral to eligibility determination to drug court entry, in order to identify any bottlenecks or structural barriers, or any places where efficiencies might be implemented.

Program planning: Collect the most recent research on marijuana testing and convene a meeting of the drug court team to examine the research and develop a consensus on the drug court's policy and the procedures needed to support the policy on this issue. Expand the use of random drug testing. Review the intensity of judicial interaction and consider the potential value of increasing the frequency of court hearings for individual participants.

Training: Encourage partner agencies to commit to training. 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).

APPENDIX B: PARTICIPANT INTERVIEW AND FOCUS GROUP RESULTS

SUMMARY OF RESULTS OF PARTICIPANT INTERVIEW AND FOCUS GROUP

What did you like most about the Drug Court program/What worked?

- If you finish successfully, they take the charge away from your record.
- It keeps you on the right track to take your UAs/it keeps me from doing what I shouldn't.
- It keeps you from using drugs/it keeps you going straight.
- It is good for your own sake/it modifies your behavior.
- It keeps you busy.
- It keeps me focused on what I should be doing, like working, kids, being family-oriented.
- You make better decisions.
- The greatest thing is it is an alternate besides doing time for people with the disease of addiction.
- A lot has been happening in my life that I would be violent, but because of this program, I am not.
- Everything is going so well...things happen, but I deal with it.
- Mine's sweet [counselor].
- Everything! If it wasn't for drug court, I might be dead today. I was in a state of mind where I couldn't help myself...I wanted to be part of it [drug court], but I didn't know how. What I needed was compassion of people and their understanding.
- To me drug court means compassion of the whole team.
- People aren't thinking clearly, so can't think about information or having a way to get to the treatment center, and they don't think anyone gives a damn. They gave me a way to get to the treatment center... It [drug court] makes you think someone cares.
- I accepted Jesus Christ as my Lord and Savior, so I had a positive attitude. I was ready to listen. I was ready to change. So I went to court one day and...they accepted me. Now I had to do what I had to do to change.
- You can change, but you have to want to change. They have everything you need to change, but you have to do it and you will change.
- You got to be at a certain place—you have to be somewhere every day. You have to go to meetings and take urines. So every day you get up you have to do something. That goes along with the change—not having an idle mind that the devil can play with.
- The whole thing was good. They give you the opportunity if they accept you, and then you have to improve yourself. You have to open your mind to change.
- [Judge] was real nice and talked positive to all of us. She gave people chances that I didn't think would have a chance. When they keep giving you a chance, you know that they believe you can do it.

How did you stop using drugs?

- Consequences. For me it was 10 years or drug court.
- UAs twice a week.

Regarding friends/others

- In the beginning I was staying around them and seeing if I can stop. Now I don't particularly care about being around them.
- When I go anywhere, I go by myself, because I know I ain't dirty, and if we got stopped and they are dirty...
- I have to be around it because I live with it. I have somebody smoking in the hallway and I have covered up my face so I won't breathe it, and they offer me drugs.
- I was getting high every day, and now for the first time the drugs are free for me because they want to give them to me so I will do it (but I don't).

What don't you like about the drug court program?

- Curfew rules.
- Computer calls. They say it called, but it didn't (several others in the group said they had that experience).
- Counselors change too often.

What didn't work?

- Transportation was the only problem, because the state of mind I was in I couldn't keep money on me. That is probably the only problem I had.

Suggestions for improvement

- A lot of people don't have the necessary skills to get certain jobs. If they had some type of job training where they can reach out to people in drug court to get a good job.
- Especially for felons.
- We need a job and GED to get a job.
- I think they should have the program extended throughout the state. I have family members in other parts of Maryland, and I think they should have it, too.
- They should put this in the budget, because it works!
- I think the majority of people are locked up for drugs or something to do with drugs in their criminal case. So they should look at why they are doing it: Because they are hooked on drugs.
- Nothing needs to improve, because the whole thing is great right now. It's a 100% positive situation.

Does participating in Drug Court interfere with jobs?

- Sometimes.
- I have to take the whole day off to come to court.

Have you been treated fairly by the drug court?

- I like the understanding of the drug court Judge. When you use, she don't slam & lock you up. She gives a slight punishment.
- I think they picked the best judge for drug court/she is real fair/She is the best judge I ever saw.
- It is a decision—a sickness. She understands that.
- As long as you are fair with her. If you relapse, as long as you are straight with her. You can't lie to the judge.
- You may come up positive, and next week negative, and from her attitude you can't tell that you ever were positive.
- People were telling me that it is real strict, and it is, but I feel that it is what you make of it. If you do what you are supposed to do, it is sweet.
- #1 recommendation: Use that phone. If you call [if you're going to be late, etc.] that is all they want.
- I had two sanctions, and both times I said I done it, and she respects you more if you tell the truth.
- It is fair. It is good.
- If you want to change your life, this is the way to do it. At first it is because you want to stay out of jail. Now I think about what is important in my life.
- It's a real good place. It is what YOU want to do about it. All the counselors are there to help. When they accept you it is up to you to do your job, and they will do their job.
- Yes. But you have to do positive things and also respect the next man by saying positive to him. I had a real nice time in drug court.

(Graduates only): Have you been in contact with the Drug Court staff after graduation?

- We stay in touch.
- I have a NA book, and I still read that and go to those meetings.
- I still talk to my sponsor.
- Oh yes. You can call them any time and they will talk to you, and they will say, "Come up here." They was like a sponsor to me, too. I call [counselors].

Other comments

- The same things I did on drugs, I can do without drugs.
- I just liked doing drugs. If I wasn't high, I felt like I wasn't right. Now I am back to normal again.
- I had to be high to interact with other people. Now I have just as much fun and no headache.
- Getting high I didn't like who I was, so I used to be someone else. Now I am finding out who I am. What I am tolerant of and things I like to do. I didn't know how to have fun without getting high.
- I try to encourage other people to stop getting high.
- It is hard every day because you fear life situations. But I am much better.
- For people who really want to change, and you are serious, it will help.
- I don't like coming into court, and know I did something wrong and have to look her [Judge] in the face.
- It is not like NA or AA saying if you want it you can get it. It gives you an opportunity and helps you make a decision that you can't make if you are not thinking right. They give your mind a chance to clear and have authority figures to say that your decision is an important one.
- I didn't care if they dropped my charges or not. What mattered to me was getting back into life. So I am going forward.
- A lot of people thought I wouldn't make it because of my background. They tell me, "You surprise everybody," but I say, "You can't look down on nobody unless you give them a try."
- I am loving it, too. Some people even BET on me going back and using drugs. I laughed. You shouldn't bet on someone you are supposed to be friends with. Now I see the ladies looking at me! When people see that I have changed my life, they do negative stuff to me so I will act negative, but I say, "I have been there and I have moved on."