

**Drug Courts in Maryland:
An Assessment of Drug Court Enhancements
and Recent Data Trends in Eleven Adult Drug Courts**



**INSTITUTE FOR
GOVERNMENTAL
SERVICE AND RESEARCH**

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and Recent Data Trends in Eleven Adult Drug Courts**

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Introduction

Approaching the 25-year anniversary of the opening of the first drug treatment court in Miami-Dade County, drug courts continue to grow and gain attention as jurisdictions nationally look to reverse the incarceration binge of prior decades. Maryland was one of the first states to make a commitment to drug courts, and today the state Office of Problem Solving Courts (OPSC) oversees one of the most extensive networks of specialized courts in the country, including both circuit and district-court based drug court programs in the major metropolitan areas and smaller programs in rural counties in every region of the state.

With funding support from the federal Bureau of Justice Assistance (BJA) and the Maryland Judiciary Administrative Office of the Courts, the Institute for Governmental Service and Research at the University of Maryland, College Park undertook the study reported here of 11 of the state's adult drug courts. Employing methods detailed below, the research had three distinct components. The first involved in-depth studies of four drug courts in Baltimore City and Carroll, Cecil, and Wicomico counties that had implemented program enhancements under BJA funding. In addition to a detailed descriptive assessment of enhancement plans and progress in implementation, program data from the Statewide Maryland Automated Record Tracking (SMART) system were gathered and analyzed to further assess drug court performance and outcomes at each site during the demonstration period. A second study component involved analyzing similar data from SMART on seven additional drug court programs in Baltimore City and Anne Arundel, Dorchester, Worcester, St. Mary's, and Montgomery counties. These sites were selected for inclusion by OPSC, and are representative of the diversity of drug courts in the state. Using 3½ years of data (January 2014 through March 2015), trends in admissions, active participant census, and program completion results, along with common program elements (service referrals, participant sanctions, incentives) are assessed for each of these seven sites. Finally, a comparative analysis was done. Again drawing from the available SMART data, this narrative assessment compares and contrasts recent data and trends among the 11 drug courts on the same descriptive and performance measures listed above.

Methodology

A mix of qualitative and quantitative methods was employed in studying the four drug courts that implemented program enhancements. Background information in the form of program and policy manuals provided by drug court coordinators at each site was reviewed and used as a basis of initial structured telephone interviews done with each coordinator. Documents specific to the enhancement components were also obtained and reviewed. These included narrative proposals for the enhancement funding and quarterly progress reports prepared and submitted to OPSC by each site for the period from the effective beginning of the demonstration period (January 2012) through September 2014. Following introductory phone interviews (and in some cases subsequent follow up via email), site visits were arranged and conducted at each drug court. These visits included an observation of drug court review hearings, typically over one of the court's regularly scheduled half-day sessions, as well as interviews with drug court team members. The structured interviews were tailored for the team roles in

each site, including the drug court judge, coordinator, case managers, Division of Parole and Probation (DPP) agents, public defenders, prosecutors, and substance abuse treatment staff. Interview protocols were adapted as needed for specialized staff, including those incorporated as part of the proposed enhancements (e.g., a social worker in Baltimore City, peer recovery support counselors in Carroll County). Most interviews were conducted individually at the site; in a few cases, onsite interviews were done with two team members performing the same role and some individual interviews were done after the site visit via telephone.

For the study of the four enhancement sites, as well as the seven additional sites and the comparative analysis, SMART data were obtained from pre-scripted automated program reports in several domains: admissions, discharges, case management activities, service referrals, sanctions, and incentives. Participant demographics and other characteristics were included as part of the admission and discharge reports. The SMART data reports were exported to Excel and SPSS statistical software for analysis purposes.

The drug court sites (and treatment program partners) are responsible for all SMART data entry and the completeness (and reliability and validity) of these data. Through training and the persistent persuasive efforts of OPSC there have been significant improvements in the amount and quality of SMART data in recent years. Data on admissions, discharges (including program completion and termination), and the active participant census and participant characteristics appear complete and reliable. Variations in the completeness of SMART data across courts (and across time within courts) do remain, however, and the amount of missing data from some courts in certain domains makes reporting and interpretation of these results dubious. Data on case management activities (planning and review meetings with participants and team members) and treatment were thus excluded from analyses, and where noted, data on service referrals, and in a few cases sanctions and incentives, must be viewed with this caveat in mind.

For the enhancement site analysis, SMART data were obtained for quarterly periods beginning in 2011, the year prior to demonstration startup. Data were collected through the second quarter (April-June) of 2014, and the site visits and interviews were conducted over late summer and through the final months of 2014. These reports present annual admissions and census data for the 2013 calendar year, and compare trends over the pre-enhancement year (beginning January 2011) through June 2014. Drafts of the enhancement site report were reviewed for accuracy and updating by each of the site coordinators in the spring of 2015, and drug court judges and the other team members reviewed a final draft during the summer. SMART data on the seven additional drug court sites were obtained in the spring of 2015 and cover the period January 2012 through the first quarter (January-March) of 2015. For purposes of the final comparative analysis, updated data were obtained on the four enhancement sites to match the tracking period used for the seven additional sites. The reports included here on these programs have not been reviewed by drug court team staff at these sites.

Report Organization

The three study components appear sequentially as sections in this report. The four enhancement site reports comprise the first section. Each of these begins with a detailed description of the drug court program, including the court's history, structure (team members and their agencies, target population, screening and intake), and operations (legal mechanisms, phases and progression, incentives and sanctions policies), and the drug court's substance abuse treatment and other ancillary service linkages. Annual data for 2013 are presented on admissions, active participants and participant characteristics, and on discharges and completion status. The next section describes plans and implementation progress of enhancements made under the BJA funding awards. This is followed by a narrative and graphical account of data trends just before and during the enhancement period. Each report closes with a review and assessment of the program in light of eleven drug court standards areas explicated by the National Drug Court Institute of the National Association of Drug Court Professionals (NADCP).

The second section of this document includes more abbreviated reports on the seven additional drug court sites. As noted above, these discuss data trends for a 3 ¼ year period through March 2015 in admissions, participant census and characteristics, discharges and completion status, service referrals, sanctions, and incentives. The last section of the report presents comparative results on these descriptive and performance areas, identifying and discussing patterns in the data often relating to the state's diversity of drug court participant populations and site locations. The discussion is accompanied by figures and charts; an appendix shows the comparative results in table format.

Enhancement Courts

Baltimore City Drug Treatment Court—Circuit Court

Court History

The Baltimore City Drug Treatment Court—Circuit Court (BCDTC/CC) was implemented in 1994. Felony cases as well as misdemeanor cases which come to the court by “jury trial prayers” are administered by the Circuit Court. The District Court in Baltimore City also operates a separate drug treatment court that hears misdemeanor cases. Operationally, the Circuit Court DTC includes two tracks, A and B. Until recently, Track A was known as the Baltimore City Felony Drug Diversion Initiative (FDI), which was established in 2003 as a diversionary program from long term incarceration for non-violent offenders with extensive criminal histories and serious substance abuse problem. Funded with a \$1 million federal grant, the FDI court was aimed at reducing the backlogs and postponements between arrest, arraignment, and trial dates for those opting into the original drug court, which often delayed their admission into DTC for six months or more. In the FDI, discretion in managing drug court cases was shifted from the State’s Attorney to the Drug Court judge. The FDI program name was dropped in 2013 when its model of operation was adopted for both Tracks A and B. Under the current protocol potential participants are screened and formally assessed by the initial date in court (arraignment for felons and 21 days after a request for jury trial for misdemeanor cases). Currently, it is possible for BCDTC/CC participants to enter treatment within 24 hours of arraignment, depending upon the availability of an appropriate treatment placement.

The Honorable Ellen M. Heller and the Honorable Thomas J. S. Waxter, Jr., both retired, are presiding judges for the BCDTC/CC. The Drug Treatment Court Coordinator is Angela Lowry. The Honorable Sylvester B. Cox is the Judge in Charge of the DTC.

Evolved from the former FDI docket, Track A was originally reserved for more serious offenses (as defined by Maryland Sentencing Guidelines) and more involved treatment issues (such as co-occurring disorders), while Track B was intended for cases with less serious charges and treatment issues. Judge Heller was instrumental in the creation of FDI and continues to preside over Track A; she has been with the DTC since 2003. Judge Waxter presides over Track B and has been with drug court since 2010.

Prior record or severity of addiction is no longer used to assign participants to a particular track and both tracks draw from the same pool of defendants. Participants are now assigned tracks alternately when they plea into DTC and each track is allocated a comparable number of cases each month. Currently, Track A cases are heard on three Thursdays per month, while Track B cases are heard on Monday and Tuesday mornings.

Court Structure

Current Census and Capacity

As of April 30, 2014, the SMART database showed there were 474 active participants in the DTC. Although the program does not have a stated target capacity, this represents a decrease over a program census that topped 600 during all of 2011. The drop in participants, described in more detail below, is attributable to various factors, some of which were temporary. Technical problems with a new referral system instituted by the State's Attorney's Office (SAO) in April 2014 precluded identification of a number of potential candidates. Then in May 2014, medical leave of the State's Attorney assigned to DTC precipitated a series of substitutes who had varying expertise in the SAO process for identifying potential DTC cases. The falling numbers also reflect efforts made over 2012 and 2013 by the Coordinator and Case Managers to update and improve the accuracy of the SMART database by removing cases from "active" status for individuals who had never been admitted to the program (cases for which admissions data were entered but elected not to participate), or had long been terminated or otherwise discharged from the program.

A more persistent issue identified by the DTC team is that there are fewer cases being referred to the drug court, or electing or seeking to participate, which satisfy legal eligibility criteria for the program. Discussed further in the drug court standards section at the close of this report, Judge Heller and the Coordinator have indicated that adjustments to the eligibility criteria are being considered that would permit more defendants access to DTC while still ensuring public safety.

Oversight

In addition to oversight provided at the State level by the Drug Court Oversight Committee, administration and direction of the CC DTC is accomplished through the Administrative Judge, the Judge in Charge of the Criminal Docket and a Drug Court Advisory Committee.

The Advisory Committee meets quarterly. Members include key DTC team members and supervisors from member agencies:

- DTC judges
- The DTC Coordinator
- The DTC Care Coordinator
- The DTC Case Managers
- The DTC Social Worker
- Representative of the State's Attorney's Office (SAO)
- Representative of the Office of the Public Defender (OPD)
- Representatives of the Division of Parole and Probation (DPP)
- Representative of Behavioral Health Services Baltimore (BHSB)

The Judge in Charge of Drug Court chairs the Advisory Committee and is also responsible for oversight of the DTC.

The DTC Coordinator is supervised by the DTC judges and reports to them regularly. She also reports quarterly to the Advisory Committee and is responsible for administering records related to the drug court.

Drug Treatment Court Team

Each track of the Drug Treatment Court has a team comprised of these members:

- **DTC Judge (3)**
 - Judge Cox is the Judge in Charge.
 - Judge Heller presides over Track A/FDI and is the only judge to have presided over Track A. She has presided over drug court since 2003.
 - Judge Waxter has presided over Track B cases since 2010. Prior to this date, several judges had rotated through this position.

- **DTC Coordinator**
 - Angela Lowry is the DTC Coordinator for both tracks. She has served in this capacity for approximately four years.

- The DTC Coordinator has daily operational oversight of the CC drug court. She oversees relations and coordination between the DTC and substance treatment providers and other community-based service entities. The Coordinator supervises Case Managers, the Social Worker, and the Care Coordinator assigned to Track B.

