

Baltimore City Drug Treatment Court

*(Adult Offenders in
Circuit Court)*

Process Evaluation



Submitted to:

Gray Barton

Executive Director
Office of Problem-Solving Courts
2011-D Commerce Park Drive
Annapolis, MD 21401

Submitted by:

**NPC Research
Portland, Oregon**

July 2007



4380 SW Macadam Ave., Suite 530
Portland, OR 97239
(503) 243-2436
www.npcresearch.com

**Baltimore City Drug Treatment Court
(Adult Offenders in Circuit Court)
*Process Evaluation***

Submitted By
NPC Research

Research Team

Dave Crumpton, M.P.A., Project Director
Juliette R. Mackin, Ph.D., Process Study Manager
Judy M. Weller, B.S., & Robert Linhares, M.A., Process Study Coordinators
Shannon M. Carey, Ph.D., Consultant on Drug Court Research
Michael W. Finigan, Ph.D., Consultant on Drug Court Research

For questions about this report or project, please contact Juliette Mackin at
(503) 243-2436 x 114 or mackin@npcresearch.com.

July 2007



Informing policy, improving programs

Please visit www.npcresearch.com to learn about the staff and services of NPC Research.

ACKNOWLEDGEMENTS

This report is made possible by the good work, support, and participation of many people and organizations including:

- Frank Broccolina, State of Maryland Court Administrator
- Gray Barton, Executive Director, and Jennifer Moore, Deputy Director, Maryland Judiciary, Office of Problem-Solving Courts
- Judges Jamey H. Weitzman, Chair, Maryland Judiciary Conference Standing Committee on Problem-Solving Courts; and BCDTC District Court Administrative Judge, Kathleen G. Cox, Vice Chair, Maryland Judiciary Conference Standing Committee on Problem-Solving Courts
- Judge Sylvester Cox, Supervising Judge for Baltimore City Drug Treatment Court, Circuit Court
- Judge Martin Welch, Presiding Judge of the Circuit Court, Baltimore City Drug Treatment Court
- Clif Burton, former Coordinator, Baltimore City Drug Treatment Courts; and the staff at the Baltimore City Adult Circuit Drug Treatment Court, including judicial/legal, parole and probation staff, treatment professionals and other Baltimore Substance Abuse Systems representatives who participated in key stakeholder interviews
- Baltimore City Adult Circuit Drug Treatment Court participants who provided the evaluation team with their unique perspectives on the program
- Staff at NPC Research, Charley Kornis and Travis Ward

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	I
BACKGROUND.....	1
METHODS	3
Site Visits.....	3
Key Informant Interviews.....	3
Focus Groups	3
Document Review.....	3
BALTIMORE CITY ADULT CIRCUIT DRUG TREATMENT COURT PROCESS DESCRIPTION.....	5
Implementation	5
Capacity and Enrollment	5
Drug Court Goals.....	5
BCDTC Program Eligibility	6
Participant Acceptance of the Drug Court Option.....	8
Incentives for Offenders to Enter (and Complete) the BCDTC Program.....	8
Drug Court Program Steps.....	8
Treatment Overview	9
Mental Health Treatment Resources.....	10
Other Drug Court Services	11
Housing.....	11
Employment Services	12
The Drug Court Team.....	13
Team Meetings	17
Treatment Provider and Team Communication with the Court	17
Drug Court Sessions	17
Drug Court Team Training	18
Substance Abuse Treatment Fees	18
Drug Testing	18
Rewards and Sanctions	19
Rewards.....	19
Sanctions.....	19
Unsuccessful Completion (Termination).....	20
Graduation	21
Data Collected by the Drug Court for Tracking and Evaluation Purposes.....	22

Drug Court Funding.....	22
BALTIMORE CITY ADULT CIRCUIT DRUG TREATMENT COURT COMPARED TO 10 KEY COMPONENTS OF DRUG COURTS.....	23
BALTIMORE CITY ADULT CIRCUIT DRUG TREATMENT COURT: A SYSTEMS FRAMEWORK FOR PROGRAM IMPROVEMENT	35
Community Level	35
Summary of Community-Level Recommendations	35
Agency Level.....	35
Summary of Agency-Level Recommendations	36
Program Level.....	36
Summary of Program-Level Recommendations.....	37
SUMMARY AND CONCLUSIONS.....	39
REFERENCES	41
APPENDIX A: DIFFERENCES BETWEEN THE BALTIMORE CITY DISTRICT AND CIRCUIT DRUG TREATMENT COURTS	43
APPENDIX B: FEEDBACK FROM FOCUS GROUPS	47
APPENDIX C: DRUG COURT TYPOLOGY INTERVIEW GUIDE.....	53
APPENDIX D: GLOSSARY	57

EXECUTIVE SUMMARY

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

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

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 BCDTC–Circuit Court program. This report contains the process evaluation for the BCDTC–Circuit.

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

According to its procedures manual, BCDTC–Circuit’s program goals are to:

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

Process Evaluation Results

Using the 10 Key Components of Drug Courts (as described by the National Association of Drug Court Professionals in 1997) as a framework, NPC examined the practices of the BCDTC–Circuit program. This program has a wide array of treatment resources, including an aftercare component, peer support and encouragement, job readiness training and employment support, and inclusion of supportive housing. These services create a holistic service plan that helps ensure participant success. They also represent strong community connections and support of the program.

BCDTC–Circuit shares information across agencies through the University of Maryland's Automated Tracking System (HATS) data system. The program also uses data from partner agencies to inform team members and decision-making, and to generate community support for the program. The program has implemented comprehensive training and professional development of key personnel.

There are other areas in which the program could make further efforts:

- It continues to be a challenge to achieve meaningful participation of all team members in the drug court and to develop a collaborative process with non-adversarial roles between the State's Attorney's Office and the Office of the Public Defender.
- As with most complex systems, communication at all levels could be enhanced, including the sharing of information among treatment, probation agents, and court in a timelier manner.
- The program should assess and streamline its enrollment process and identify areas feasible to adjust in order to decrease the time between arrest and drug court entry. Identifying areas where there are constraints the program cannot control based on timelines from other agencies should help the program become aware of what they cannot change, and try to build relationships with agencies to see if they can make other changes later. Implementing a rapid response to noncompliant behavior would help resultant sanctions be more effective.
- The program would benefit from increased treatment capacity in the community for substance abuse and mental health treatment,¹ as well as supportive

housing. As with many other drug court programs, the BCDTC–Circuit struggles with identifying and securing adequate resources to address mental health concerns among participants. Additional funding for psychiatric and other mental health treatment may improve participant stability and success.

The program's level of funding limits the number of individuals it can serve. There is an interest from several key stakeholder agencies in being able to serve additional clients if additional funding became available. These additional monies would be used to support a manageable caseload for probation agents (to a maximum of 50 clients per agent), and increase available judicial time, treatment slots and appropriate supportive housing. Additional funds for treatment, support services, and program slots would ultimately result in an increased positive impact on felony offenders in Baltimore City.

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

SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

In an effort to enhance the program, program leadership should explore possible community connections and resources, as well as discuss strategies for generating outside support. Leadership should also continue its work with current community partners to increase treatment capacity in Baltimore City. Key agency partners can use the Advisory Committee or other community

¹ Additional state funds for drug treatment courts to spend on substance abuse treatment were reportedly

available in 2007, with a focus on residential treatment, which should assist programs in providing these needed services.

connections to identify possible funding sources and/or advocate for additional services. An emphasis should be placed on the holistic and collaborative nature of this program and how these connections make it successful for participants. In particular, additional funding and enhanced agency collaboration could help meet the expanding need for substance abuse and mental health services, supportive housing, and employment support, identified by staff respondents and program participants as critical areas for program success.

SUMMARY OF AGENCY-LEVEL RECOMMENDATIONS

- The program would benefit from dedicated attention to enhanced communication and team building. The implementation of meetings involving key program partners (e.g., assistant state’s attorney, assistant public defender, probation agents, treatment providers, and judge) to discuss participant progress and case planning would generate creative solutions to challenges, help to develop and strengthen relationships, support a transition to non-adversarial roles, decrease the amount of time needed for review during the court session for some cases, and increase the opportunities for program successes. While it is understood that implementation of this process would require additional time outside of court, it is possible that discussions prior to court would save time during the court session. The team could consider testing this approach with a small set of participants or selecting participants that the team would like to have time to discuss. The team could postpone discussion of participants who will need to share additional information in the court session.
- Ensure that partner agencies enter relevant information into the HATS client management database in order to in-

crease information sharing and ensure smoother operation of the program.

- Analysis and refinement of the process from arrest to drug court entry will create efficiencies and allow for participants to begin treatment sooner.
- Addition of a probation agent to decrease caseload size would help each probation agent provide an appropriate level of intensive supervision and case management for each assigned client.
- Increase the length of the drug court judge’s rotation, in order to maximize his/her experience, and enhance/more fully develop relationships with agency partners and program participants.
- Continue to support training for all key partners in the BCDTC–Circuit program.

SUMMARY OF PROGRAM-LEVEL RECOMMENDATIONS

- Electronic drug court records facilitate program monitoring and evaluation. Make sure that program staff are entering participant data into the HATS database in a timely manner, and before individuals are expected to arrive at the treatment agencies (for their first appointment). HATS is a communication tool that is only beneficial if used consistently. The program should have policies and procedures that delineate expectations for data sharing, including HATS data. Supervisors are responsible for ensuring that staff members are trained appropriately and entering client-related data according to program guidelines. In addition, the program should ensure that all staff members are trained on the State's new Statewide Maryland Automatic Records Tracking (SMART) Management Information System (MIS) when it becomes available.
- Guidelines related to communication should clearly identify the purposes of

information that is shared and when it is needed so that it can be optimally useful. Examples include assessment and referral information reaching treatment providers before participants arrive at the agency, and progress reports on participants reaching court before they have a drug court session. Clear timelines and communication of key decision points to all relevant agencies in this collaborative partnership (such as hearings and referrals) will ensure that the program can operate as efficiently and effectively as possible.

- The program should continue to accumulate and analyze drug court program and participant data, and use it for program reviews and planning. In addition to its value in improving program process, this information can better inform the team about the types of participants who are most and least successful in this program, to provide guidance about the best use of drug court resources and the unmet needs of current and prospective participants.
- Program leadership should conduct an outcome study in the future to follow up on the 2003 cost study. The new evaluation should consider program effectiveness in light of continuing program maturation and the ongoing application of program improvements.
- The drug court program may want to resolve the variability (within agencies) in how participant caseloads are counted, so that consistent messages can be shared with outside partners, and so that partner agencies can come to agreement on decisions made based on caseload numbers. There is currently a difference between the criteria for inclusion between the State's Attorney's Office and the Division of Parole and Probation, as well as the timing of when counts are conducted. While each agency can choose how it measures caseloads for internal purposes, the two agencies need to understand how the other measures caseloads and why a difference exists, so as to minimize confusion and frustration. There needs to be some clarity about how as a drug court program the numbers will be counted, so there can be a program-level number to share publicly (and so there is not an appearance of discrepancy or disagreement between what should otherwise be partner agencies in this program).
- The program has been considering whether to implement a graduation requirement that participants need to be employed and have completed 20 hours of community service, which is a requirement of the district court program. While having these discussions, keep in mind the ultimate goals of drug court (such as living a drug- and crime-free life). If these requirements help individuals achieve these higher-level outcomes, and can be implemented without creating barriers to success for participants, they are reasonable additions to the program.