- **Case Managers (2)**
 - The current Case Managers (CM) joined the DTC team within the past two years (one hired in the summer of 2013 and the other in late spring of 2014). Case Managers serve both tracks, and rotate on a monthly basis sitting in on cases in each track.
 - Case Managers enter data in the Statewide Maryland Automated Record Tracking (SMART) system used by Maryland's DTCs, and assist participants with all non-treatment needs such as job training/placement, housing, education programs, eligibility for benefits, and obtaining IDs and Social Security numbers.

- **Office of the Public Defender (2)**
 - Assistant Public Defender (APD) Romel Showell has served the Track A docket for a little over ten years. He is also responsible for other, non-DTC cases and devotes approximately 70 percent of his time to DTC Track A.
 - Assistant Public Defender (APD) Robin Ullman has served the Track B docket for over ten years and 100 percent of her time is devoted to drug court.
 - Although assignments are track-specific, the role of the APD in each track is identical, including assisting with the identification and vetting processes of candidates for DTC and advising and advocating for participants during drug court hearings. The two APDs share an office and a history with DTC.

- **State's Attorney's Office (1)**
 - Gregg Solomon is assigned from the State's Attorney's Office (SAO) to serve both tracks. She joined the team recently, in September 2014, replacing another State's Attorney who was transferred to the District Court after spending three

years with the DTC. The State's Attorney assigned to the drug court serves DTC dockets exclusively.

- The role of the State's Attorney includes identifying potential DTC candidates, coordinating the vetting process and plea agreements, and calling cases at hearings.

- **Care Coordinator (2)**

- The Care Coordinator (CC) position was originally created through the FDI Court.
- Jerry Jackson is the Care Coordinator assigned to Track A. He is an employee of Behavioral Health Systems Baltimore (see below) and estimates that 60 percent of his time is devoted to DTC cases. He has been a drug court team member for three years.
- Edna Green is a part-time, contractual Care Coordinator assigned to Track B. She reports to the DTC Coordinator and has been a member of the drug court for two and one-half years.
- The CC arranges for treatment and coordinates information between treatment providers and the DTC team. The CC is present at all DTC hearings, and assists participants with treatment problems that arise between court sessions.

- **Social Worker (1)**

- Penny George is the DTC Social Worker hired through the current BJA grant; the DTC enhancements deriving from this grant are discussed in a separate section below. Ms. George moved to 60 percent time in September 2014 after working a fulltime position for most of the duration of the BJA grant.
- The Social Worker conducts psychosocial evaluations and assessments of participants referred to her by the DTC team to determine appropriateness of continued drug court participation, and she refers participants for mental health services if indicated. She shares her findings and recommendations with the CC and provides a written report to the court.

- **Department of Public Safety & Correctional Services – Division of Parole and Probation (10)**

- o Four DPP Agents are assigned to Track A.
 - o Five Agents are assigned to Track B.
 - o Agents are responsible for community supervision of participants and their compliance with DTC orders and conditions, including drug testing, reporting to the drug court, and maintaining contact with treatment providers. Agents also make recommendations to the court concerning possible sanctions or remedial action for participants who may be in violation of their participation contract.
- **Behavioral Health System Baltimore (BHSB; formerly BSAS)**
 - o BHSB is a private non-profit agency created by the merger of Baltimore Substance Abuse Systems (BSAS) and Baltimore Mental Health Systems (BMHS) in 2013.
 - o BHSB monitors and certifies treatment providers who receive funding from BHSB. BHSB-certified providers enter client data in SMART for DTC participants.
 - o The BHSB Associate Director of Criminal Justice attends monthly drug court team meetings and Advisory Committee meetings.
- **Addicts Changing Together-Substance Abuse Program (ACT/SAP)**
 - o ACT/SAP is a treatment provider available to DTC participants at the Baltimore City Detention Center. The standard program length of stay is 45 days and includes treatment planning; counseling; acupuncture, HIV/AIDS education, testing, and counseling; life skills; computer literacy; and adult education.

Each DTC track team meets prior to each docket (Track A on Thursdays, Track B on Mondays and Tuesdays).

Target Population Served

Referrals to drug treatment court are made through the Public Defender’s office and the State’s Attorney’s office. Candidates are assessed according to the following criteria:

- Eighteen years of age or older
- Baltimore City resident
- Show indications of serious and chronic substance abuse

- Not on parole at the time of the offense(s) that triggered the DTC referral or at the time of the plea into drug court
- Have no open cases that are not resolved by the plea into DTC
- Have no open cases in any jurisdiction other than Baltimore City
- Not currently on probation, unless the Circuit Court Judge presiding over the probation case agrees to transfer the supervision of that probation to DTC. If the individual is on District Court probation, the judge must agree to hold any violation of probation in abeyance unless the defendant has been terminated from drug court because of a violation of probation.

Persons with a prior conviction on any of the following charges are ineligible unless the conviction was at least ten years prior to the present offense and any sentence associated with conviction was completed at least five years prior to the present offense:

- Murder and manslaughter
- Rape
- Abduction or kidnapping
- First degree assault or other serious violent crime
- Sex offenders in the first, second, or third degree
- Child abuse (physical or sexual)
- Handgun
- Armed robbery and other cases involving handguns
- Arson

Additionally, persons who are co-defendants of other cases in which the SAO is unwilling to sever are also disqualified from DTC participation. Any convictions not identified above that involve violence or a victim are reviewed on a case-by-case basis. Some individuals who are under court-ordered supervision as part of Maryland's Violence Prevention Initiative (VPI) due to a conviction on certain violent offenses may also be admitted to the DTC with more intensive supervision mandates.

Court Operations

Legal Mechanism

Referrals to the DTC are made by the Office of the State's Attorney, the Office of the Public Defender (OPD), and the Court. Felony and misdemeanor cases follow slightly different paths to DTC assignment; the former are processed through the drug court team and the latter originate in the District Court and are transferred to the Circuit Court when they plea a jury trial for their misdemeanor offense(s). When a misdemeanor defendant who may be appropriate for the DTC pleads a jury trial, the OPD advises him or her of the option of drug court. Upon confirmation of the defendant's willingness to consider DTC, a drug court hearing date is scheduled in addition to the Circuit Court jury trial date and a treatment eligibility screening is also scheduled. The Coordinator estimates, however, that fewer than 20 percent of DTC participants originated from the District Court.

Legal eligibility is vetted by DPP and the SAO for potential candidates who have agreed to consider DTC participation. Once legal eligibility is determined, candidates enter Phase One of DTC as referrals and are screened for treatment eligibility. Candidates in Phase One have not yet been admitted to drug court. Felony referrals are screened by professional assessors under contract with BHSB, and misdemeanor referrals are screened by clinicians in the DPP Assessment Unit. In addition to determining treatment eligibility, the screening establishes American Society of Addiction Medicine (ASAM) Level of Care for eligible candidates.

Eligible candidates who agree to participate in drug court appear before the arraignment judge, consenting to the plea agreement and conditions of the DTC. Participants are admitted to the DTC by order of the arraignment judge. Any dispute on eligibility for DTC is determined by the arraignment judge. At this hearing, the participant is assigned to Track A or Track B and the CC arranges for the participant's treatment according to his or her assessed ASAM Level of Care. Whether a participant is assigned to Track A or Track B depends upon which CC is assigned to the court the day of his or her arraignment hearing.

Length of Participation

Participants sign a contract that specifies the minimum time for completing DTC is two years, although judges have the discretion to graduate someone after 18 months if she or he remains in substantial compliance throughout this period. A significant number of DTC

participants need inpatient treatment (ASAM III.3 and III.1) at the beginning of their drug court participation.

Phases

The phases of the Baltimore City Circuit DTC vary from phase structures employed in other drug courts. Although four phases are identified, Phase One is actually a pre-plea period during which legally eligible candidates are screened for treatment eligibility and ASAM Level of Care. Referrals enter as DTC participants upon order of the arraignment judge, ending the Phase One period. Whether a participant enter the DTC in Phase Two or Phase Three depends upon his or her assessed Level of Care; participants assessed as needing inpatient residential treatment (ASAM III.3 and III.1) enter Phase Two and participants assessed as needing outpatient treatment (ASAM I and II.1) enter Phase Three. The DTC Coordinator estimates that 70 percent of participants initially require inpatient residential treatment and up to 95 percent require inpatient treatment at some point during drug court participation. The table below summarizes the minimum conditions and requirements for Phase 2-4.

DTC Requirements	Phase Two (Residential Tx)	Phase Three (Outpatient Tx)		Phase Four (formal tx complete, supervision continues)
		1 st 6 weeks	Thereafter	
UA Frequency	Weekly	2x/week	Weekly	Weekly
Supervision Agent Meetings	Twice per month	2x/month	Monthly	Monthly
Court Contact	Monthly			
Other Requirements	Additional recommendations made by CC or Supervision Agent			

All urine testing by the DPP Agent presumes that regular, random testing by treatment provider is also occurring.

Phase One: All referrals enter Phase One (pre-plea) for treatment screening. Upon acceptance into the DTC program, participants move to “next phase appropriate to that individual’s addiction needs.”

Phase Two: Residential treatment. Although roughly 95 percent of DTC participants do require residential substance abuse treatment, participants identified by ASAM criteria as needing outpatient treatment only will skip Phase Two. Participants who are identified for residential treatment typically spend three to six months (minimally) in Phase Two. Prior to transitioning to Phase Three, the DPP Agent conducts a home visit to the community residence where the participant will live and submits continuing care forms to the court as part of a structured after-care program plan.

Phase Three: Outpatient treatment. A small number of DTC participants (needing outpatient only treatment) enter Phase Three directly from Phase One. Phase Three represents a progression for Phase Two participants who received inpatient treatment. Participants in Phase Three are expected to be engaged in or actively seeking employment, education, or vocational training.

Phase Four: All formal treatment is complete. DPP continues for the duration of the period of court-ordered probation. Participants in Phase Four are expected to continue regular attendance in support groups (NA, AA, or similar).

Throughout their drug court stay, participants may be downgraded to a prior phase if satisfactory progress is not achieved or maintained in the present phase. The Coordinator acknowledged that, while this formal phase structure is in place, it is infrequently referenced in communications with participants, and many “don’t know what phase they are in.”

Progression through the DTC

- **Phase One:** Phase One is the pre-plea entry point for all legally eligible referrals where treatment eligibility and ASAM Level of Care is determined. Referrals become participants and are assigned to Phase Two or Phase Three (depending upon treatment needs) when they are ordered to DTC by the arraignment judge.

- **Orientation:** At the initial drug court appearance for each new participant, he or she receives an orientation to the DTC from all members of the team, including an explanation of the drug court requirements from the judge and a packet of written information.
- **Progress Conferences:** These review hearings are regular appearances before the DTC judge to monitor progress; they typically occur monthly. All members of the team attend the hearing and the participant is represented by counsel.
- **Basic Requirements for DTC Graduation:**
 - Minimum of 18 months DTC program participation
 - Compliance with all DTC program requirements
 - Minimum of 12 consecutive months drug-free
- **Graduation Ceremony:** Participants who have maintained twelve consecutive months drug-free, have no pending charges, and are in compliance with all requirements of court-ordered probation are eligible to participate in the graduation ceremony.
- **Unsuccessful Completion:** Participation in DTC may be terminated due to actions within or beyond the participant's control.
 - **Termination** occurs if a participant is non-compliant with DTC program goals or has become a supervision risk. Examples of conditions that result in termination include absconding from the program for an extended period (e.g., two years) and being returned on a bench warrant, new felony convictions (though some may be brought into DTC and supervision continued), and persistent non-compliance.
 - **Neutral (Disposition)** identifies termination of DTC participation due to medical and/or mental health issues that preclude a participant's ability to comply with program requirements. Death prior to program completion is also considered a neutral disposition.