BACKGROUND

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

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

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

Drug courts have been shown to be effective in reducing recidivism (GAO, 2005) and in

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

From 2001 to 2003, NPC Research (NPC), under contract with the Administrative Office of the Courts of the State of Maryland (AOC), conducted a cost study of adult drug courts in Baltimore City and Anne Arundel County, Maryland. Subsequently, NPC was hired to perform evaluations on 5 adult and 10 juvenile drug courts in Maryland, 2 of which are process evaluations of the Baltimore City Drug Treatment Court (BCDTC), which serves adults in both the Circuit and District Courts.

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

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



METHODS

Information was acquired for the process evaluation from several sources, including observations of court sessions, key informant interviews, focus groups², and the Baltimore City Drug Treatment Court Procedures Manual. The methods used to gather this information from each source are described below.

Site Visits

In April 2006, NPC evaluation staff observed a BCDTC—Circuit session and facilitated a focus group with BCDTC participants. In July 2006, NPC conducted a focus group with two BCDTC—Circuit graduates.

These activities provided the researchers with firsthand knowledge of the structure, procedures, and routines of the program.

Key Informant Interviews

Key informant interviews were a critical component of the process study. NPC staff interviewed 12 individuals involved with the BCDTC—Circuit, including the BCDTC coordinator, the “judge in charge” of BCDTC (both Circuit and District Courts), the supervising judge for BCDTC in the Circuit Court, the Circuit Court (presiding) judge, two private treatment providers, the criminal justice coordinator for the Baltimore Substance Abuse System (BSAS), an assistant public defender, an assistant state’s attorney, a probation agent/case manager, and two probation field supervisors.

NPC has designed and extensively utilized a Drug Court Typology Interview Guide,³ which provides a consistent method for col-

lecting structure and process information from drug courts. To better reflect local circumstances, this guide was modified to fit the purposes of this evaluation and of this particular drug court. The information gathered through the use of this guide helped the evaluation team focus on the most significant and unique characteristics of the BCDTC. For the process interviews, key individuals involved with the BCDTC were asked the questions in the Typology Interview Guide most relevant to their roles in the program.

Focus Groups

NPC conducted a focus group with current participants in BCDTC—Circuit Court in April 2006, and a focus group with graduates of BCDTC—Circuit Court in July 2006.

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

Document Review

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

² See Appendix B for a summary of participant focus group responses.

³ Under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California.



BALTIMORE CITY ADULT CIRCUIT DRUG TREATMENT COURT PROCESS DESCRIPTION

The information that supports the process description was collected from interviews, focus groups, observation of the Baltimore City Drug Treatment Court (BCDTC)–Circuit, and the drug court’s procedures manual. The majority of the information was gathered from one-on-one key informant interviews. The evaluators have attempted to represent the information as it was provided by the drug court staff.

Implementation

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

Capacity and Enrollment

As of June 30, 2006, there were 481 active participants in the BCDTC–Circuit program (with a program capacity of 600). Of those 481 participants, 80% were male and 20% were female; 95% were African American and 5% were Caucasian. As reported in the U.S. Census Bureau’s 2000 Census, the population of Baltimore City is 64% African American and 32% Caucasian.

According to the BCDTC–Circuit Caseload Statistics for the years 2002 to Oct 2006, a total of 543 participants graduated from the BCDTC–Circuit program (an average of 109 per year). During that period, an average of 477 individuals were actively participating in the program each year, out of an average of

717 participants enrolled each year, of whom an average of 240 per year were on warrant status (not participating in the program). Some participants in each of these categories were carried over from one year to the next.

As of June 30, 2006, 58% of BCDTC–Circuit participants were 40 years old or older, 36% were 30 to 39 years old, 5% were 22 to 29 years old, and 1% was 18 to 21 years of age.

According to drug court staff, drugs of choice for BCDTC–Circuit participants are heroin and cocaine, reflecting current drug use trends⁴ among the general population of drug addicts in Baltimore City.

Drug Court Goals

According to its procedures manual, BCDTC–Circuit’s program goals are to:

1. Divert pre-trial detainees who have been assessed as drug-dependent and who present low risk to public safety into treatment systems with close criminal justice supervision and monitoring.
2. Provide an alternative to incarceration for criminal defendants whose crimes are drug involved, in turn providing the judiciary with a cost-effective sentencing option, freeing valuable incarceration-related resources for violent offenders, and reducing the average length of pre-trial jail time.
3. Provide the criminal justice system with a fully integrated and comprehensive treatment program.

⁴ The National Institutes of Health, Community Epidemiology Work Group (2000) reported Baltimore had the “US’s highest cocaine and heroin ED [Emergency Department] rates.”

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

BCDTC Program Eligibility

Criminal charges that qualify a participant for drug court at the circuit court level are primarily possession (of a controlled substance) with intent to distribute.

Participants entering the BCDTC–Circuit must meet the following criteria:

- No convictions within the last 5 years for crimes of violence (as defined in the Maryland Code, 14-101 offenses), assault and/or battery, drug king pin (as defined in Maryland Code), or possession or use of a firearm.
- No past conviction for child abuse, rape, sex offenses, or homicide.
- The current offense cannot be for any of the above crimes.
- No firearm involvement with regard to the present offense (that brought them to the drug court).
- Be 18 years of age or older.
- Be a resident of Baltimore City, though some people who live in Baltimore County may be eligible on a case-by-case basis (e.g., if a person who receives a Baltimore City charge lives in the Baltimore metro area and is able get into the City for treatment).
- Have a serious or chronic substance abuse problem, preferably related to heroin or cocaine use (according to one

BCDTC team member, the vast majority of addicts in Baltimore City are using either heroin or cocaine, so the program focuses on serving that population).

- No serious psychiatric disorders (i.e., the drug addiction has to be the primary diagnosis), if identified by assessment prior to BCDTC–Circuit entry.
- Not on active parole or mandatory supervision release.
- No charges pending outside of Baltimore City, though sometimes exceptions will be made for individuals charged in Baltimore County or other counties that are close by, if the judge in that county is willing to release the defendant to drug court. This is a case-by-case decision made by the judge in the other court and has to do with jurisdiction and supervision.
- Must be assessed by the DPP and must be determined to be suitable for, and amenable to, treatment.

The step-by-step process for persons entering BCDTC–Circuit is as follows:

1. Arrest.
2. Indictment is issued at circuit court or preliminary hearing is held in the Baltimore City district court. If the district court judge finds that there is probable cause to send the case to the felony court (i.e., circuit court), then it is sent there for arraignment.
3. Arraignment of the criminal case, which takes place between 2 and 4 months after the arrest. At arraignment, the defense attorney assigned to the client (usually, the assistant public defender [APD]) and the assistant state’s attorney [ASA] look at the individual’s criminal background and the statement of facts. In determining fit for the program, they also consider the individual’s age, offense, prior drug history, and lifestyle. If the defense attorney

and the assistant state's attorney agree, a recommendation for drug court is made to the judge at arraignment.

It is important to note that there are more people who want to enter BCDTC–Circuit court than there are slots in the program (36 slots are available per month). So, for example, if an individual is arraigned in May, and all of the May slots are filled, the attorney for the defendant will need to convince the judge that his/her client is appropriate for future drug court admission, and explain why. If convinced, the judge may then re-arraign the defendant in June so that s/he will get one of the June slots for the drug court program. During this time, the defendant will most likely be held in jail.

4. When an individual is referred to drug court, the APD will be sent his/her criminal file. If the potential participant has any other pending cases, the APD contacts the court and, if appropriate and acceptable, arranges to consolidate the charges under the BCDTC–Circuit program.

If the prospective BCDTC–Circuit participant is on probation, the APD contacts the judge to see if the probation can be transferred to drug court. If the individual is on probation in another county, the judge in that other jurisdiction may be contacted to hold the probation in abeyance (basically, freezing the probation). The reason for consolidating all charges is so that the BCDTC–Circuit participant only has to work with one probation agent and one judge. This process also helps to create efficiencies at the system level. (Note: City probations could also be held in abeyance, especially a district court probation that cannot be sent to circuit for consolidation, and vice versa.)

5. If individuals are charged with felonies and are identified as initially eligible for the BCDTC–Circuit program (based on a

review of criminal history and current charges), their cases will then be referred by the ASA to DPP for extensive needs assessment.

Specifically, the individual is sent to DPP and is tested by a clinician (also an addictions counselor) from the DPP Assessment Unit. The clinician assesses the prospective participant with the Level of Supervision Inventory, Revised (LSI-R) and the Addiction Severity Index (ASI) assessment tools. The LSI-R assesses for risks and individual needs for services. The ASI is one of the most widely used tools for the assessment of substance use-related problems.

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

6. In approximately 1 month since DPP assessment, the prospective participant returns to court and pleads guilty to the offense that brought him/her to the BCDTC–Circuit program. [Note: During the 3 to 4 week period after arraignment, the individual will most likely wait in jail before coming back into court to make the final plea (in order to get into the program).]

7. The drug court judge makes the final decision about entry into drug court, which occurs during the regular BCDTC–Circuit session. However, one team member stated that at this point in the process he does not remember a judge ever denying a participant entry into the program, although it is technically possible).

PARTICIPANT ACCEPTANCE OF THE DRUG COURT OPTION

The public defenders (PDs) in the circuit and district offices have copies of a brochure that was created by the BCDTC coordinator, which explains what the BCDTC program offers and what is involved in terms of participation (in both the circuit and district courts). There are also copies of this brochure in the jail library, in Central Booking, and in the Baltimore Police Department’s Offices. Some participants are provided information regarding the program once they arrive at the court hearing. At the circuit court, after defendants plea in, the State’s Attorney talks with them individually for about 15 minutes to describe what is expected of them in the program.

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

The BCDTC–Circuit is a post-plea program, which means that all participants must admit to the charges against them to be eligible for drug court. Once they plead guilty, they are placed on probation. Upon successful completion of the BCDTC–Circuit program, probation is closed. For offenders in circuit court, drug court is a good alternative to being sentenced in traditional court because they would otherwise be facing jail time (often for a long duration).

It was reported that many individuals entering BCDTC–Circuit have multiple drug convictions and are eligible for prosecution as

2nd and 3rd offenders under Maryland law. In fact, a 2nd offense for distribution in Maryland can result in a 10-year sentence without parole, and a 3rd offense can get 25 years without parole. These sentences make the 3 years of probation in drug court an attractive alternative for these particular prospective participants.

Drug Court Program Steps

Contrasting with the traditional drug court model, BCDTC–Circuit does not use a “phase” system as it moves participants through the program. The program has been using a Substance Abuse Treatment and Education Program (STEP). One interviewee commented that the program has always been referred to as a “step” program by staff, even though, in practice, the steps operate similarly to phases. Drug court participants enter the program, comply or do not comply with the program’s requirements, and graduate when they meet graduation criteria.