Incentives and Sanctions

Incentives and sanctions are used by the DTC to shape participant behavior. The DTC team makes recommendations about their use and the judge ultimately determine whether and which incentives and sanctions are imposed. Incentives described by the team and the DTC Policies and Procedures manual include:

- Applause
- Verbal Praise
- Honor Roll placement
- Decreased supervision, UA, and treatment requirements
- Achievement trinkets and certificates
- Encouragement to give a brief speech to court audience

Participants who have maintained sobriety for a year, are in compliance with all drug court conditions, and have served 18 months probation may be graduated early from DTC as a reward.

Negative behaviors (failure to follow treatment/supervisory requirements) are addressed through imposition of graduated, appropriate sanctions that are ideally immediate. The DTC Agreement signed by participants describes of a range of sanctions from reprimand, a conference with the team, to violation and/or incarceration. Sanctions most frequently employed include:

- Increased supervision, UA, and treatment requirements
- Incarceration
- Referral to substance abuse program within detention such as ACT/SAP

The DTC Policy and Procedure Manual and the DTC Agreement includes, in addition to the sanctions listed above, increased support group attendance and community service. However, team members interviewed reported only those listed and indicated that community service is not used as a sanction.

Substance Abuse Treatment and Other Services

Substance Abuse Treatment

A primary goal of DTC is immediate treatment for substance abuse and addictions for offenders whose crimes are related to their substance abuse histories. Behavioral Health Services Baltimore (BHSB) certifies treatment providers who receive BHSB funding. The DTC strives to refer participants exclusively to BHSB providers as BHSB provides oversight and requires providers to document services in the SMART system, a web-based system that permits consented information to be shared. Examples of rare exceptions to this practice are participants who have an established relationship with a non-BHSB provider upon admission to the drug court and participants for whom transportation to a BHSB provider is not possible.

The Care Coordinator assists participants to access treatment providers according to Level of Care needed, availability of services, and proximity of services to the participant's residence. The CC monitors participant treatment and serves as liaison between treatment providers and the DTC. For many drug court participants, their extensive substance abuse histories and lack of community supports places a premium on access to residential treatment and team members agreed that locating inpatient beds has been a challenge in the past, particularly for participants who relapse. It was further noted that the Affordable Care Act (ACA) has had the unintended consequence of reducing access to affordable residential care, as ACA provisions have led to a shift in support to more comprehensive outpatient treatment options. Ultimately, however, the overall demand for residential beds has diminished simply as a result of the lowered DTC census and waits of three to four weeks that were once the norm for inpatient treatment are no longer the norm for most drug court participants.

Length of stay in residential care may extend to six months if beds are available; some participants are transitioned to outpatient after 28 days. When no residential beds are available, the DTC relies upon a few alternative options:

- Supportive housing ("non-certified") with intensive outpatient services.
- ACT-SAP placement, pending inpatient or supportive housing placement. This is a 45-day "behind the walls" program at the Baltimore City Detention Center.

Participants who are struggling in outpatient treatment may also be referred to the ACT-SAP program or supportive housing. Ideally, outpatient treatment is at least six months in duration, though length varies.

Medication-Assisted Therapy (MAT)

The use of medication-assisted therapy (MAT) is acknowledged in the DTC Policy and Procedure Manual as a treatment option that offers medication administration and monitoring for detoxification and maintenance for opiate addiction recovery. Medication-assisted therapy programs may provide additional medical services, counseling and support services, and educational/skills services. Primary treatment medications used by MAT programs in Baltimore are methadone and Suboxone (buprenorphine and naloxone).¹

Although the DTC does not track any statistics related to participants' use of MAT, the Coordinator estimates that more than half of the drug court participants receive MAT at some point during DTC participation. Some participants enter drug court as MAT recipients (in which case MAT is continued as indicated) and some may begin MAT during DTC participation. The Coordinator indicated that the drug court does not discourage its use and stated that it would be helpful to be able to accurately track MAT statistics. Extraction of MAT data from the SMART system is not currently available and the DTC does not presently have the means to undertake a project of this nature.

Mental Health Services/Supports

Participants may be referred to the DTC Social Worker for evaluation, recommendations, and referrals concerning mental health. Several DTC team members observed that mental health and psychiatric issues can present obstacles to successful completion of drug court and sometimes necessitate termination from the program. Access to mental health services depends upon availability of needed services and participant resources.

¹ As this report was being completed, BCDTC/CC was selected to be the first drug court in the state to implement an important extension of MAT that involves training participants in how to administer naloxone. An opioid antagonist, naloxone is used to treat overdoses, reversing the effects of opioids on the central nervous system and respiratory system and allowing an overdose victim to breathe normally. In addition to the training, drug court participants will be given prescriptions that allow them to readily obtain naloxone. The BCDTC/CC initiative is a pioneering effort that, in concert with other treatment and prevention efforts, are being rolled out in response to the steep escalation in overdoses and heroin-related deaths in the state.

Most of the BHSB providers treating participants for substance abuse also provide mental health services or are able to refer participants to mental health services. Behavioral Health Systems Baltimore maintains a directory of service providers through their Network of Care webpage in addition to providing oversight to a number of providers of service to DTC participants.

Regular attendance and participation in self-help support groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) is strongly encouraged and sometimes required by the court and/or providers.

The TIME organization was identified as a resource for DTC participants that provides an array of services including mental health and wrap-around therapeutic support.

Housing

Certified transitional housing is another scarce commodity for participants of the DTC. Traditional options include intermediate care facilities (two-to-six week stay) and halfway houses. Baltimore City zoning limits the number of occupants in supportive/recovery houses to eight. The number of community-based, supportive/recovery housing options has recently expanded in an effort to address the need in the City. The drug court has no formal agreements for housing assistance; however the DTC team's informal relationships with transitional housing officials may occasionally facilitate access.

Education, Employment, Skills Development

Education related to substance abuse and recovery is integral to several of the services provided through the DTC (for example, treatment and self-help groups). Education in a broader sense, including vocational training and skills development, is not provided directly by the drug court. Case managers refer participants for these services and assist them through the process while they are active in DTC.

Programs identified by the DTC team as particularly helpful to participants were:

- The Baltimore Responsible Fatherhood Project is an initiative of the Center for Urban Families, provides support in areas such as parenting skills and employability.
- America Works (AW) is an employment agency that provides job training and skills development for people who may have difficulty finding work because of backgrounds

that include issues such as substance abuse and a criminal record. America Works networks with a pool of employers who are willing to hire graduates of the AW two-week program.

- Goodwill Industries provides job training, placement, and employment in Goodwill-operated enterprises and in various community settings.

Participant Characteristics

Demographic information on active BCDTC/CC participants during 2013 for Track A and B, and the groups admitted to and discharged from each track in 2013 are shown on the next page.

The BCDTC/CC program serves a distinctly older, male population. About three-fourths of the 683 active participants (and 62% of admissions) were over 40 years old and just 16 percent were female.² As is the case with clients of drug treatment programs in Baltimore City generally, DTC participants were disproportionately African American, comprising over 95 percent of the program census; this contrasts with the City's racial composition, which is 67 percent African American. Hispanics account for a small proportion (4%) of the Baltimore City population, and an even smaller proportion of DTC participants (less than 1%). Active participants in Track A and B had similar demographic profiles. There were somewhat more females in B (16%) than A (9%), and admissions to Track B in 2013 were slightly more likely to be female and somewhat younger.

The admissions data showed that over half of the DTC participants did not graduate from high school (or earn a GED). More than 90 percent were unemployed at the time of admission and almost all reported a monthly income of less than \$1,000. Virtually all had a prior arrest record.

² Due to delays in updating discharge and active status of participants in the SMART database, the 683 figure likely overstates the number of participants who were active in the DTC at this time. However, there is no reason to believe the profile characteristics reported here for all 683 cases shown in SMART are not representative of the actual active participant caseload.

BCDTC/CC Admissions, Discharges, and Active Participants, 2013 Calendar Year

Note: SMART-generated reports do not include information for the blank table cells. The numbers in the descriptive cells may not add to the column total (at top) due to missing data.

Characteristic	Active Participants				Admissions				Total Discharges				Discharge Status											
	Completed		Terminated		Neutral																			
Total	683				159				205				125 (61.0%)		67 (32.7%)		13 (6.3%)							
TRACK	A		B		A		B		A		B		A		B		A		B					
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%				
Track Total	289	42	394	58	85	53	74	47	79	39	126	61	48	61	77	61	23	29	44	35	8	10	5	4
Female	27	9	63	16	5	6	10	14																
Age 18-29	28	9	42	10	7	8	15	20																
Age 30-39	51	18	55	14	20	24	13	18																
Age 40+	210	73	297	75	58	68	46	62																
African-American	278	96	376	95	80	94	71	96	78	99	120	95	47	98	74	96	23	100	41	93	8	100	5	100
White	10	3	15	4	4	6	3	4	1	1	5	4	1	2	2	4	0	0	3	7	0	0	0	0
Other	1	<1	1	<1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hispanic	2	<1	1	<1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Veteran	9	3	13	3	4	5	1	1												
< HS Education	46	55	37	51	35	45	58	46	22	46	31	40	9	39	23	52	4	50	4	80
HS/GED	37	45	35	49	43	55	67	54	25	52	46	60	14	61	20	45	4	50	1	20
Employed FT	1	1	3	4	7	9	17	13	7	15	17	22	0	0	0	0	0	0	0	0
Employed PT or Seasonal	0	0	2	3	12	15	5	4	12	25	5	6	0	0	0	0	0	0	0	0
Unemployed	83	98	63	85	55	70	96	76	25	52	50	65	22	96	43	98	8	100	3	60
Unknown	1	1	6	8	5	6	8	6	4	8	5	6	1	4	1	2	0	0	2	40
Attending School or Vocational Training	1	1	0	0	1	1	2	2	0	0	2	100	1	100	0	0	0	0	0	0
< \$1,000 Monthly Income	84	99	70	96																
Prior Arrest Record	83	98	73	99																

In 2013, 61 percent of those discharged had successfully completed the DTC and the completion rates of the two tracks were equivalent. About one-third were terminated unsuccessfully and six percent had a neutral discharge status, for reasons such as physical or mental health issues that precluded drug court participation. Not surprisingly, compared with the terminated cases, those completing were more likely to have earned a high school diploma or equivalent, and much more likely to be employed at the time of discharge. Although the employment rate was higher at the time of discharge for those completing DTC than the employment rate of admissions, more than half of those completing DTC were unemployed at the time of discharge. Virtually all of the terminated cases, however, were unemployed at time of discharge.

Data on primary drug of choice are not readily available from the SMART output, but staff report that the great majority of participants are users of heroin and/or cocaine.

Drug Court Enhancements under BJA Funding

In partnership with the Maryland Office of Problem-Solving Courts (OPSC), the Circuit Court BCDTC/CC obtained federal funding in the amount of \$248,523 over three years from the Bureau of Justice Assistance to make specific enhancements to the program. The BJA grant was earmarked for three primary purposes:

- employ a licensed clinical social worker (LCSW) to screen and assess drug court participants for major mental illnesses and substance use disorders and make referrals for services as appropriate;
- improve the DTC team's knowledge of how to access both mental health and substance abuse treatment systems; and
- increase the DTC team's familiarity with local resources and referral sources, especially those with specialized programs for clients with co-occurring disorders.