The following requirements have always been among the criteria for graduation/successful program completion:

- At least 18 months in the program
- At least 12 months compliant with all program requirements
- At least 12 months drug-free

The court and DPP have somewhat different views of what the program requirements should be, including the optimal frequency of urinalysis (UA) tests and contacts with the probation agent. In general, as participants progress through the drug court program, they are rewarded by having less frequent drug testing and probation contact required of them; however, when and how the lessening of intensity occurs is decided on a case-by-case basis rather than being standardized program practice.

Treatment Overview

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

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

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

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

Individuals needing an inpatient placement may be sent to the Addicts Changing Together Substance Abuse Program (ACT-SAP). ACT-SAP is a 45-day therapeutic community-based program (also called the “acupuncture” program), located in the Baltimore City Detention Center (the local jail). This program provides participants with, among other therapeutic modalities, acupuncture treatment. According to one respondent, ACT-SAP is a “program ‘behind the walls’ that gives defendants a chance to dry out a bit while receiving some treatment.”

ACT-SAP participants receive up to 14 acupuncture sessions. Currently, men in the program can receive up to 5 weeks of acupuncture treatments and women up to 6 weeks of treatments.

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

The circuit court refers approximately 50% of participants to ACT-SAP during some time in their program participation. Most people in BCDTC–Circuit are referred to ACT-SAP because they fail to appear in court or for positive UAs, etc. However, being sent to the program is not seen as a sanction, rather it is considered a needed treatment intervention.

Ideally, drug court participants receive about 6 months of outpatient treatment. However, the BCDTC coordinator conducted research several years ago and found that very few drug court participants received 6 months of outpatient treatment. He observed that most program participants received a few months of treatment, relapsed (often “disappearing” for a short time), then returned and were referred to the ACT-SAP program, and then might be sent to a recovery house (or two). Overall, he found that most participants spent

8 to 12 months in treatment. Also, he observed that some defendants entered the drug court program, spent 6 months in treatment, went to aftercare and were doing well, and then relapsed and had to start IOP/OP all over again. These participants ended up graduating from treatment twice; that is, they participated fully in two treatment episodes.

For those individuals who require inpatient treatment, the BCDTC–Circuit program can send participants to a long-term residential program, where they will live and receive needed treatment services for as long as 6 months. Treatment beds are scarce, however, and the drug court program finds itself competing often with DPP and other local programs for available space.

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

BCDTC–Circuit participants may even choose to continue acupuncture treatment after being released from jail. In fact, a few of the outpatient treatment providers that the drug court works with offer acupuncture as a voluntary program component/option. The alternatives to the acupuncture program are IOP or OP services, as described above, provided in the community.

Some treatment providers and many of the recovery housing programs require attendance at Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) meetings. The BCDTC–Circuit program has traditionally not required NA, given that clients have been in jail for several months and are seen as “dried out.”

A support group called Friends in Recovery Maintaining (FIRM) was implemented as an alumni group; however, many active drug court participants also attend these meetings. The FIRM group is facilitated by the BCDTC coordinator and a graduate of the drug court program (who was one of the first participants—and graduates—of the BCDTC—District). Generally, about 35 people attend the meeting.

The FIRM group meets every other week (the 1st, 3rd, and 5th Monday of the month) at a local church. Beyond the peer support function, the group brings in local speakers, such as a representative from the City Office of Employment Development to talk about employment and skills training, and a court master to talk about custody issues, divorce, child support and visitation rules.

MENTAL HEALTH TREATMENT RESOURCES

During the focus groups and interviews, respondents reported that they were concerned about the shortage of mental health resources for participants, adding that a large percentage of BCDTC–Circuit participants are in need of these services. Because mental health assessments are not routinely conducted as part of BCDTC–Circuit, the actual number and percent of people needing these services are unknown, though criminal justice systems nationally are dealing with large numbers of people who have mental health issues as well as substance abuse disorders. For example, the rate of mental illness among prison inmates is four to five times higher than the rate found in the community, and approximately 16% of all state prison inmates (16% of all males and 24% of all females) have some sort of mental illness (Hartwell, 2004).

By contract, substance abuse treatment providers have to be able to handle at least some mental health issues. Most providers also have ties with other resources in the commu-

nity to assist with addressing mental health concerns. However, if a case is too difficult to address “in house,” the drug court staff can look at it again and perhaps transfer supervision to a more appropriate location/service. Also, the initial assessment that the DPP addictions counselors perform includes a few questions related to mental health (if the person being assessed answers these questions truthfully or accurately), so it is hoped that those individuals with serious mental health issues can be screened out before entering the BCDTC–Circuit program. Further, there is always a question regarding what came first, the drug abuse or mental illness (i.e., does the person’s drug abuse cause his/her mental problems, or is the drug abuse a “self medication” to deal with the mental health issue?).

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

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

Other Drug Court Services

HOUSING

One of the biggest challenges for staff in BCDTC–Circuit, according to several interviewees, is finding appropriate housing for participants. Many of the participants cannot go home after they are released from jail, as they have either burned bridges, were living with drug users/abusers, or do not have homes to go to. This problem is most often the case for new participants coming out of jail-based programs for whom “transitional housing” is generally a recommendation fol-

lowing release. BCDTC–Circuit participants who are in need of long-term residential housing, of which there is an admitted shortage, often end up in supportive or recovery housing (as a part of an IOP program) instead. Because of this lack of certified housing available to participants in the Baltimore City area, a number of supportive (i.e., non-certified) housing programs have opened up in the community. Such housing is much needed to fill the void. In fact, in an effort to address the lack of transitional housing options in the area, and to give back to the community, one BCDTC–Circuit graduate has opened several supportive housing establishments.

One of the drawbacks to placement in supportive housing is the lack of quality control (non-certified housing does not need to meet the same strict regulatory requirements that certified housing is required to meet). BCDTC–Circuit has developed a Supportive Housing Service Agreement that it uses with all of the houses to which participants are referred. This agreement states that the houses will comply with all zoning requirements, should have insurance, and will provide adequate food and shelter for occupants, among other things. Under Baltimore City zoning laws, there can be a maximum of 8 people in a house (with 9 to 16 people, it is necessary to be certified as an institution and meet specific structural requirements).

In order to better regulate the quality of housing in Baltimore City, the City put together a task force on supportive housing. The BCDTC–Circuit program was eager to work with that group because of the obvious need for quality supportive housing.

During a site visit in early 2006, NPC staff facilitated two focus groups with current participants (district and circuit) in one of these supportive housing settings. That particular program accepts both drug court and non-drug court individuals. Focus group participants said that they were thankful for the op-

portunity, and suggested that the BCDTC–help pay for this housing. At the time of the focus groups, 2006, supportive (non-certified) housing received no drug court funding. Participants paid as they could, with the director of this particular housing complex picking up all costs for those unable to pay, until they were able to contribute. Participants did not think it was fair that the BCDTC did not help support this housing option, since it served so many participants.

The funds for supportive housing placements come from Temporary Emergency Medical Assistance (TEMA), as the BCDTC–Circuit has not received funds earmarked for this expense.

Recently, a group of housing providers in Baltimore City (around 25, in all) have come together to form a group called Baltimore Area Association of Supportive Housing (BAASH). This group’s self-imposed charge is to develop standards, self-regulate, and self-certify, and they are working with another area group, Citizens Planning and Housing Association (CPHA) to achieve those ends. The CPHA is a nonprofit organization that is concerned with housing in the Baltimore City Area, particularly the affordability and quality of housing.

With the program’s increasing housing needs in mind, the BCDTC coordinator approached BAASH and CPHA, offering to pay for the first 90 days of housing (for participants), including the \$50 admission fee and \$10 a day for each BCDTC–Circuit participant receiving housing (with the help of TEMA monies). In 90 days, BCDTC–Circuit participants are expected to be sufficiently stabilized to find employment, so will then be able to pay for housing costs themselves.

In terms of the self-certification process, BAASH agreed to provide the BCDTC coordinator with a list of housing that meets certain requirements, and the coordinator will go to those locations and inspect them. Essentially, BAASH has developed a set of

standards and is doing a “peer review” to see if the houses the group inspects meet those standards. The review is voluntary, but only those houses that are reviewed and given the BAASH “seal of approval” will be recommended for placements. The plan was for the BCDTC–Circuit program to make seven referrals a month until the end of the June 2007 fiscal year.

EMPLOYMENT SERVICES

Probation agents may refer participants to job training, if deemed appropriate. Currently, the BCDTC–Circuit program (through a BJA grant) has been working with Goodwill Industries of the Chesapeake, Inc.’s Jobs Program (which is also involved with the drug court in Wicomico County). Participants who are deemed ready by their probation agents are enrolled in the job training program, which may last up to 4 weeks, depending on the participant. According to one respondent, the amount of time in the program will depend on participant needs. Some participants may be ready to start looking for a job and can do so, while others need the employment readiness or refresher job training program (which is not necessarily job training—it is a “soft skills” program, including resume writing, interviewing, etc.). The goal of the program is to get people to work quickly, to help to begin earning an income, to provide further job training support when required, and to provide assistance with finding employment (based on their newly developed/identified skills).

As of mid-November 2006, 104 BCDTC–Circuit participants had been referred to Goodwill, with 63 reporting to the program. Of those who showed up, 38 had completed job readiness training, 10 were active in the program, and 15 had dropped out. Of the 38 who completed job readiness, 29 were employed, with an average hourly salary of \$8.13.

In another example, for about a year participants were referred to a 12-week computer training program, which began operating in July 2004 and ended in the summer of 2005 when the study's principal investigator left the program. In this particular program, which was a federally funded research project through John Hopkins Bayview Medical Center, participants were trained in data entry and paid weekly their work. Payment was in vouchers for needed services, instead of cash. Program participants worked about 2 to 3 hours per day. As a program requirement, participants were expected to provide a urine sample when they first arrived at work. Individuals who tested positive were not permitted to work/train and were sent home for the day.

The computer training program was strictly voluntary. When participants completed the program, the goal was for them to have attained relevant computer skills that would make it easier for them to secure higher skilled, higher paying, and more rewarding employment, with good benefits and security.

A weeklong electrical skills program Jump-Start, was also offered in 2005, for a total of 4 weeks in June, July, and September. Initially, BCDTC-Circuit paid for training for 40 people, but only about half of that number went through the program. A major problem with the program was a lack of follow up for placement after the training was completed. As a result, a decision was made by BCDTC-Circuit to direct funds earmarked for that program elsewhere.

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

The Drug Court Team

Judge. The administrative judge for the circuit court assigns the drug court judge by rotation from a pool of approximately 30 circuit court judges. The length of each rotation is 6 months. Until September 2005, two judges were assigned to the drug court—one for each of the two days that the BCDTC-Circuit sessions took place each week. Beginning in September 2005, a single judge was assigned to drug court to preside over both of the weekly drug court sessions.

In addition to presiding over drug court, the sitting BCDTC-Circuit judge also presides over general (non-drug court) court arraignments during the remaining 3 days of the week. During these arraignment sessions, the judge may refer defendants to the BCDTC-Circuit program.