Implementation

Information reported here on implementation activities under the grant was obtained from quarterly reports submitted to the funding agency by the BCDTC/CC, observations of court hearings, and interviews conducted with the LCSW, Coordinator, the DTC Judges, and other members of the drug court team.

Social Worker Activities. The LCSW, Penny George, was hired fulltime to fill the position with the DTC in May 2012. Having worked with the Medical Services Division as a member of the court medical evaluations team for several years, Ms. George brings extensive experience in

working with the courts and the offender population to the position. Her primary duties include conducting evaluations of participants' mental health history and status, and reporting to the court on these assessments; making recommendations to the DTC team about improved ways of working with the participants based on their mental health and substance abuse histories and service needs; and referring participants either directly or indirectly (in consultation with Care Coordinators and Case Managers) for mental health and co-occurring treatment services, and for ancillary services as needed. The LCSW attends all team meetings and court review hearings.

The mental health evaluations are done with individuals who are referred by members of the DTC team because they are believed to have co-occurring disorders or issues that may require services or support beyond those offered by most substance abuse service providers. In many cases these are persons who have struggled in the standard programs used by the drug court. The evaluation can be conducted in a court office or in the community; they are sometimes done at the Baltimore City Detention Center or with individuals being held in lock-up in court. In conducting the assessment, the LCSW reported that she tries to put the person at ease and to converse informally, while probing with structured queries for mental health issues and disorders. She brings to the assessment background information recorded previously by the DTC and other court and service records in SMART; she compares interview answers with those from prior records and information provided by participants' DPP agents, Care Coordinators, and Case Managers. She will consult with treatment program staff, but noted that service providers are often difficult to reach and some do not communicate effectively.

The Social Worker pulls the information together into a formal report and issues her findings to the Court, with conclusions on the participant's status in regards to motivation, basic cognitive capacity, and mental health results, including any formal diagnoses. Evaluation results and recommendations for services are provided to team members and presented and reviewed as needed in court hearings. Recommendations are often presented as options for the Judge and drug court team.

From the time referrals to the LCSW began in March 2012 through June 2014, she conducted a total of 49 evaluations. On quarterly progress reports, between three and nine evaluations were done per quarter. Averaging under two evaluations per month for the duration, the Coordinator, LCSW and others reported these to be lower numbers than expected. The LCSW in particular noted that she was disappointed in the lack of referrals and

thought she could be conducting more in her time with the DTC.³ In September 2014, after most interviews for this report with the DTC team were completed, her time was reduced to a 60 percent position.

The LCSW is valued by the team, and there is a consensus view that she is competent, knowledgeable, and effective. Her training and experience in mental health assessment, in combination with an extensive history in working in the Baltimore City Courts and the local offender population would appear to suit her well for the position.

It is unfortunate, then, that she appeared to be underused while serving fulltime in the position. The demand was such that she rarely conducted more than one full evaluation per week, and there were some months where she conducted one or none. It was noted in interviews that her low workload permitted her time to fill in for a Care Coordinator when he was unavailable. There was no evidence that the number of referrals or assessments increased over the time she was working with the DTC.

There was no conclusive explanation for so few referrals. The prevalence of mental health issues in the BCDTC/CC population may be lower than expected. It is also possible that the procedures and mechanisms for identifying candidates and making a referral to the LCSW were insufficient in some way. The various potential referral sources -- the DTC Judge, Care Coordinators, Case Manager, Supervision Agents, service providers -- may have required more preparation and assistance in learning how to use the LCSW to the advantage of participants and the drug court. It may also be that, while team members were in agreement about the expertise and value of the Social Worker in serving persons with co-occurring disorders, they held varying views about the need for this expertise with all but a few DTC participants.

Outreach and Provider Networking. A secondary aim in adding a social worker to the DTC team was to improve knowledge about programs and options in mental health and co-occurring treatment and services, and to expand the service base and develop and improve

³ For several months in early 2013, the LCSW also met routinely with new participants in Track B at their first review hearing. At the time, Track B participants typically came to the DTC from the community without information on their medical and mental health histories, in contrast to Track A participants who arrived at the DTC from jail with complete background information. In these meetings the LCSW conducted brief “mini-assessments” on psychosocial factors and shared results with the Care Coordinator to inform treatment planning, and to anticipate any issues that may hinder success in treatment. Information on these meetings began to appear in BJA progress reports in 2013. In the first two quarters of that year, the LCSW held screenings with 25 and 21 new participants, respectively. Somewhat fewer new participants were seen quarterly since then, ranging from 13 to 16 and an average of about 14 per quarter (5 per month) through June 2014.

relations with local DTC resources. The LCSW does this through word of mouth, internal networking, and working with programs when they reach out to drug court. She has made efforts to connect with local service providers, including over 20 public and non-profit community-based programs.⁴

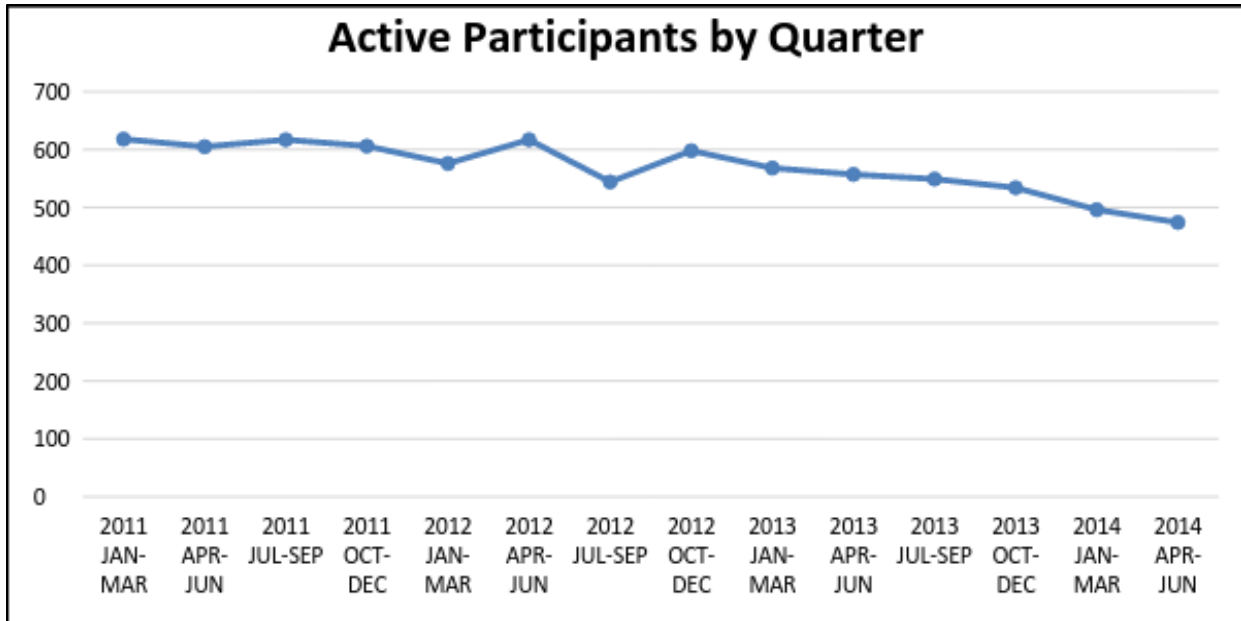
The BJA grant funding has also afforded the opportunity for the LCSW to attend numerous trainings and conferences during her time with the drug court.⁵ To expand the DTC team's knowledge about accessing both mental health and substance abuse systems, BJA funding was also used to enable several team members to attend the National Association of Drug Court Professionals annual conference.

Data Trends during the Enhancement Period

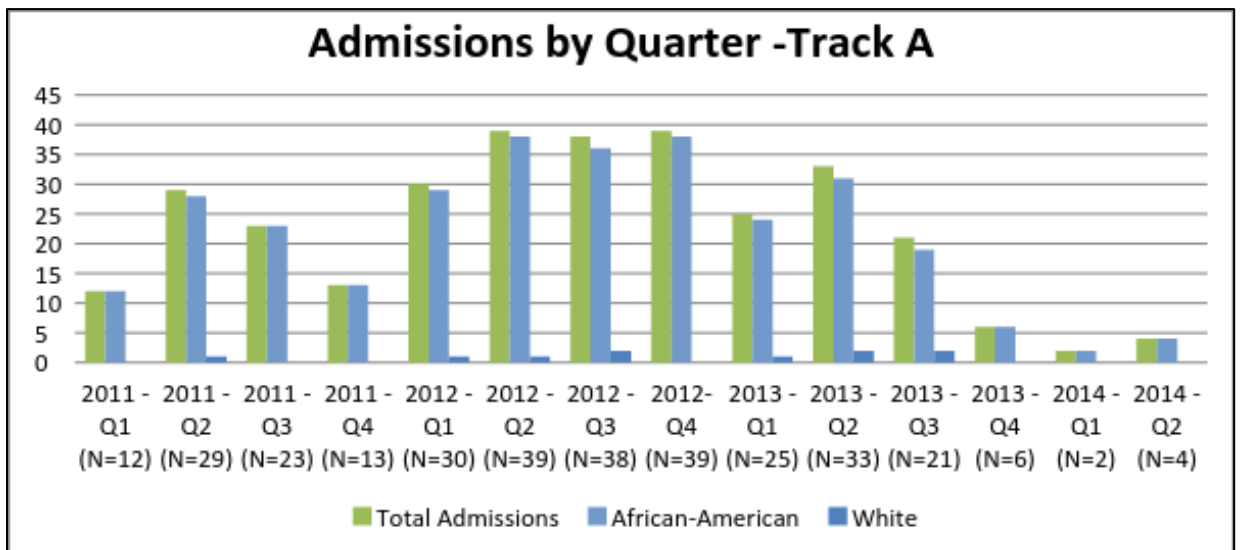
Information entered into the SMART information system were used to examine trends in various indicators from a baseline period of a year prior to the inception of enhancement activities made with BJA support through June 2014. As with the other sites, activities in the BCDTC/CC began with in early 2012 with the hiring of the LCSW, so the period used in the figures in this section begin in January 2011 (identified as 2011-Q1 in graphs in this section) and continue through June 30, 2014 (2014-Q2).

⁴ These included Powell Recovery; Madonna Healthcare Services; Baltimore City Integrated Dual Disorder Treatment Initiative; University of Maryland Alcohol & Drug Abuse Program; Center for Urban Families; Earl's Place and Dee's Place; Franciscan Center; Our Daily Bread; Healthcare for the Homeless; Next Passage; Total Healthcare; Family Health Centers of Baltimore; Maryland Center for Veterans Education and Training; Helping Up Mission; Weisman-Kaplan House; Damascus House; Marion House; Addicts Changing Together—Substance Abuse Program; Penn North Neighborhood Group; Way Station; Martha's Place; Micah House; and the Center for Urban Families.