The supervising judge for the BCDTC-Circuit oversees drug court operations. He attends the BCDTC-Circuit advisory meeting, the “small group” meeting, and treatment provider group meeting. Although the supervising judge has not had experience sitting on BCDTC-Circuit, he has received judge's training from the National Association of Drug Court Professionals.

Drug Court Coordinator. The BCDTC coordinator is responsible for coordinating both the circuit and the district drug court programs. Much of this role involves troubleshooting challenges that arise during the week, such as trying to find appropriate housing for BCDTC participants that would meet minimal program standards. The coordinator also is responsible for producing the Baltimore City Drug Treatment Court Procedures Manual for both courts. The BCDTC coordinator gathers data and produces reports, schedules and attends program-related meetings, and writes up meeting notes. Initially, the BCDTC coordinator was employed by the Baltimore City Police Department under a 3 ½-year Byrne grant that ended in June

2006. Beginning July 1, 2006, the coordinator was employed by the Baltimore City Circuit Court. The BCDTC coordinator is supervised by two judges—one from the district court and one from the circuit court.

Division of Parole and Probation. The role of the DPP in the BCDTC–Circuit is to provide case management services—active supervision of drug court participants. When individuals are referred to drug court, they receive an assessment. Most of the potential BCDTC–Circuit participants are in jail when they receive the BCDTC–Circuit referral at arraignment. These individuals are assessed while in jail, and that assessment is available in court to assist with acceptance and treatment placement. Participants who are not assessed in jail receive their assessments at DPP’s Assessment Office close to their court date.

After release from jail, participants are assigned a probation agent (PA), who puts the new participant on a urinalysis schedule, arranges treatment, and provides reporting instructions (reporting and UA schedules are the same for all participants; however, the actual days may differ. The treatment appointment is based on proximity to the participant’s residence).

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

The PAs determine which services participants need in order to get clean and stay clean. After referring participants to needed treatment services, PAs also make sure that they follow through with those services, and that they have the necessary support services

in place prior to graduation from the drug court program.

Participants beginning the program report to DPP twice each week for urinalyses (which are tested by clinicians in the DPP drug testing lab), a frequency that is reduced over time with program compliance. When participants arrive for UA testing, they see a duty agent who may be their own agent or another agent (agents are rotated daily), which counts as a PA contact when that visit is entered into the HATS database.

There are currently eight PAs working with drug court clients in the circuit court program. The State’s Attorney’s Office (SAO) classifies as an active drug court participant anyone who is due to come back to the court for a court review (even people who are in placement/incarcerated are brought into court every few weeks to check in with the court). Therefore, from the SAO’s perspective there is an average of 62.5 circuit court drug court participants per PA. DPP considers participants to be active only if they are not in detention or in a placement center (it classifies those in detention or placement as “Not Active Unavailable” (NAU). Therefore, from DPP’s perspective, there are currently no more than 50 active participants per PA.

However, caseloads appear to exceed this goal for some staff. Caseload statistics from the BCDTC–Circuit program show that in 2005 and 2006, caseload averages were 60.6 and 60.2 participants per PA, respectively. In fact, from 2002 to 2006, every year the average participant to PA average was over the agreed-upon 50.

It was also reported by one BCDTC–Circuit team member that the size of the caseload for PAs in drug court is smaller than the caseload carried by PAs doing traditional probation work. To this point, one interviewee commented that caseloads are determined by DPP supervision requirements, which state that probation agents providing intensive supervision have a maximum

caseload ratio of 50 to 1. Because drug court clients receive intensive supervision, by design the ratio is a maximum of 50 to 1. Probation agents providing less intensive probation supervision may have a ratio up to 120 to 1. Having comparatively fewer clients allows the PAs to do a more thorough job of connecting participants with needed services, talking with current and former participants about their lives and any problems they may have, and searching for additional needed resources in the community. The PA also refers participants to psychiatric services and family treatment.

One of the biggest challenges PAs face is finding enough time to do what is required of them. Some team members felt that the transition to a more “community based” supervision process (attention based on participant needs) instead of “contact-based” supervision (where everybody gets the same amount of attention) may address this issue.

Switching to the community-based approach is expected to give the PAs freedom to spend more supervision time with those who need it and less supervision time with those who are doing well.

One respondent recommended that the PAs be allowed to involve offenders (BCDTC–Circuit participants) more in the case planning process, with the hope that this would increase the participants’ motivation to succeed.

Assistant State’s Attorney. The Assistant State’s Attorney (ASA) is the prosecutor for the BCDTC–Circuit representing the State of Maryland. The SAO reserves the right to be the gatekeeper to entry into the BCDTC–Circuit, screening all potential BCDTC–Circuit candidates. In this process, the ASA is responsible for checking potential participants’ criminal records. If prospective participants have records that qualify them for participation in drug court, then they may be allowed into the program; if they are found

inappropriate for the program, then their cases are sent to trial.

The ASA represents the State at progress hearings (BCDTC–Circuit sessions). During the BCDTC–Circuit sessions, the ASA calls the docket (i.e., determines the order in which the individuals who are present appear before the judge, calling participants up when it is their turn).

If an individual in drug court picks up a new charge, the ASA decides whether or not that person’s case can still be handled by the drug court; specifically, it depends on the participant’s past record, how well s/he has been doing in the program, how s/he picked up that charge, and the nature of the charge. The ASA has the final veto power over whether to accept a second felony into drug court. If a participant is doing well in BCDTC–Circuit but is later arrested on misdemeanor charges, the ASA will generally include those charges with the original charges that brought the individual into drug court. The ASA makes these determinations with the advice of the PA, who generally knows the individual better than anyone else on the team.

Law enforcement. Law enforcement has a very small role in BCDTC–Circuit. The circuit court engages the Baltimore City Sheriff’s Office to serve warrants. A representative from this office is also invited to attend the drug court advisory committee meetings. Such representation has occurred occasionally.

The bailiffs at circuit court who attend the drug court sessions are deputy sheriffs employed by the Baltimore City Sheriff’s Office.

Assistant Public Defender. The Assistant Public Defender’s (APD) role in the BCDTC–Circuit program is to represent program participants, all of whom have been charged with felony charges, usually a non-violent drug offense (such as possession with

attempt to distribute heroin or cocaine or distribution of heroin or cocaine).

The APD is assigned full time to drug court. She is assisted by a secretary and by a paralegal.

The APD takes a different approach in drug court than in regular court—an approach that, unlike the traditional court process, is not perceived as adversarial. With drug court, the APD may sometimes take on a social worker-type role with participants, in order to discuss needs/concerns and to explain why a recommendation (such as the acupuncture program) would be of benefit to him/her. If the participant continues to disagree with, and makes a compelling case against, the APD's recommendation, then the APD might decide to argue what the client wants.

Paralegal. The paralegal with the Office of the Public Defender (OPD) assists the APD with the drug court docket, which includes approximately 50 cases each court day. He also may be asked to interview clients, including drug court participants who have a violation of probation (e.g., as a result of absconding from the program).

The paralegal may be asked to find out which relatives are in the courtroom in order to gather information on the participant or to seek support for that individual. In addition, he checks the court's computer records for pending cases or the status of current cases. Although he attends all BCDTC–Circuit sessions, he is not involved in decision-making.

Baltimore Substance Abuse Systems, Inc. Baltimore Substance Abuse Systems, Inc. (BSAS) is the designated substance abuse treatment and prevention authority for Baltimore City. The agency is responsible for the administration of federal, state, and local grant funds for substance abuse treatment and prevention services. BSAS administers funding, monitors treatment programs, collects client demographic and treatment data, works in collaboration with other agencies to improve services, and plans

for the development of new services. BSAS does not provide treatment services directly, but does provide information and referral.

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

BSAS staff mail letters to community providers, informing them of what the BCDTC–Circuit program is looking for in terms of treatment services; specifically, the agency is looking for a program with a dedicated staff that is willing to work with drug court participants, to collaborate with the PA, provide a set schedule to see clients, see clients with co-occurring diagnoses, and provide monthly status reports to the court. BSAS asks providers to submit proposals outlining how they would be able to satisfy the above-mentioned requirements. If the providers and BSAS agree to the terms of services, BSAS offers them a contract to provide services to BCDTC–Circuit participants. Providers must reapply every 3 years for the BCDTC–Circuit contract, and BSAS is always actively looking to take on new providers to work with the BCDTC–Circuit program.

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

Treatment providers use the HATS database to record contacts with assigned BCDTC–Circuit participants, including information on number

of appointments, types of services provided, and UA test results. After this information has been entered into the database, it is available to PAs, the court, and other team members who have official permission to access it. Providers communicate progress updates to PAs and occasionally attend drug court sessions.

Team Meetings

The drug court team consists of the presiding judge, assistant state's attorney, assistant public defender, probation agents, BCDTC coordinator, and a DPP supervisor who oversees the probation agents. The BCDTC–Circuit program does not hold a pre-court team meeting because of the large volume of cases scheduled at each session, preferring instead to address participant issues during court from the bench.

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

The “small group” meeting (specific to the BCDTC–Circuit program) takes place the first Wednesday of each month. It is perceived as an informal group, and meets to discuss circuit court issues (e.g., regarding the BCDTC–Circuit population, graduation dates, and program needs). Attending this group is the presiding judge, BCDTC coordinator, SAO and OPD representatives, and DPP supervisors.

The Treatment Provider Group meeting occurs on a quarterly basis. Group membership includes the administrative and presiding BCDTC judges from both BCDTC programs (although the circuit court judge often cannot attend due to conflicts in his judicial schedule), the BCDTC coordinator, DPP supervisors, treatment providers (usually around four to six attend any given meeting), SAO and OPD representatives from district court, and the DPP Assessment Unit representative. During this meeting, the BCDTC representatives check in with treatment staff to see if they are getting sufficient referrals from the two programs, talk about case management issues, discuss how the referral process is working out (e.g., are there delays in getting people treatment), and address any mental health-related concerns/issues that have arisen.

Treatment Provider and Team Communication with the Court

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

Drug Court Sessions

Those attending the drug court sessions include the presiding judge, ASA, APD, PAs (if they have a person from their caseload on

the docket), program participants, the court clerk, and the paralegal with the OPD. The BCDTC coordinator does not regularly attend BCDTC–Circuit sessions. On rare occasions, a treatment provider may be asked to attend the court session (e.g., if a participant’s mental health concerns are impacting effective participation in the program and the court required additional input beyond reports made to that person’s PA).

The drug court takes place 2 days per week, all day (a morning session and then an afternoon session). Fifty (50) participants are seen per day on average.

There is no pre-court team meeting prior to the drug court session because of volume and time constraints.

Drug Court Team Training

Members of the BCDTC–Circuit team have attended various national and local drug court conferences, workshops, and trainings. The BCDTC coordinator attended a week-long coordinator’s training in Reno in 2003, and attended National Association of Drug Court Professionals (NADCP) conferences in 2003, 2004, and 2006. The APD and the supervising judge for drug court attended a 4-day NADCP training in Milwaukee in 2004, and the APD attended a statewide training in February 2006, through the Maryland Judiciary, Office of Problem-Solving Courts, as well as the NADCP training in that same year.

The supervising judge for drug court attended a weeklong intensive training for drug court judges at the National Training Center for Judges in Reno, Nevada, in October 2005.

The ASA attended two NADCP training conferences (Reno in 2003, and Seattle in June 2006), and has attended several Maryland Drug Treatment Court Commission trainings. Two different ASA supervisors attended

NADCP conferences, one in 2004, and the other in 2005.

At least one BCDTC–Circuit PA attended NADCP trainings in 2003, 2005, and 2006, and a BCDTC–Circuit DPP supervisor attended NADCP trainings in 2004 and 2006. The 2006 meeting was also attended by one of the drug court private treatment providers.

The OPD has a training division that arranges annual conferences offering a variety of workshops on drug abuse. They also have social workers on staff who train all of the lawyers in the OPD on substance abuse issues, which is important because these attorneys refer cases to drug court.

Substance Abuse Treatment Fees

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

Drug Testing

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

After a period of time spent participating in the program, and depending on how well the participants do in treatment and whether they are testing negative for drugs, the twice-weekly UA can be reduced to once per week.

Eventually, the drug testing frequency is reduced to once every 2 weeks. When participants near graduation, drug testing may even be reduced to once per month. Throughout the process, however, the PAs retain the right to ask for a random UA when they meet with participants.

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

Treatment providers are also required to do periodic drug testing. For the drug court population, providers test at intake, 2 weeks prior to discharge, and when they see in the HATS database that participants have negative drug tests but suspect they are using. In that case, if the provider-conducted drug test shows a positive result, the provider contacts that individual’s BCDTC–Circuit PA and also makes a note of the positive test in the HATS database. The participant will then be tested promptly by the program, and any positive coming from that follow-up drug test would result in a sanction. On occasion, the initial treatment provider test result could be used by the court to give a sanction. Provider testing is paid through treatment provider funding (providers bill the drug testing cost to BSAS).

There are no fees to the participant for drug tests.

Rewards and Sanctions

REWARDS

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

The program’s primary reward is a decrease in the frequency of attendance at progress hearings. The program believes that participants who are doing well do not need to be seen in court as often as those who are doing poorly in the program. Another reward that is frequently given in BCDTC–Circuit is praise and encouragement, such as, “You are doing well, keep up the good work.” Also, if participants are doing extremely well in the program, as a reward their UAs may be reduced by the court from twice a week to once a week.

Graduation is also considered a reward, because participants would otherwise be on probation for 3 years (which is standard for circuit court), and probation is closed upon graduation. So, participants who graduate from the drug court program in 18 months will also have their probation end in 18 months.

SANCTIONS

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

- Positive drug tests.
- UA “rejects” (urine tampering, bringing in a cold urine sample or one with a foreign object in it).
- Non-compliance.
 - Missing UA test appointments.

- Not reporting to a meeting with the PA.
- Missing appointments with a treatment provider.
- Disappearing (signing up for drug court, then never appearing again; reporting to the PA or going to the treatment providers for intake, then never coming back). In these cases, bench warrants are issued.

Sanctions imposed can include:

- A lecture/reprimand from the judge.
- Being asked to sit in the jury box or on the witness stand for a period of time designated by the judge (for one or more drug court sessions).
- Jail for one day or longer.
- Receiving the original sentence.

Sometimes the PA or another team member will ask for a sanction, but the judge has the authority to grant or deny these requests. The judge is the only person who can impose jail as a sanction. However, the PA can increase the number of required UAs without consulting the judge. It is also possible for the PA to get participants into treatment prior to their going back to court (and being required by the judge to do so). At the circuit court level, sanctions such as writing papers or doing community service are not imposed.

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

The process for imposing sanctions begins when a participant breaks a program rule/requirement. Conferences (appearance at drug court sessions) for a given participant normally take place from about 3 to 4 weeks to 6 to 8 weeks (depending on the individual’s performance and where he/she is in the

program); so if the participant exhibits non-compliant behavior soon after the last attended drug court session, the sanction may not be imposed as swiftly as desired by the program. However, the PA may request that a non-compliant participant be put on the docket early to address the non-compliant behavior. If they are not doing well and come back to court in a week or two, then there is a chance that the court will be able to react to the non-compliant behavior relatively quickly.

Also, if participants have positive drug tests when they are not in treatment (that is, if they have ended the treatment portion of their BCDTC–Circuit commitment), the program will typically want those individuals to return to treatment. Sometimes the PA arranges to get them back into treatment before they come back for their next progress hearing. Essentially, if any issues arise that need to be addressed before the participants go to court, the PA can impose sanctions or service changes (e.g., increasing UAs, returning participants to treatment), subject to the verification, ultimately, by the court. If participants object to the changes/consequences, the program tries to get them into court as soon as possible to discuss what should happen.

Unsuccessful Completion (Termination)

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

Behaviors that prompt removal from the BCDTC–Circuit program include:

- Being brought back in on a bench warrant after being gone for a considerable

period of time (e.g., 2 years on the run after absconding from the BCDTC–Circuit program).

- Having a new felony charge; if the new charge is considered a violation of probation, they will be terminated from the drug court program. (However, this is not always the case. Some charges are brought in to drug court and supervision continues).
- Exhibiting a consistent pattern of non-compliance (e.g., was terminated from an outpatient treatment program after several opportunities to participate, was placed in more than one transitional or supportive housing slot and was terminated, and/or was put into the acupuncture program more than once).
- Medical reasons (e.g., having a terminal illness), or medication concerns that result in not being able to complete the requirements of the program and require that the participant be transferred from BCDTC–Circuit probation to regular probation, which is less intensive.
- Mental health reasons which result in not being able to complete the requirements of the program. These participants would be transferred to a more appropriate probation supervision.
- Walking away from the program, following which a warrant is usually issued. Participants may be given a warning the first time that occurs; however, they are generally removed from the program if they walk away again (i.e., upon apprehension on a second warrant). There is no set number of missed sessions that prompt removal from the program, as that decision is made on a case-by-case basis.

Graduation

Requirements for graduation from BCDTC–Circuit are:

- Completing 18 months in the program.
- At least 12 months clean.
- At least 12 months compliant with program requirements (note: if an individual is doing well and has a good excuse, such as illness, s/he may receive permission to miss a session or appointment).

The graduation process includes:

- Opening remarks from the BCDTC–Circuit administrative judge.
- Guest speakers from the community (e.g., former graduate from the program, local government officials, state legislators).
- Graduates are brought up to the bench one at a time or in small groups; each is given a certificate of completion.
- A motion to terminate probation is made by the ASA and granted by the judge.
- A reception with cake and juice is given outside of the courtroom.

BCDTC–Circuit graduations are held about 3 times per year. The program tries to have a graduation ceremony in September, one in December (just before Christmas), and one in early March, when judges change terms. Additionally, the BCDTC–Circuit tries to hold a summer graduation, to prevent the September graduation from being too large, though heat and staff vacations sometimes prevent these events from taking place during the summer.

State funds do not pay for the graduation ceremony. The ASA usually buys refreshments.

Aftercare

The BCDTC–Circuit does not have an aftercare program. Supervision is terminated after graduation, so the BCDTC–Circuit cannot

require that participants continue to receive support. However, former and current participants are encouraged to join the FIRM support group. PAs are also available to provide support to graduates who contact them for assistance.

Data Collected by the Drug Court for Tracking and Evaluation Purposes

The assigned PA collects data on an individual level (e.g., meetings attended), and enters the data into the statewide electronic HATS database.

Most agencies that are part of the drug court program enter data into HATS (i.e., DPP, treatment providers, BSAS, and the BCDTC coordinator) and have access to that database.

One of the process study respondents commented that the DPP does not always enter new treatment referrals into the HATS system in a prompt manner, which means that individuals sometimes arrive at the treatment provider's office for an initial intake session without the provider having been notified that they were referred or scheduled for an appointment.

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

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

Drug Court Funding

The treatment providers working with BCDTC–Circuit participants are paid through BSAS with state and local monies; the presiding BCDTC–Circuit judge is paid by the Circuit Court; ASA and APD representatives are paid by their own departments; the BCDTC coordinator's salary is paid by an Office of Problem-Solving Courts grant. Drug tests/lab costs are paid through the DPP budget, with a percentage being paid with Maryland Judiciary, Office of Problem-Solving Courts grant money (as of the 2006 fiscal year). DPP provides a grant to the OPD, which funds about 8 positions, including attorneys and clerical positions.

BALTIMORE CITY ADULT CIRCUIT DRUG TREATMENT COURT COMPARED TO 10 KEY COMPONENTS OF DRUG COURTS

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

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

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

Research Question: Has an integrated drug court team emerged?

National Research

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

Local Process

The drug court team at BCDTC–Circuit includes the presiding judge, assistant state’s attorney, assistant public defender, probation agents, BCDTC coordinator, and Maryland DPP representative (a supervisor who oversees the probation agents). Three additional groups hold meetings on either a monthly or quarterly basis: an advisory committee (the overall policy group for both BCDTC programs), which includes a BSAS representative and a representative from the Baltimore City Police Department; the “small group,” which holds informal discussions about program issues; and a treatment team that consists of all program stakeholders except law enforcement and participants, including several treatment providers, whose charge is to discuss the referral process and address mental health issues that have arisen for clients.

The BCDTC–Circuit program does not hold a pre-court team meeting, reportedly because of the large volume of cases scheduled at each session; instead, it prefers to address

participant issues during court from the bench. In addition, the program has not implemented the STEP system described in its procedures manual due to incompatibility between partner agencies' existing procedures and the proposed drug court procedures.

Various agencies involved with BCDTC–Circuit have access to a common data system, HATS, which has the potential to facilitate communication across these agencies. However, it needs to be used consistently to maximize its benefit to the program.

Suggestions/Recommendations

- BCDTC–Circuit has created relationships with a full complement of participating partner agencies; however, not all of these agencies are included in policy and programmatic discussions. Inclusion of treatment representatives, for example, in policy discussions may provide a useful perspective when making decisions about participant services.
- BCDTC–Circuit does not currently fully utilize the expertise and information available from all partner agencies when making participant-level decisions. Consider holding a facilitated discussion to identify and address the barriers to full coordination, as well as strategies for testing a fully operationalized team model for the drug court program. This model would include pre-court case conferencing and other opportunities for partner agency sharing related to participant services, incentives, and sanctions.
- Continue to monitor communication between team members to ensure that the program provides adequate opportunities for information sharing.
- Review, revise (as needed), and fully implement the program's procedures manual, which should accurately de-

scribe what the program is and does. This document can be invaluable in ensuring that all partners are operating under the same assumptions; and for clarifying roles, responsibilities, and expectations. The team will want to have a discussion about what model they want the drug court to follow so that all partner agencies will share in the decision-making, thus creating greater buy in to the step or phase model that is selected for the program.

- The program should review its eligibility criteria. One respondent indicated that some of the drug court participants have life-threatening illnesses associated with their drug addictions and questioned whether these individuals are appropriate for the program. The team or advisory committee should discuss whether medical status (i.e., specific medical diagnoses) is an appropriate exclusion for the program, particularly if other more suitable services are available.

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's Office 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

This drug court appears to retain some of the traditional roles between the prosecution and defense counsel as would be seen in regular court processing. Observation of drug court sessions confirmed these traditional relationships as well as a minimal use of rewards or reinforcements for participants. Of course, the primary incentive for participation is the potential for a much shorter probation and jail time.