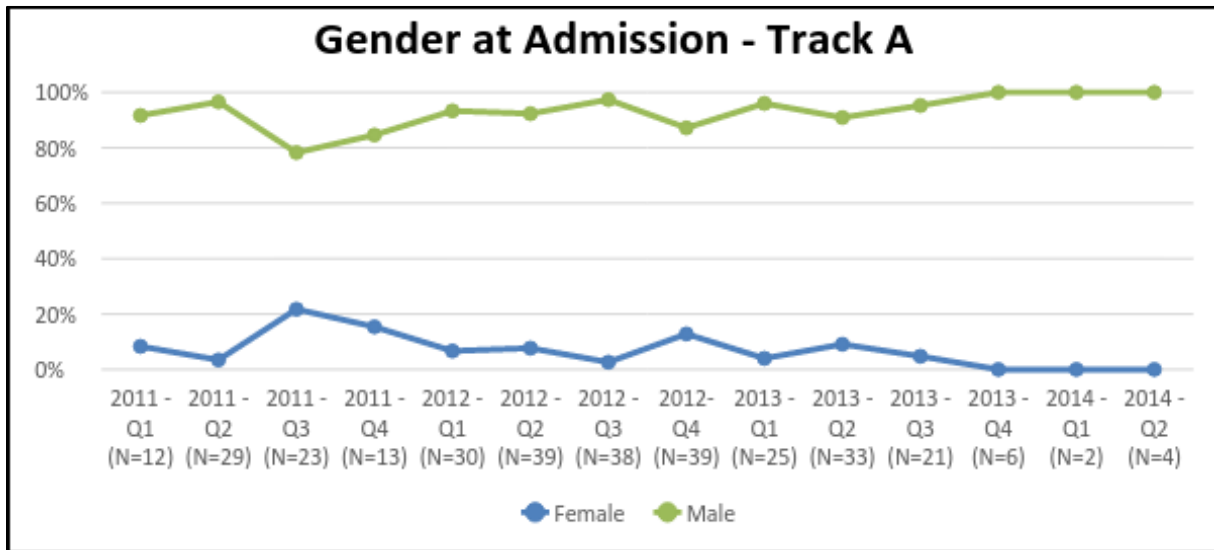
⁵ These included Progressive Approaches to Serving Court-involved Individuals in the Community through the Office of Forensic Services, and SMART user's group meeting; Juvenile Justice and Public Education through the University of Maryland School of Law; Ethics through the University of Maryland School of Social Work; Mental Hygiene Administration Special Needs Conference; NCADD Tuerk Conference; Mental Hygiene Administration Annual Conference on Behavioral Health Integration; annual OPSC Symposia; and the NADCP conference.



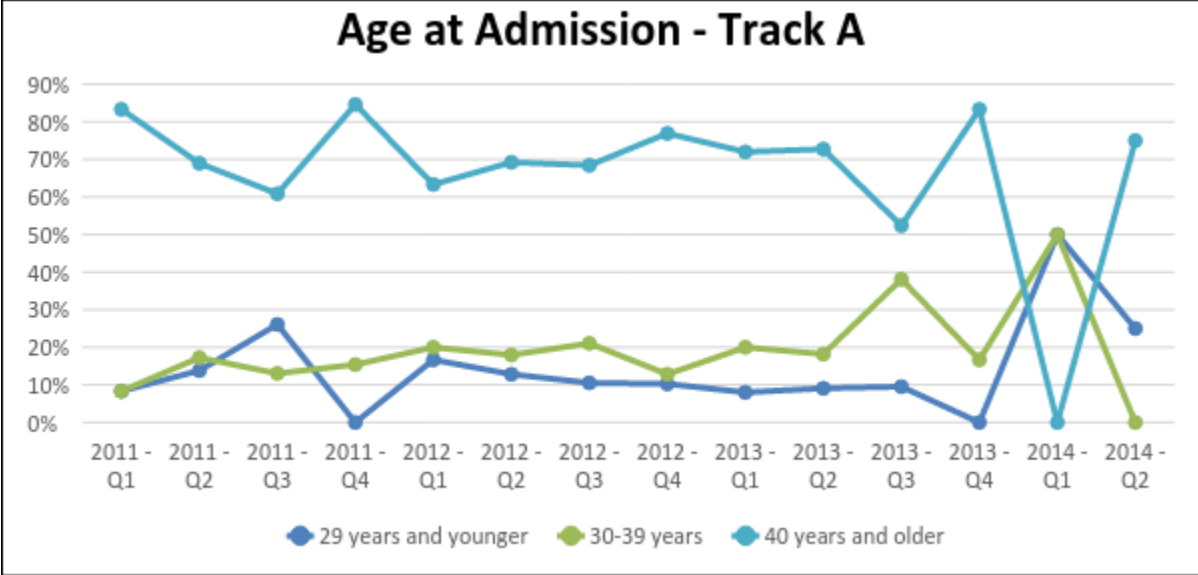
The BCDTC/CC program census fell by 23.3 percent over the 3 ½ year tracking period, from a high of 618 active participants in early 2011 to 484 participants in April-June 2014, the final quarter of the period. Nearly all of the decrease occurred during 2013 and 2014, when the census fell slightly but steadily, by an average of 20.7 participants each quarter.



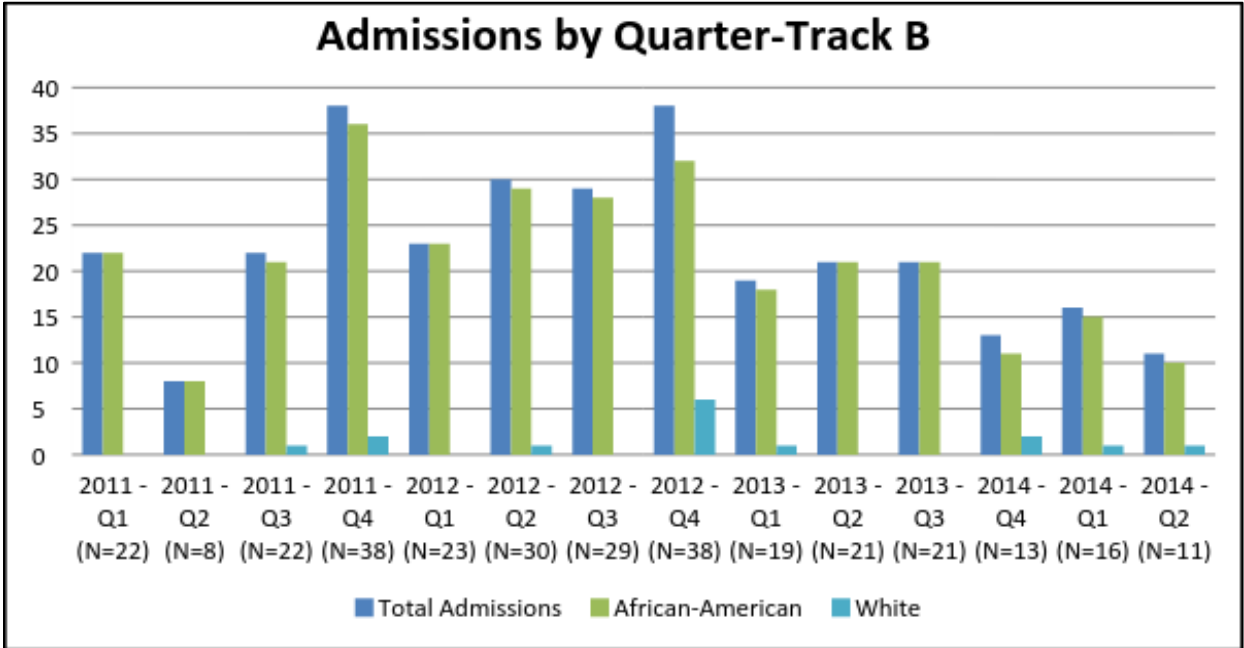
Generally coincident with the onset of the BJA enhancement funding, Track A admissions showed a notable increase in the second quarter of 2012 that remained at a relatively high level for a year. Beginning with the second quarter of 2013, admissions returned to a more variable pattern, with numbers rising and falling by 24 to 35 percent each quarter. Admission numbers for Track A fell to very low levels in 2014, for largely temporary reasons explained previously. Throughout the tracking period, more than 90 percent of admissions to the program were African American.



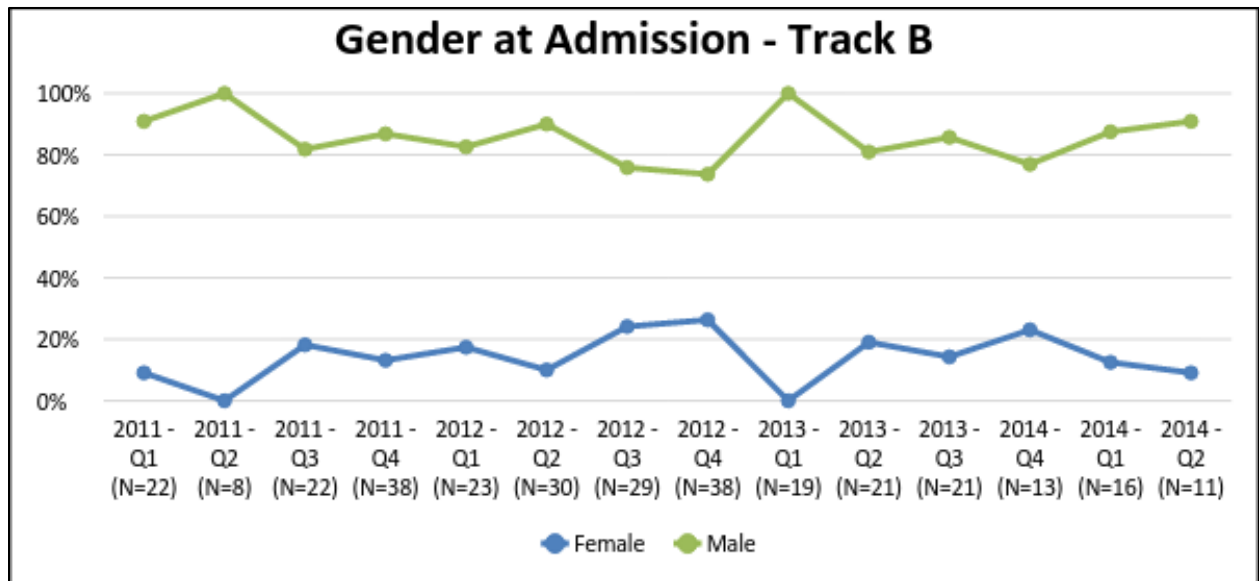
Track A admissions throughout the tracking period were overwhelming male, with females accounting for 10 percent or fewer of admissions for all but four of the 14 quarters; overall 8.0 percent of admissions were women.