The national drug court model encourages the development of non-traditional, more collaborative, roles for prosecution and defense.

Suggestion/Recommendation

- As described in Key Component 1, this drug court might benefit from bringing in a facilitator to work with the entire drug court team. This person could assist the team by helping members explore barriers to program success, such as helping to identify ways the team could transition toward a more non-adversarial approach, and to better use team meetings for information sharing, more effective decision making, and strengthening working relationships. Conducting a team-wide training for all parties could also be beneficial to the program and may help to facilitate team building.

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

This key component reflects the behavioral underpinning of a drug court model as well as reinforces the value that drug addiction drives many criminal behaviors. First, behavior is more likely to change if consequences occur quickly. For example, when an individual is arrested and immediately referred to and enrolled in drug court, the message is clear that this response (the drug court program) is related to the person's offense. Second, because drug court participants need treatment, an efficient enrollment process ensures that they begin treatment as soon as possible. Contacts with law enforcement and the criminal justice system are often viewed by the offender as an awakening and provide an opportunity to make potentially life-changing decisions, such as entering treatment to address substance abuse issues.

While the time from arrest to drug court entry was not measured for this evaluation, an interview respondent estimated the average time period to be between 3 and 5 months.

Even though there is ample time between arrest and drug court entry, it appears from the BCDTC–Circuit enrollment process that

prospective participants may not be provided with sufficiently detailed information about the program prior to entering a plea. While they have likely had a general discussion about the program with their defense attorney, there is not a formal process in place for sharing consistent information with each prospective participant about drug court including options other than drug court, or the consequences and responsibilities of pleading guilty as a prerequisite for program participation. The program may want to incorporate a structured process for informing prospective participants or otherwise ensure that consistent information is reaching all offenders considering participation in BCDTC–Circuit.

One of the process study respondents commented that the DPP does not always enter new treatment referrals into the HATS MIS in a prompt manner, which means that individuals sometimes arrive at the treatment provider’s office for an initial intake session, but their records are not yet in the system.

Suggestions/Recommendations

- BCDTC–Circuit should monitor the time between arrest and drug court entry to ensure this time period does not increase, and continue to analyze where additional efficiencies may be possible. For example, the review process (referral and screening) may be streamlined to eliminate some of the steps involved. This analysis should focus on decision points or bottlenecks along the way that result in extending the time frame. Strategies can then be tested that help reduce barriers to a quicker flow from arrest to program participation. The program should identify areas where there are constraints they cannot control based on timelines from other agencies. This should help the program become aware of what they cannot change, and try to build relationships with agencies to see if they can make other changes later.
- Assess the process for informing prospective drug court participants about the details of program participation. Consider implementing a structured information process or creating a participant handbook or other materials to share with prospective participants that expand on the existing program brochure.
- Ensure that program staff are entering participant data into the HATS database in a timely manner, and before the individuals are expected to arrive at the treatment agencies for their initial sessions. HATS is a communication tool that is only beneficial if it is used consistently. The program should have policies and procedures that delineate expectations for data sharing, including HATS program-related data. Supervisors are responsible for ensuring that staff members are trained to use the system effectively and are following through with data entry according to program guidelines.
- Guidelines related to communication should clearly identify the purposes of information that is shared and when it is needed, so that it can be optimally useful to the program. Examples of this include assessment and referral information reaching treatment providers before clients arrive at the agency, and providing progress reports on participants before they attend the next drug court session. Clear timelines and communication of key decision points, like those related to hearings and referrals, ensure that collaborative programs such as drug courts operate as efficiently and effectively as possible.

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 out-

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.

comes, 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

Participants in BCDTC–Circuit have access to a broad range of treatment resources and other services, including acupuncture, group therapy, and supportive housing. They also have access to aftercare and job training, which are both very beneficial programs that have helped individuals sustain their positive behavior changes and stay drug free. It was reported that PAs working in the drug court program are open to past participants coming to them for support and assistance; as such, they are a continuing resource for their clients even after they have completed the program.

In addition, clients are offered opportunities to provide one another with support (e.g., during the FIRM group, comprised of active participants and graduates), a valuable aspect of the program. One respondent described a group of active and former participants who attend court sessions regularly, providing encouragement to other individuals and feedback to the program.

The BCDTC–Circuit treatment providers are expected to create a treatment aftercare plan

when a client completes treatment. The plan is given to the client, with a copy sent to the PA, who then provides a copy to the court at the next progress conference. Once probation is completed, the court no longer has jurisdiction, so cannot enforce any aftercare plan. However, the program encourages graduating participants to follow the aftercare plan and to utilize other support resources after graduation from the program.

The structure of this program generally follows the drug court model, by providing a greater intensity of service and monitoring early in the program, and decreasing this intensity as participants demonstrate success in complying with program requirements. However, the explicit expectations of various steps of the program, as described in the BCDTC–Circuit procedures manual, have yet to be fully implemented.

While respondents described a wide range of important services and resources provided to drug court participants, they also expressed a need for augmentation to the program to increase success. The most frequently mentioned areas of need included additional 1) substance abuse treatment resources, particularly inpatient and residential services, 2) mental health services, and 3) supportive housing.

It was reported by some respondents that BCDTC–Circuit does not sufficiently cover mental health service needs (only a limited number of resources are available), even though many drug court participants are struggling with mental health-related issues. In addition, one respondent suggested adding a mental health assessment during the screening process, to make sure prospective participants are appropriate for drug court. Dual diagnosis clients are challenging for the program to work with, and there are very few programs designed to deal effectively with this group.

The BCDTC–Circuit program understands the importance of addressing its partici-

pants' needs holistically, as evidenced by the attention given to finding housing that supports the transition to a drug-free lifestyle. Mental health issues, likewise, need to be considered as part of the overall treatment plan, and appropriate support/treatment services discussed by the drug court team and advisory committee (including funding considerations).

In general, respondents felt that there are not enough available treatment and supportive resources available to drug court for all of the individuals who need them, and that the program would be more effective if there were more long-term treatment beds available. This is a concern for programs nationally, and certainly Baltimore City is no exception. If there were more treatment slots available, clients would be able to receive services sooner, rather than being incarcerated for long periods of time waiting for an opening, and the program could potentially serve additional clients, by hiring additional staff. During interviews, respondents often requested that more treatment options be made available, including halfway houses and therapeutic living spaces.

Several respondents described a plan to move the system toward increased involvement of the offender in case planning. By involving the participant in goal setting and providing her/him with information on how to achieve those goals, he/she will develop a clearer understanding of the program's (and her/his own) expectations, a greater motivation to participate, and greater buy in. This described approach reflects a strength-based (or client-centered) perspective, and in other areas of social services delivery and behavior change has been hailed as a best practice approach (Cowger, 1994; Nissen, Mackin, Weller, & Tarte, 2005). In applying this process to the drug court setting, PAs would review program and personal goals with their clients regularly, to ensure progress is being made toward achieving them.

Through evaluator-facilitated focus groups, BCDTC–Circuit participants and graduates shared their perspectives on the program. Overall, they were complimentary of the program and the services received, and highlighted the benefits of having people around who believe in and support them, as they work to change their lives. They also identified areas of greatest need for participants, including supportive housing, treatment beds (to get people out of jail sooner), and more job readiness/training/tutoring support. Other suggestions to improve the program included asking graduates to become more involved, allowing reimbursements for non-state certified housing, and increasing the services available for women (to match those already available to men).

Suggestions/Recommendations

- As suggested in Key Component 1, the program should utilize the results of this evaluation to review, revise (as needed), and implement the guidelines in its procedures manual.
- Work with community partners to increase treatment capacity in Baltimore City. Key agency partners can use the advisory committee or other community connections to advocate for additional services. Emphasize the holistic and collaborative nature of drug court, and identify how these connections make the program successful for participants. Additional funding or collaborations could help to better meet client needs—widely identified by respondents and program participants—in the following areas:
 - Mental health issue screening and assessment.
 - Mental health treatment services.
 - Dual diagnosis services, in conjunction with or separate from drug court.

- Additional transitional housing or residential services.
- Additional substance abuse treatment resources, particularly inpatient beds.
- Parenting education and training for participants: For some participants, this is the first time they have been clean and, often, they do not know how to relate to their children. This service could help strengthen and support families so that children receive the guidance and supervision they need in order to be healthy.
- Gender-specific services for women.
- Implement client-centered and strength-based case planning and monitoring for drug court participants. Involving participants in the case management process empowers them, holds them accountable, and creates motivation for change.

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

As with most drug courts, BCDTC–Circuit tests its participants more frequently during the early part of program participation, and gradually tapers off toward the end of the program, requiring fewer sample to be taken. The BCDTC–Circuit tests slightly less frequently than the average adult drug court: twice per week starting at the beginning of the program and lasting several months, decreasing to one UA per week if the individual has consistently produced negative urine samples. Later in the program, UAs continue to be less frequent.

There seems to be inconsistency between the court’s expectations and DPP’s implementation of phases for supervision of drug court participants, including the frequency of UA tests. BCDTC–Circuit program currently does not use phases, though DPP uses this terminology when describing participation over time in the program. In Phase 1 of the DPP system, participants submit to 2 UAs per week. Once a participant has achieved 16 consecutive negative UA results, he/she can be reduced to 1 UA per week. In Phase 3, UAs can be taken even less frequently.

Because of the size of this program and the frequency of testing, BCDTC–Circuit, as a program, conducts a huge number of drug tests (one respondent estimated the number at 2,200 per month). This volume represents a significant cost to the program.

Suggestion/Recommendation

- Because the frequency of testing (2 times per week) is slightly less than the

frequency demonstrating greatest effectiveness in the research cited above, the program should consider implementing a random testing process. There are many models for best practices in this area, and it is likely the BCDTC–Circuit program will be able to identify one that fits its particular needs.

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

Research Question: Do the partner agencies in this program 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?

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 behaviors (e.g., abstinence) and minimize undesirable behaviors (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 housing assistance as a sanction could inadvertently contribute to individuals living in unhealthy environments (e.g., living among other drug users) or a lengthy stay in jail could lead a participant to lose his/her job. 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.

BCDTC–Circuit’s primary reward is a decrease in the frequency of attendance at progress hearings. Participants also receive praise and encouragement from drug court staff, particularly the judge. If participants are doing extremely well, their UAs may be reduced from two per week to one per week. Graduation is also considered a reward, because participants would otherwise be on probation for 3 years. Participants who complete the program have their probation closed at that time, even if it is sooner than 3 years.

The program can impose sanctions that include lectures from the judge, jail time, or receipt of the original sentence.

The BCDTC–Circuit does not staff cases prior to the drug court sessions. While it was stated that the reason was based on past experience, it might be helpful for program key stakeholders to review this process and consider the possibility of implementing this key component strategy in a way that would be consistent with program goals. There are many benefits to having pre-court meetings, including enhancing the non-adversarial

roles of key agency partners, informing partners of client progress across multiple areas (to get the most accurate and complete picture of their progress), working collaboratively to identify creative ideas to address program and individual participant challenges, and to build/strengthen team members' relationships, a benefit not to be underestimated in enhancing programs like drug courts that rely on collaboration and partnership to be successful.

Suggestions/Recommendations

- Consider the expanded use of incentives and rewards to reinforce positive behaviors and encourage program compliance. Cognitive-behavioral approaches are the most effective strategies for changing behavior with this particular client group. This approach would be consistent with the program’s treatment model and would bolster/support the treatment goals.
- Implement procedures/guidelines that allow sanctions to be imposed more quickly. Sanctions that are more strongly tied to infractions will have the greatest impact.
- Review, revise (as needed), and implement program rules regarding incentives, rewards, and sanctions in the procedures manual.
- Engage the drug court team, and representatives from all relevant partner agencies, in discussions regarding the implementation of pre-court client staffings, where staff would have dedicated time to share information and decision-making regarding responses to participant behavior and progress.

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

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

National Research

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

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

Local Process

The BCDTC–Circuit judge is assigned to the position and serves on a 6-month rotation. Based on evaluation team observations of the court sessions, as well as interview responses, there appears to be limited time available in court for the judge to develop relationships with participants and to provide positive reinforcement for successes. Also, because this drug court does not hold pre-court meetings, the judge does not have at his fingertips the same level of history and information about participants as might oth-

erwise be available; the judge must rely on the written progress reports received before the drug court session. As such, a pre-court team meeting is advisable, so that the judge (as well as other team members) will have an opportunity to gain a fuller understanding of what is going on for each individual that approaches the bench.

Increasing the time spent learning about each individual, in addition to moving to a more client-centered case management model, may help to increase participant engagement and motivation and ultimately could result in greater retention and a higher graduation rate.

Suggestions/Recommendations

- Consider implementing a policy that extends the amount of time a judge serves in drug court to at least 2 years. Additionally, if possible, structure the judicial rotation so that judges who desire it can eventually return to the drug court bench, utilizing their past experience. Allowing the judge to volunteer for this service, if possible, also increases the potential for improved client outcomes. If it is not possible to change the rotation schedule, consider asking judges who have been drug court judges to be available to new judges for consultation.
- As suggested in Key Component 1, implementing a pre-court team meeting would increase the judge's knowledge of the participants and their unique qualities and situations.
- Allowing more time during court sessions for the judge to hear about positive behaviors and participant progress would help develop relationships between the judge and participants and increase opportunities for the participants to receive positive reinforcement for their efforts. It also allows other participants to see the successes of their peers and the benefits of making healthy decisions.

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

Respondents reported that the BCDTC–Circuit does not have a Management Information System (MIS), though the program does collect data from the SAO and DPP. In addition, the program does use the HATS database for sharing information about program participants across agencies. The program has produced summaries of data on program participants and uses that information for sharing with partners and for grant proposals.

Earlier in the drug court’s history, some of the participants were supervised by another unit that, for the most part, did not maintain computerized records. The hard copy files of those individuals are believed to have been lost or destroyed. This loss may limit the scope of any future outcome study, though

many years of more recent data are still available.

Suggestions/Recommendations

- Electronic drug court records facilitate program monitoring and evaluation. The program should continue to use HATS, building on policies and procedures to ensure complete and timely data entry. The program should also use the State’s new SMART MIS when it becomes available.
- The drug court team should continue to accumulate and analyze drug court program and participants data and use it for program reviews and planning (e.g., to inform the team about the types of participants who are most and least successful in this program).
- The program leadership should conduct an outcome study in the future to follow up on the 2003 cost study. The new evaluation should consider program effectiveness in light of continuing program maturation and the implementation of program improvements.

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

Research Question: Is this program continuing to advance its staff members’ 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

Key partners in the BCDTC–Circuit program have received extensive and appropriate training regarding drug courts and have attended national and local conferences for drug court professionals. The BCDTC coordinator, ASA, APD, one PA, DPP supervisor, the administrative judge, and one of the treatment providers have all attended drug court-related trainings.

Suggestions/Recommendations

- There should be an extensive orientation for every judge, ideally prior to coming into the BCDTC–Circuit. While the administrative judge has attended a variety of intensive trainings, training would be beneficial for any judge serving this program.
- Treatment providers should be included in an overall training plan for the program, so that they will better understand the drug court model and their role in the process.
- Continue to support ongoing training and knowledge development for new and continuing staff specific to the drug court model, including new research as it becomes available, and best practices.

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

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

National Research

Responses to American University’s National Drug Court Survey (Cooper, 2000)

show that most drug courts are working closely with community groups to provide support services for their drug court participants. Examples of community resources with which drug courts are connected include self-help groups such as AA and NA, medical providers, local education systems, employment services, faith communities, and Chambers of Commerce.

Local Process

BCDTC–Circuit has connected with many community partners, including Goodwill Industries of the Chesapeake, housing agencies, and aftercare programs. A drug court graduate has created some transitional housing units in an effort to give back to the community and meet a need he observed when he was a drug court participant. All of these connections and supports are an integral part of a social fabric that enhances the program and benefits participants.

Suggestions/Recommendations

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

BALTIMORE CITY ADULT CIRCUIT DRUG TREATMENT COURT: A SYSTEMS FRAMEWORK FOR PROGRAM IMPROVEMENT

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

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

Community Level

Adults with substance abuse issues involved in the criminal justice system must be seen within an ecological context; that is, within the environment that has contributed to their attitudes and behaviors. This environment includes the neighborhoods, families, friends, and formal or informal economies through which they support themselves. In order to help individuals to effectively address their challenges, we must understand the various social, economic and cultural factors that affect them.

Social service and criminal justice systems are designed to respond to community needs. However, to be most effective, they need to clearly understand those needs. They must analyze and, together, agree on the problem (or problems) to be solved, what the contributing factors are, who is most affected, and what strategies are likely to be most successful at addressing the problem. An analysis of need helps define what the problems are and

what services designed to address those problems should look like, who the stakeholders are, and what role each will play. The key agency partners involved in the BCDTC–Circuit seem to agree on, and have a clear understanding of, their service population. Some discussion, however, is still warranted, specifically in terms of determining the appropriateness of clients with dual diagnoses (serious mental health issues in addition to substance abuse) and serious medical conditions for drug court.

SUMMARY OF COMMUNITY-LEVEL RECOMMENDATIONS

Program leadership should conduct further discussions to identify additional community connections and resources, and to come up with ideas for generating outside support from community partners in an effort to increase treatment capacity in Baltimore City. Key agency partners can use the advisory committee or other community connections to identify possible funding sources and/or advocate for additional services. An emphasis should be placed on the holistic and collaborative nature of the drug court program and how these connections can increase participants' success. Additional funding or collaborations could help meet the needs for an increase in the availability of substance abuse and mental health services, supportive housing, and employment support, widely identified by respondents and program participants as critical to client success.

Agency Level

Once community and participant needs are clearly defined and the stakeholders identified, the next step is to organize and apply resources to meet those needs. No social service agency or system can solve complicated

community problems alone. Social issues—compounded by community level factors, such as unemployment, poverty, substance abuse, and limited education—can only be effectively addressed by agencies working together to solve the problem holistically. Each agency has specific resources available to contribute to the program, including staff time and expertise. At this level, partner agencies must come together, with a common understanding of each other’s roles and potential contributions to the process. They must each make a commitment to work together toward achieving earlier agreed-upon goals.

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

SUMMARY OF AGENCY-LEVEL RECOMMENDATIONS

- The program will benefit from dedicated attention to enhanced communication and team building. The implementation of meetings involving key agency partners (ASA, APD, PAs, treatment providers, and judge), to discuss participant progress and case planning, will generate creative solutions to challenges, help to develop/enhance relationships, support the transition to non-adversarial roles, and increase opportunities for program successes. While it is understood that implementation of this process would re-

quire a commitment of time outside of court, it is possible that discussions prior to court would save time during the court session. The team could consider testing this approach with a small set of participants or selecting participants that the team would like to have time to discuss. The team could postpone discussion of participants who will need to share additional information in the court session.

- Analysis and refinement of the process from arrest to drug court entry will create efficiencies in the system and allow for participants to begin treatment sooner.
- Adding a probation agent will result in decreasing the caseload size to a more manageable level, so that each PA can provide appropriately intensive supervision and case management to each individual.
- Allowing the judge to serve on a longer rotation will maximize his/her experience/learning/effectiveness and more fully develop relationships with the other agency partners and program participants, which will contribute to positive outcomes for participants.
- Continue to support training for all key partners in the BCDTC–Circuit program.

Program Level

Once a common understanding of the particular need to be addressed is achieved, and partner agencies and associated resources are at the table, programs and services can be identified and developed. The services that are brought together, or created, in this manner can make more efficient use of public funds. They are also more likely to have a positive impact on the issues/challenges being addressed. Organizational and procedural decisions can then be made, tested, and refined, to arrive at a process that reflects a smooth and seamless flow of services and a

set of daily operations that work best for each unique community.

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

- Make sure that program staff are entering client data into HATS in a timely manner, and before the individuals are expected to arrive at the treatment agencies. The program should have policies and procedures that delineate expectations for data sharing, including HATS data entry. Supervisors are responsible for ensuring that staff members are trained appropriately and following through with their responsibility to enter data according to program guidelines. In addition, the program should use the State's new SMART Management Information System when it becomes available.
- Guidelines related to communication processes should clearly identify the purposes of information that is shared and when it is needed so that it can be optimally useful, such as assessment and referral information reaching treatment providers before participants arrive at the agency and progress reports on clients reaching the court before they have a drug court session. Clear timelines and communication of key decision points such as hearings and referrals, ensure that collaborative programs such as drug courts operate as efficiently and effectively as possible.
- The program should continue to accumulate and analyze drug court program and participant data and use it for program reviews and planning. In addition to its

value in improving program processes, this information can better inform the team about the types of participants who are most and least successful in this program, to provide guidance about the best use of drug court resources and the unmet needs of current and prospective participants.

- Program leadership should conduct an outcome study in the future to follow up on the 2003 cost study. The new evaluation should consider program effectiveness in light of continuing program maturation and the ongoing application of program improvements.
- The drug court program should resolve the variability between the SAO and the DPP) in which participant caseloads are counted, so that consistent messages can be shared with outside partners/the public and so that partner agencies can come to agreement on decisions made based on caseload numbers, to minimize confusion and frustration.
- The program is considering whether to implement a graduation requirement that participants need to be employed and have completed 20 hours of community service, which is a requirement of the district court program. While having these discussions, keep in mind the ultimate goals of drug court such as living a drug and crime-free life. If employment requirements help individuals achieve these higher-level outcomes, and can be implemented without creating barriers to success for participants, they are reasonable additions to the program.



SUMMARY AND CONCLUSIONS

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

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

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

There are other areas in which the program could make further efforts. It continues to be a challenge to achieve meaningful participation of all team members in the drug court, and to develop a more fully collaborative process with non-adversarial roles between the State’s Attorney’s Office and the Office of the Public Defender. As with most complex systems, communication at all levels could be enhanced, including the timely sharing of information among treatment providers, parole agents, and court. The program should assess and streamline its enrollment process to decrease the time it takes

to enter drug court following arrest. In addition, implementing a more rapid response to noncompliant behavior would help resultant sanctions to be more effective.