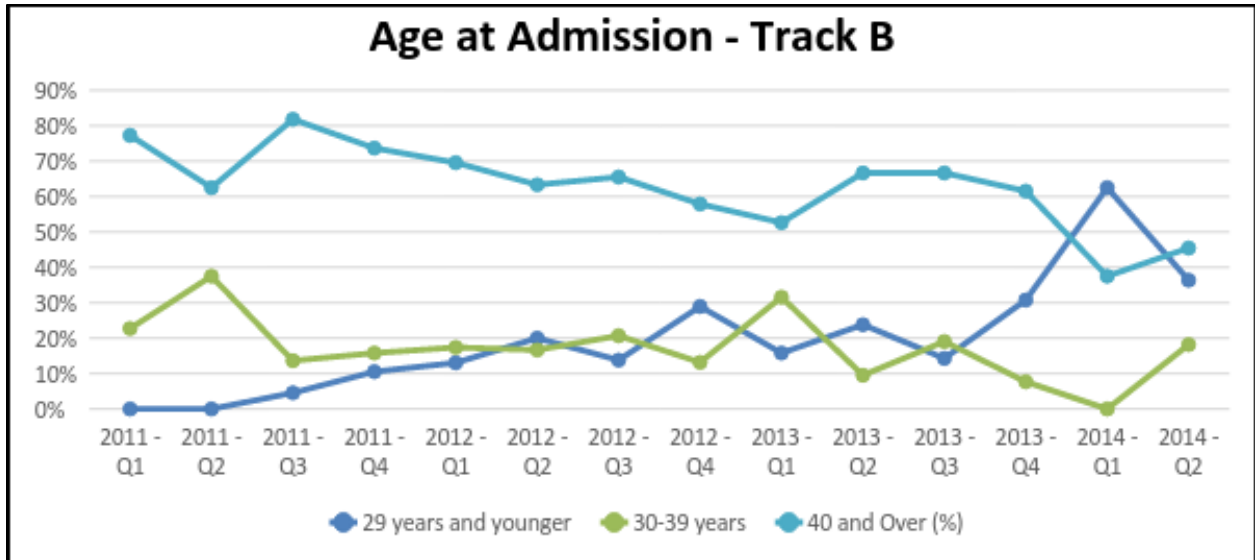
As reflected in the age admission trends and the 2013 program data shown earlier, a significant majority of participants in the Circuit Court BCDTC/CC were older, with three-fourths of admissions averaging 40 years of age and more. The final quarter of 2013 was an exception, when 8 of the 21 admissions were in their thirties, however the age trend resumed the next quarter (the striking variations in the graph for 2014 are somewhat misleading and attributable entirely to the very small numbers admitted in each quarter).



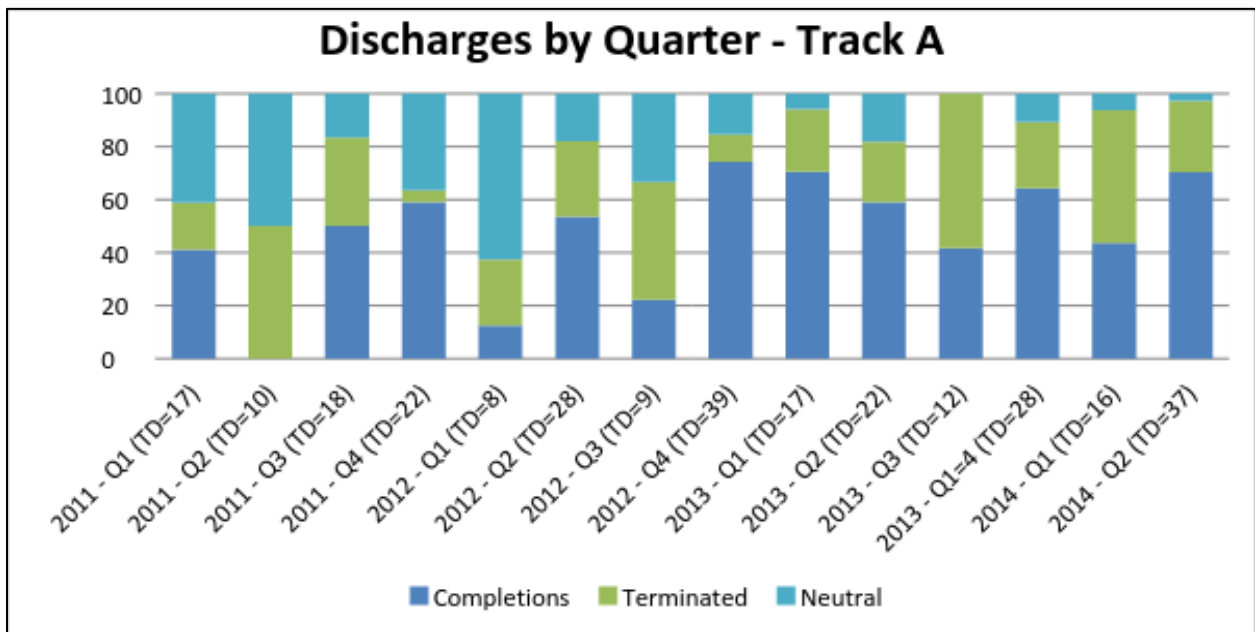
Admissions trends for Track B generally echoed those for Track A in showing higher admission numbers during 2012 and the first quarter of 2013. Quarterly admission figures in 2013 and 2014 were somewhat less variable in Track B compared to Track A, and admission numbers for 2014, while lower than other periods, did not show the same precipitous decline observed in Track A. As in Track A, nearly all Track B participants were African Americans.



With regard to gender, while similar to Track A in that the vast majority of participants were male, Track B admitted roughly twice the proportion of females, averaging 14 percent per quarter and 15.4 percent for the 3 ½ year period.

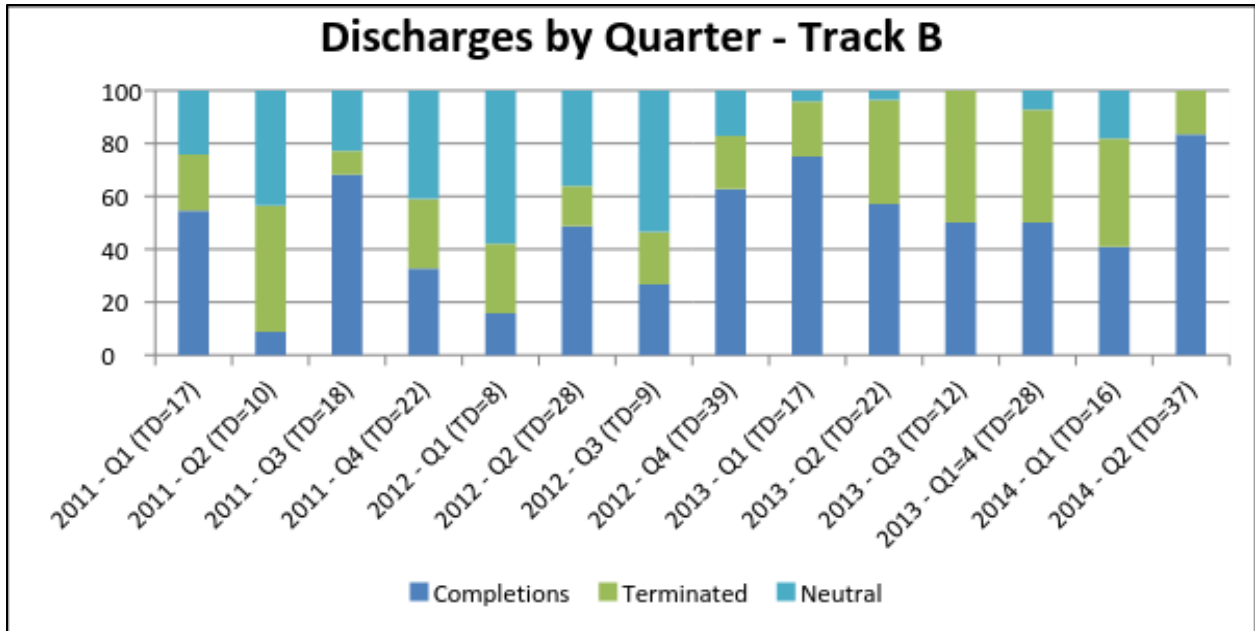


In addition to admitting more women, Track B served a somewhat younger clientele. Although the majority of admissions to Track B in nearly all quarters were in their forties, beginning in late 2011 there was a fairly steady decline in admissions of these older individuals. In the final two quarters of the tracking period less than half of all admissions to Track B were under the age of 40.

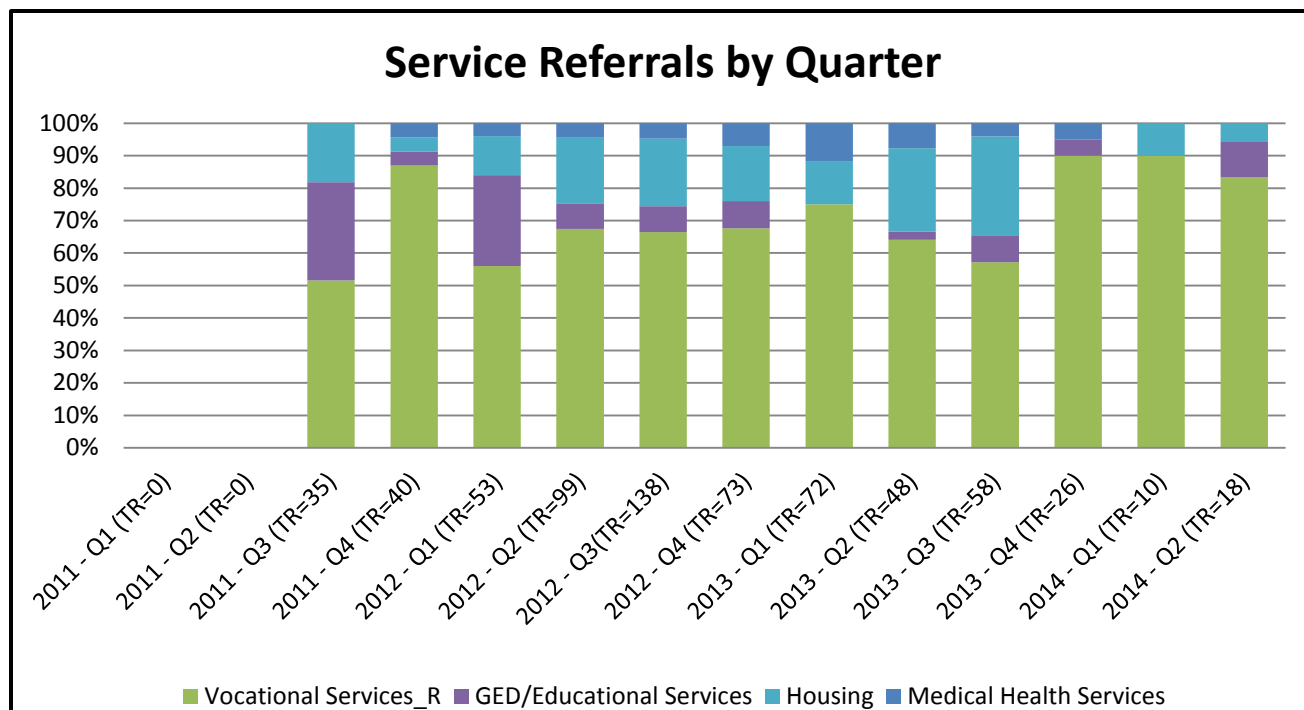


Over the full 3 ½ year period, 55.5 percent of all Track A discharges completed the drug court successfully. The trend data on discharge status, however, were markedly variable. During 2011 and much of 2012, completion rates in several quarters were low and there was an excessive number of neutral discharges. Changes in both areas were evident in later quarters. Most notably, completion rates rose in the period following implementation of the BJA-funded enhancements, from 43.3 percent in the 2011 baseline year to 59.3 percent in the subsequent years, reflecting a rise of 44 percent. During the period from October 2012 through June 2014, almost two in three discharges (64.3%) completed the program successfully. This more recent successful completion rate (as well as overall rate of 55.5 percent for that matter) is appreciably above the 50 percent completion rate one often hears associated with drug courts nationally.

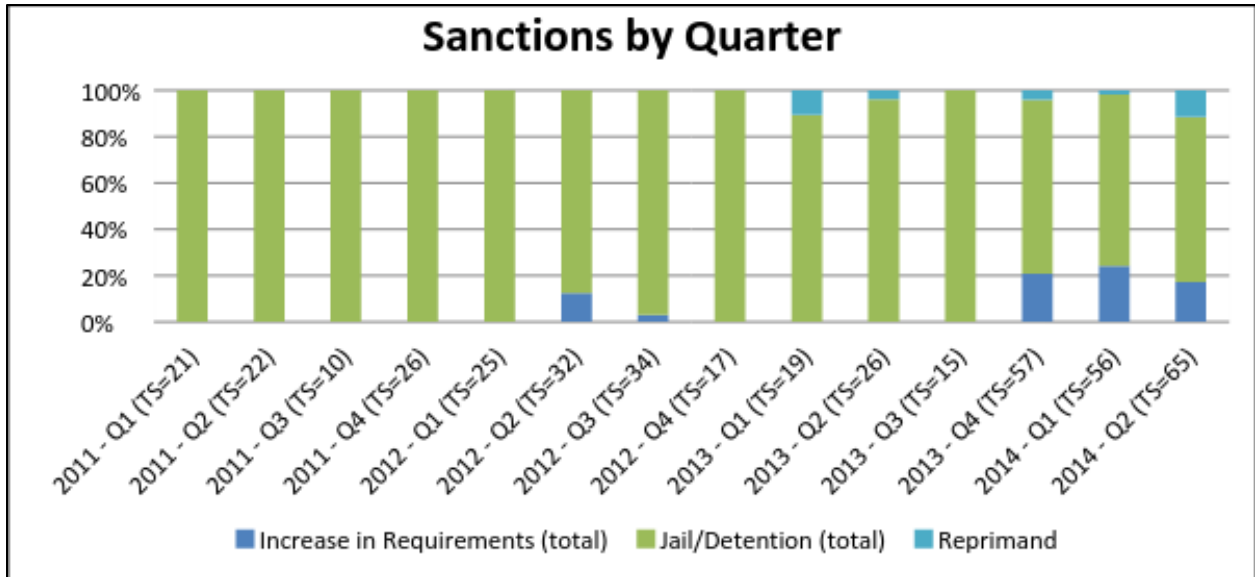
Further analysis showed this change was associated with a drop in neutral discharges. During the baseline year, 34.3 percent of all discharges were reported as neutral, compared to 13.4 percent in the following 2 ½ years. This change was partly attributable to improved handling of persons with mental health issues, largely resulting from the social worker position added under BJA funding. In the past, an undue number of individuals with mental health disorders were discharged because their disability inhibited their ability to meet DTC requirements and succeed. With input from the social worker, the program became better able to screen inappropriate cases from admission, and to aid participants at risk of discharge with more responsive mental health referrals and support. The drop in neutral discharges was also partly due to updating and correcting SMART data entry errors that had occurred prior to mid-2012. The discharge data showed that the increase in completion rates was not accompanied by a decrease in unsuccessful terminations. In fact these escalated slightly over the these time frames, from 22.4 percent to 27.3 percent.



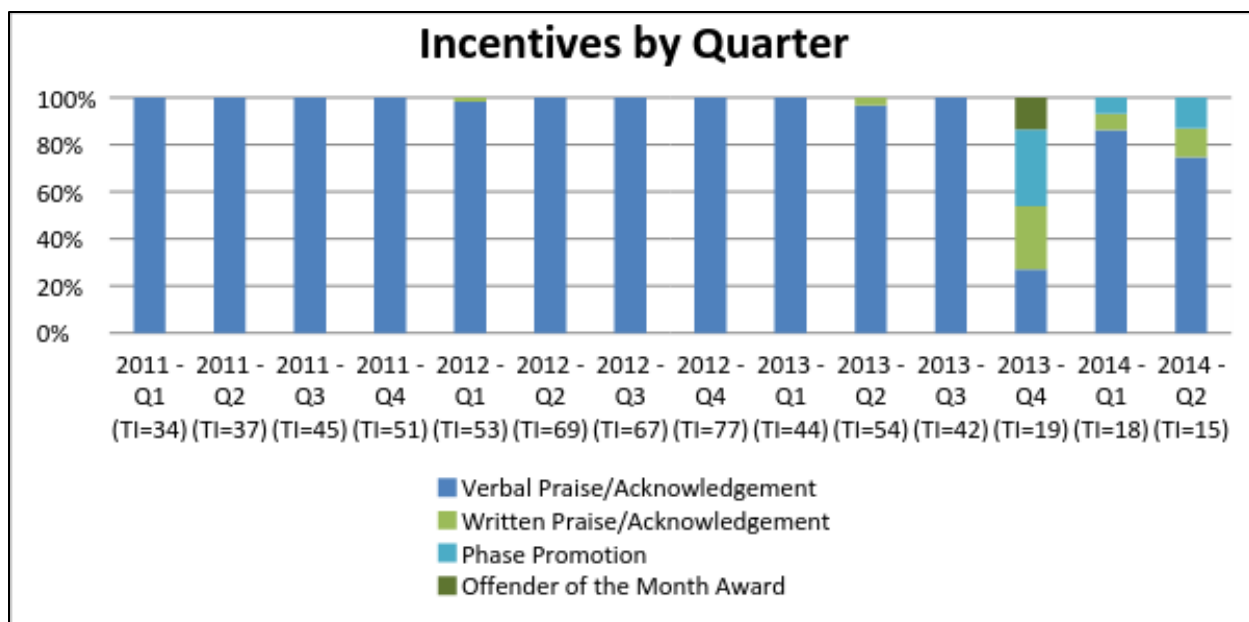
Discharge outcomes for Track B showed similar trends. The overall completion rate was slightly lower at 51.2 percent, and the increase in successful completions following implementation of the BJA enhancements was somewhat smaller than Track A's. The improvement was nonetheless still notable, with the completion rate rising by a 25.7 percent, from 43.5 in the baseline year to 54.7 percent during the following 2 ½ years. As with Track A, discharge outcomes were most favorable from late 2012 on, with a completion rate of 63.0 for the final quarter of that year through June 2014. Also similar to Track A, neutral discharges in Track B fell over time, from 32.9 percent in the baseline year to 20.3 percent during BJA implementation (again, in part due to data entry corrections made in SMART). Unsuccessful terminations went largely unchanged in Track B, occurring in about one in every four discharges throughout the tracking period.



As with many drug courts in the state, entry of certain data items in the SMART system by BCDTC/CC was inconsistent in the early part of the tracking period, and information on service referrals for drug court participants was missing for the first two quarters of 2011. Data entered for the following period showed a total of 670 referrals, averaging 55.8 per quarter. Referrals for vocational services were by far the most frequent, accounting for 59.1 percent of all referrals. Referrals for housing assistance were much more prevalent in BCDTC/CC than in most drug courts, totaling 104 and 15.5 percent of all referrals for this period. Referrals for educational assistance (8.4% of all referrals) and medical health services (4.6%) were the next most common referral types. Despite the focus of the BJA-funded enhancements on mental health, the SMART data showed just 15 referrals for mental health services, amounting to just 2.2 percent of all referrals made.



Given the number of participants in the BCDTC/CC, there was a surprisingly low number of sanctions recorded in SMART. Over the 3 ½ years, 474 sanctions were imposed, or about 30 per quarter; on average, 27.9 participants per quarter had at least one sanction imposed. A short jail/detention stay was by far the most common type of sanction used in the DTC, accounting for 82.1 percent of all sanctions. Verbal reprimands and an increase in requirements were the other sanction types reported, with each accounting for about 8 percent of all sanctions. An increase in requirements was employed more frequently near the end of the reporting period.



Consistent with consensus drug court best practices, BCDTC/CC employs incentives much more frequently than sanctions based on SMART reporting. Over the tracking period, a little over 1,000 incentives were employed by the DTC, or 73.7 per quarter. On average 63.3 participants each quarter were given at least one incentive, and the ratio of incentives to sanctions in the BCDTC/CC was high at 2.4. Verbal praise accounted for more than four-fifths (82.2%) of all incentives and was virtually the only type of incentive recorded from 2011 through the middle of 2013. Phase promotion, offender of the month awards, and a variety of incentives recorded as “miscellaneous” were employed over the last few quarters of the tracking period. Among the BJA enhancement sites, BCDTC/CC was unusual in virtually never employing tangible rewards (such as gift cards in small denominations) as an incentive for participants.

NADCP Best Practices Standards

Seeking to advance and update its 1997 publication of the “Ten Key Components” of drug courts, the National Association of Drug Court Professionals (NADCP) published an initial volume of *Adult Drug Court Best Practice Standards* in 2013. This first volume addressed five areas – target population, historically disadvantaged groups, roles and responsibilities of the judge, incentives, sanctions, and therapeutic adjustments, and substance abuse treatment -- and a forthcoming volume is reported to address additional standards regarding drug and alcohol testing, ancillary services, census and caseloads, team functioning, professional training, and research and evaluation. This section reviews Baltimore City DTC policies, practices, and

participant data trends in light of these eleven standards areas. The discussion employs the features of those standards as described in *Best Practice Standards, Volume I*, and research reviewed and summarized in *Best Practices in Drug Courts*, a special issue of the *Drug Court Review* issued in 2012 by National Drug Court Institute, NADCP's research affiliate.

Target Population

Candidate identification and eligibility criteria are consistent with the guidelines of this standard. Legal eligibility criteria are stated in the DTC Manual, and the vetting process includes evaluation of criminal history by the SAO, OPD, and DPP. Although violent crimes are categorically excluded, the docket includes a few exceptions through the Violence Prevention Initiative (VPI) which permits select participants with violent offenses under conditions of more intensive supervision. Mental health and substance abuse treatment needs are evaluated by qualified professionals using the DENS/ASI (Addiction Severity Index) and level of substance abuse treatment is established using the American Society of Addiction Medicine (ASAM) criteria.

Historically Disadvantaged Groups

It appears that the Baltimore DTC/CC is inclusive of historically disadvantaged groups with respect to admission and participation practices. The program's admissions and active participant census is markedly older and disproportionately male and African American compared to other drug courts in Maryland or nationally. This has been the case historically in both the District and Circuit Court Baltimore City Drug Courts and is most likely reflective of the local substance abuse population and the longstanding prevalence of heroin addiction in the City. Given that the two tracks are now drawing from the same pool of defendants, it is not clear why Track B admissions appear slightly more diverse demographically, with somewhat more women and younger clients. This may simply be an historical artifact of the prior differences between the two tracks, although admissions data from recent years suggest slight differences may be persisting. Further study of referrals, screening, and admissions practices of the two tracks should reveal any unintended differences in these processes.

Roles and Responsibilities of the Judge

The two judges presiding over the Baltimore DTC participate regularly in team meetings and integrate information provided by other team members into rulings. Both indicated that they have participated in drug court training and believe that training improves the quality of DTC.

In describing the tracks and judges, nearly all team members related the evolutionary nature of the drug court. Although the current practice of the DTC is that participants are assigned to a track based on what day they appear in court, memories of two distinct tracks persist. Team members that serve both tracks indicated that historical remnants and idiosyncratic differences between the judges appear to influence the character of the tracks and shape the nuanced interactions among each track's team members.

In a single half-day of observation of hearings in each track, both judges appeared attuned and informed about individual cases and were responsive to the unique circumstances of each case. Though distinct individual styles were observed, each judge interacted with participants in the courtroom and addressed participants and team members respectfully. Likely related to both personal style and the history of Track A participants being "tougher cases," the Track A judge appeared to dialogue frequently and prescriptively with participants, directing them to specific team members, and engaging individual team members about the issue at hand during the hearing. The hearing milieu of Track B was less formal, slightly less structured; some team members indicated the Track B judge tended to employ sanctions less frequently and less severely. On the morning we observed, some participants who were being sanctioned were vocal in expressing displeasure or resistance. In one response to an outburst at an incarceration sanction, the judge deftly demonstrated a therapeutic orientation that is essential to drug courts.