The program would benefit from increased treatment capacity in the community in terms of substance abuse and mental health treatment services, as well as supportive housing. As with many other drug court programs, the BCDTC–Circuit struggles with identifying and securing adequate resources to address mental health concerns among clients. Additional funding for psychiatric and other mental health treatment may increase the availability of those resources for program participants, thus helping to improve participant stability and success.

The program’s level of funding limits the number of participants it can serve. There is an interest from several key stakeholder agencies in being able to serve additional individuals if additional funding becomes available, to support a manageable caseload for PAs (maximum of 50) and to increase available judicial time, treatment slots and transitional housing options for participants. Increased support for treatment, support services, and program slots would enhance the benefit this program could have on felony offenders in Baltimore City.

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



REFERENCES

- Bureau of Justice Assistance Drug Court Clearinghouse Project, Justice Programs Office, School of Public Affairs, American University (2007). *Drug Court Activity Update*. Retrieved June 2007 from <https://spa.american.edu/justice/documents/1966.pdf>
- Carey, S. M., & Finigan, M. W. (2003). A detailed cost analysis in a mature drug court setting: Cost-benefit evaluation of the Multnomah County Drug Court. *Journal of Contemporary Criminal Justice*, 20(3), 292-338.
- Carey, S. M., Finigan, M. W., & Pukstas, K. (under review). *Adult drug courts: Variations in practice, outcomes and costs in eighteen programs in four states*. Submitted to the U. S. Department of Justice, National Institute of Justice, May 2007. NIJ Contract 2005M114.
- Carey, S. M., Finigan, M. W., Waller, M. S., Lucas, L., & Crumpton, D. (2005). *California drug courts: A methodology for determining costs and avoided costs, Phase II: Testing the methodology, final report*. Submitted to the California Administrative Office of the Courts, November 2004. Submitted to the USDOJ Bureau of Justice Assistance in May 2005.
- Cooper, C. (2000). *2000 drug court survey report: Program operations, services and participant perspectives*. American University Web site: <http://spa.american.edu/justice/publications/execsum.pdf>
- Cowger, D. C. (1994). Assessing client strengths: Clinical assessment for client empowerment. *Social Work*, 39(3), 262-268.
- Crumpton, D., Brekhus, J., Weller, J. M., & Finigan, M. W. (2004). *Cost analysis of Anne Arundel County, Maryland Drug Treatment Court*. Report to the State of Maryland Judiciary, Administrative Office of the Courts and Baltimore Substance Abuse Systems, Inc.
- Crumpton, D., Brekhus, J., Weller, J. M., & Finigan, M. W. (2004). *Cost analysis of Baltimore City, Maryland Drug Treatment Court*. Report to the State of Maryland Judiciary, Administrative Office of the Courts and Baltimore Substance Abuse Systems, Inc.
- Finigan, M. W., Carey, S. M., & Cox, A. (2007). *The impact of a mature drug court over 10 years of operation: Recidivism and costs*. Submitted to the U. S. Department of Justice, National Institute of Justice, December 2006. NIJ Contract 2005M073.
- Government Accounting Office (2005). *Adult drug courts: Evidence indicates recidivism reductions and mixed results for other outcomes*. www.gao.gov/new.items/d05219.pdf, February 2005 Report.
- Hare, R. D. (2003). *The Psychopathy Checklist-Revised* (2nd ed.). Toronto: Multi-Health Systems.
- Hartwell, S. W. (2004). Comparison of Offenders With Mental Illness Only and Offenders With Dual Diagnoses. *Psychiatric Services*, 55, 145-150.
- Longshore, D. L., Turner, S., Wenzel, S. L., Morral, A. R., Harrell, A., McBride, D., Deschenes, E., & Iguchi, M. Y. (2001). Drug courts: A conceptual framework. *Journal of Drug Issues*, 31(1), Winter 2001, 7-26.

Lurigio, A. J. (2000). Drug treatment availability and effectiveness. Studies of the general and criminal justice populations. *Criminal Justice and Behavior*, 27(4), 495-528.

National Association of Drug Court Professional Drug Court Standards Committee (1997). Defining Drug Courts: The Key Components. *U.S. Department of Justice, Office of Justice Programs, Drug Court Programs Office*.

National Institutes of Health, Community Epidemiology Work Group, National Institute on Drug Abuse (2000). *Epidemiologic Trends in Drug Abuse, Vol.1: Highlights and Executive Summary*. Retrieved May 2007, from <http://www.drugabuse.gov/PDF/CEWG/CEWG600.pdf>

SAMHSA/CSAT Treatment Improvement Protocols (1994). TIP 8: Intensive outpatient treatment for alcohol and other drug abuse. Retrieved October 23, 2006, from <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.28752>

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

Differences Between Baltimore City Circuit and District Court Drug Court Programs

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

1. Following arrest, individuals enter the BCDTC-District program more quickly (approximately 6 to 8 weeks) than individuals entering the BCDTC-Circuit program, many of whom have to wait in jail for 3 to 5 months prior to entering the program.
2. Individuals on probation with the BCDTC-Circuit are there on felony charges; as such, they expect more severe sentences than those in district court, who are there on misdemeanor charges. Many of those individuals interviewed felt that the severity of the sentence is a greater motivator for individuals in circuit court to enter the drug treatment court program (and to ultimately graduate) than it is for offenders in district court, who would receive lesser sentences.
3. The BCDTC-District program has pre-court team meetings, while the circuit court's program does not (preferring, instead, to address participant issues/concerns from the bench).
4. Unlike district court, drug court staff reported that there is no applause during the circuit court session for those participants who are doing well.
5. Participants who are not doing well in the BCDTC-Circuit program are more apt to "disappear" (abscond) than participants in the district court program. It was reported that this was because circuit court participants know they will be given considerable jail time if they are removed from the drug court program.
6. BCDTC-District requires participants to be employed and to perform 20 hours of community service before graduation, while circuit court does not have these requirements. However, the circuit court does support its participants by providing referrals to job training/placement programs after individuals are stabilized, including the Goodwill Jobs Program (funded through a BJA Grant). When appropriate, they will also encourage volunteering for community service.

APPENDIX B: FEEDBACK FROM FOCUS GROUPS

Baltimore City Adult Drug Treatment Court Focus Groups Summary

CIRCUIT COURT GRADUATES AND PARTICIPANTS

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

- It gave me an opportunity to sit and get information that I would not ordinarily have gotten.
- I got into an acupuncture program over at the Detention Center, and that program prepared me mentally, spiritually, and physically.
- When I got into outpatient treatment I was able to focus more on the information that I received at the Detention Center.
- First my thinking had to change. Being held at the Detention Center let me sit still long enough to have that start to happen.
- I'm not in prison. It saved me [many] years.
- As time goes on, you see you change your way of thinking. They also give you room to slip up.
- They make you responsible for yourself.
- They give you chances, not just time.
- Drug court provided an opportunity for me to look at myself and ask, "Why not me?" instead of, "Why me?"
- It helped me build my self esteem and integrity.
- They believed in me, and that was something I hadn't done.
- With drug court, the blueprint they had was intense. I didn't have time to wander...it was work on yourself, and you had to do it. I saw what I denied myself for years: the opportunity...to be teachable...listening.
- People in the drug court were people I could listen to.
- It is developing your spirituality. If you know God is good, how good can you be?
- One of the greater things drug court taught me was that I need to focus on me.
- Feeling a sense of pride in what you have done. It is the small things that lay the foundation of anything better.
- Not using wasn't real in my world. It took drug treatment court to hold me up and give people the time to come in and talk to me.
- I got the tools—the information—from drug court. But the people who came before me provided me with the information on how to use those tools [role models]. Then I will do my part.
- For me, it was the treatment that made me realize that drugs aren't the only problem.
- It gave me a sense of direction and better understanding of life, and I am more focused on where I want to go.
- There is no question drug court was the rock that allowed me to stand up and get information and a good realistic start. No one GAVE me anything. I had to walk and catch busses and have a strong urge to fulfill a dream even though most people didn't believe in that dream.

What didn't work/isn't working for you?

- In the [many] years I have been in this process, I learned that we will never be well. Clean time don't mean you are totally recovered. It means you are getting better. When we have graduation ceremonies, our alumni's think when they receive their certificate the process is over. That is the biggest mistake.
- Emphasis shouldn't be on graduation and the certificate. They think they are done.
- A lot have families, and we know that this is what we need, but it is hard on our families.

Have you been treated fairly?

- Depends.
- Yes, even though I don't like the consequences, like sanctions.
- [Judge] listened to some stuff deep down in me that only a judge could hear, and he was inclined to give me the benefit of the doubt and keep me in treatment.
- Drug court was the greatest support I received from the judges. And other people, like [State's Attorney] did, too.
- They tell you to keep up the good work. They care about people.
- They have more for men than women.
- He [director of non-certified transitional housing] accepts you with open arms and without a penny.
- Drug court will pay for state-certified houses, but not the ones give the most help: Rays of Light and Day by Day. But that is the only way we get better.
- I think the program should be giving him [director of supportive housing] money to help us.

[Many comments and much discussion similar to the above, applauding the help they receive from the supportive housing and its director, the good it does, transportation and other assistance he gives out of his pocket, and the desire for the director and the program to receive financial help]

- How can you compare years and years of drug use to just months of not using?
- I commend them [PAs]. They give us a chance to put ourselves together.
- [Judge] made me feel like a human being...it's the back and forward relationship [graduate still has connections with the judge and coordinator]. This goes on for a lifetime, and enriches people's lives.

Suggestions

- There are not enough beds for people coming back out. They need a certain section for people going through drug court. It is a different way of thinking. They need to address that.
- I stayed 21 days [in jail, beyond what was required] before they found me a bed.
- I stayed 3 weeks in the worst part of jail because they couldn't find me a place. On a 30-day sanction.
- If they could get the place for people waiting for sanctions and bed in recovery, they could have NA meetings and stay in the right state of mind.
- We need more programs for job readiness, schooling refresher (some have been out of school 15-20 years), job training.

- We need housing.
- The process of drug court would work even better to have people who have graduated be even more involved.
- It's not just cutting recidivism or people going to jail. It's people not dying. The greater element is getting the people that it is for involved again, so it is a long-term process.
- What would help is if this program could grow nationwide. Some people are involved from a monetary point of view, and they should be because we need it, but we have to bring them [graduates] back from a practical point of view. If it worked for me and you, why can't it work for thousands of others? Get them involved!
- We need to get these people to feel that they are IMPORTANT. That is what they need.

APPENDIX C: DRUG COURT TYPOLOGY INTERVIEW GUIDE

Drug Court Typology Interview Guide

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

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

APPENDIX D: GLOSSARY

Glossary of Terms and Acronyms

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

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

APD: The Assistant Public Defender (defense counsel)

ASA: The Assistant State's Attorney (prosecutor)

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

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

BSAS: Baltimore Substance Abuse Systems, Inc.

CPHA: Like BAASH, Citizens Planning and Housing Association helps to certify transitional housing

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

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

HATS: State drug court data system

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

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

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

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

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

PA: Probation agent (case manager/probation officer)

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

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

TEMA: Temporary Emergency Medical Assistance, funds supportive housing