Incentives, Sanctions, and Therapeutic Adjustments

The range of options for incentives and sanctions appear to be limited in the Baltimore Circuit DTC. While the low number of sanctions reported from the SMART system in part reflects indifferent recording of data in the system until the last year of the tracking period, the lack of variety in sanction types was nonetheless evident. The DTC's reliance on short jail/detention stays (usually a weekend incarceration) was pronounced, and somewhat surprising given the view expressed by several team members that most participants "can do jail time standing on their head" – that is, with a sense of impunity, often seasoned by a decade or more of revolving door jail stays. One factor that makes this sanction type attractive to court personnel is that it includes an option to mandate a stay in the Addicts Changing Together Substance Abuse Program, a 45-day treatment program in the Baltimore City Detention Center. Notably, two other sanction types, reprimands and an increase in requirements, began to appear with greater frequency in the SMART data in the final quarters of the period. It will be interesting to see if the program continues to make more use of these and other sanction variations, such as community service time, that are employed by other drug courts.

To the extent the SMART data accurately represent the DTC's use of sanctions and incentives, there is a commendably frequent use of incentives in the program. These too, however, showed very little variation in type until the most recent quarters, with verbal praise (including applause and an honor roll status) used exclusively through mid-2013, and still accounting about three-fourths of the incentives since that time. Participants are placed on the honor roll by advancing and sustaining treatment involvement and negative UTAs; a privilege of their status is being called first in the DTC docket. There was a noteworthy absence of tangible rewards reported in the SMART data. The Coordinator indicated that the drug court has an assortment of such rewards that include drink bottles and stress balls, but the program had not yet developed a protocol for awarded them. Expanding incentive options through their use and that of even more tangible items such as gift cards would be a positive step for the DTC.

Substance Abuse Treatment

Participants are evaluated upon admission with the DENS/ASI and level of substance abuse treatment is determined according to the ASAM criteria. Use of treatment as an intervention by the DTC team appears to be consistent with best practices. The DTC's relatively extensive use of inpatient programs and MAT where indicated is further reflective of an evidence-based approach, and the featured involvement of BCDTC/CC in the state's overdose crisis response is noteworthy.

The program's longstanding association with the Behavioral Health Services Baltimore (and formerly Baltimore Substance Abuse Services) has afforded access to the full range of modalities that are needed for a drug court program of this size. BHSB also helps ensure some level of consistency and quality assurance in monitoring and reporting that would not likely be possible if the DTC had to rely on individual agreements with the dozens of providers. Interviewees did note, nonetheless, that the quality and longevity of programs and providers can vary widely, and that turnover in programs (particularly with supportive and therapeutic recovery housing providers) is a problem participants face in achieving safe and sober living conditions.

Drug and Alcohol Testing

Participants of the BCDTC/CC are tested two times per week during the first six weeks and then tested weekly after that. Frequency of testing is somewhat less than the recommended best practice of two to three times per week. Of greater concern are the delays in getting test results reported to the drug court. Several interviewees reported that the contractual arrangements employed by DPP for specimen testing are such that results are often delayed by a week or more, and may take as long as a month. Such delays render any response

by the court to positive test results null, as sanctions must be swift and certain to be effective. This latter principle underlies the best practice standard of a 48-hour maximum turnaround period for test results.

As is the case with many drug courts in the state, BCDTC/CC sets a high bar regarding the minimum time required for no positive drug tests prior to graduation. Research evidence points to the minimum period being 90 days, while the DTC requires at least one year of no positive results before the participant may graduate from the program.

Ancillary/Wraparound Services

As noted above, team member interviews indicated that the clinical social worker employed under BJA grant was under-used, and the scant figures on mental health service referrals in the DTC's SMART data further evidenced the lack of use. It is nonetheless creditable that DTC administrators sought and filled this position. She conducts psychosocial evaluations for DTC participants who are referred to her, and makes recommendations to the DTC for treatment conditions and considerations. Evaluations and recommendations by the Social Worker has improved the DTC's ability to respond to dual diagnosis and mental health issues in a more timely fashion.

Baltimore City DTC members refer participants for several recovery support services including job training and employment, housing, and a peer support group of BCDTC/CC alumni. The distribution of referral types in the SMART data appears consistent with reported needs of participants, with vocational services predominating, comparatively frequent housing referrals, along with educational and medical health referrals. Members of the team indicated that the need for these support services generally exceeds available resources, despite a number of efforts made by the team that have enhanced the network of ancillary providers.

A number of the team members interviewed expressed frustration with the instability of treatment options available to participants; treatment providers reportedly vary with respect to quality, particularly with respect to peer support services.

A need cited by team members is further cultivation of DTC-community partnerships that could provide more comprehensive and integrated support to DTC participants. Promoting a greater understanding of the goals and workings of drug court within the criminal justice community and among the general public was identified as an area for growth. Better understanding of DTC and recovery would assist employers and communities to facilitate assimilation of DTC participants into prosocial environments.

Census and Caseloads

The DTC saw its census drop somewhat over 2013 and 2014 and this decline remains unchanged in 2015, as discharges continue to outpace admissions. The two temporary issues that appeared to contribute to low admission numbers in 2014 – technical problems with a new SAO referral system and a key SAO position affected by medical leave – are now moot, but admissions have not increased. The Division of Parole and Probation reassigned one of their agents off the DTC due to the reductions in the drug court caseload, and there is concern about losing additional staff time if the census contraction continues.

The larger, perhaps chronic issue raised both directly and indirectly in interviews and observations of the DTC concerns changes in charging policies and the offender population generally that have effectively reduced the potential Circuit Court DTC client pool in Baltimore City. Specifically, there appear to be fewer defendants that meet DTC eligibility *and* face detention or sentences of incarceration that have in the past served to motivate these individuals to view drug court as an attractive alternative sanction. As evidence of this, team members pointed to both falling referral numbers and a growing number of drug-court eligible persons (and their attorneys) declining the DTC option.

Team members showed varying levels of awareness and concern over this issue when interviewed in the fall of 2014. Several interviewees expressed a diffuse but increasing sense of frustration and unease that the DTC should be serving more citizens of Baltimore City whose contact with the criminal justice system is prompted by substance abuse and addiction. A concern was raised that defendants charged with drug offenses who had serious underlying substance abuse problems were avoiding treatment and being disposed through conventional, non-custodial sentences, risking increased rates of re-offending.

As awareness and concern have risen through the first part of 2015, there has been more explicit discussion among the judges and other team members about the exclusionary criteria for DTC candidates. As the DTC accepts VPI offenders it may gain insights into this population that will inform potential changes in admission criteria. One change under consideration, for example, is refining the blanket rule that excludes all cases with hand gun violations, and considering admission in situations where the weapon was not used in the offense that triggered the initial referral to drug court. In any event, close attention to this issue – at one level a matter of admissions and census statistics and policy, but at another, a question of where the DTC fits in the City's criminal justice infrastructure – would appear to be clearly in order going forward.

With regard to drug court standards associated with census and caseload, the Circuit Court DTC census is considerably above the capacity figure of 125 which studies have generally found to be associated with less favorable participant outcomes including higher participant recidivism rates. Baltimore is no different than other large urban city drug courts in having to face these odds, and the DTC appears to have been proactive in addressing them. The large size of the DTC team, and particularly its inclusion of two dedicated judges, the social worker, care coordinators (in addition to the conventional case manager positions), and relatively generous number of DPP agents, as well as the court's formal involvement in the city's Behavioral Health System, are reflective of those efforts to effectively manage the large volume of participants.

Team Functioning

The pre-docket staffings observed for each track revealed differences that appear to be idiosyncratic to the presiding judge. One judge received briefing material prior to the team meeting and used the information to guide the meeting while the other judge appeared to rely upon team members' reporting during the staffing. Pre-docket staffings for each track were attended by attorneys, case managers, care coordinators, community service officers, the social worker, the coordinator, each of whom contributed to review and planning for each participant.

Professional Training

Training for members of the DTC appears to vary according to profession and availability. Several members reported attending OPSC and NADCP training and conferences, and a few reported being trained by other DTC colleagues prior to receiving formal training for their position as a result of the timing of their hire. The judges reported extensive training including federal training for judges, OPSC training, and NADCP conferences. A number of team members expressed a desire for regular, ongoing opportunities for training so that new hires can receive orientation to the DTC philosophy.

Research and Evaluation

The Coordinator and Case Manager enter participant data in SMART and the Coordinator submits quarterly reports to the OPSC. The Coordinator also maintains a separate spreadsheet to track select participant statistics. In the fall of 2014 the BCDTC/CC experienced some difficulty with the SAO programming technology, resulting in incomplete data for a three-to-four-month period. The Coordinator reported that frequent contact between agencies via telephone and email enabled the DTC to work around the issue, and more recently the problem has been eliminated through hand coding of these data.

Summary of Recommendations

Findings and conclusions drawn from this assessment of the BDCTC/CC should be viewed in light of its limitations. A more rigorous evaluation of the program is in order; it would include additional and more structured court observations; interviews with all team members (the views of DPP staff, who were not available at the time of onsite data collection, are notably absent here); and analyses of more extensive data on participants' treatment services and outcomes, including recidivism during and after participation. A future evaluation should devise a means of identifying a comparison group of defendants in Baltimore City with similar charges and criminal histories who do not take part in drug court, and compare this group's outcomes with those of program participants. While lacking these methodological features, the present evaluation has nonetheless suggested several priority areas for new and ongoing program development:

- Efforts to increase admissions to the program and return the participant census to prior levels should be heightened. Restrictive drug court admissions policies that unequivocally rule out defendants with prior weapons convictions or handgun possession charges have no basis in research evidence. At minimum, admissions of persons with these histories should be considered on a case-by-case basis and the time requirements for persons with a prior violent offense conviction -- ten years from the date of the conviction *and* five years from completion of the associated sentence in order to be eligible for consideration -- should be reduced. Eligibility waiting periods for those who have a prior drug court admission should also be shortened.
- The small but persistent differences in the participant profiles of Track A and B calls for further investigation of the referral and screening processes. Expanding age and gender diversity among active participants should be a goal of the program.
- The types of incentives and sanctions used with participants should also be expanded and diversified. The SMART data show that BTC/CC judges make commendably frequent use of rewards, however these remain limited to verbal praise and the use of the honor roll protocol. Mixing some tangible rewards with these conventional incentives would provide further reinforcement, even among participants who observe their use with peers. Efforts should be made to reach out to the local business community or foundations for contributions that can be used as tangible incentives, such as small gift cards to local stores or fast food restaurants, or ticket vouchers for movies and local events. Use of a wider set of sanctions, and less reliance on short jail stays as the default sanction is also encouraged.
- More generally, greater use of the ultimate drug court incentive -- program completion -- could also increase if the program used less stringent criteria regarding the minimum duration of negative drug test results. Setting a rigid standard of a full year of continuous "clean" tests can arbitrarily exclude potential candidates for graduation who have made significant progress toward a lasting recovery. Experts acknowledge that occasional relapses are a natural occurrence among substance abusers and recovery is a life-long process. When kept brief and recurring with decreased frequency, relapse can serve as a constructive recovery tool. As with

sanctions, completion criteria should be viewed with greater flexibility, and case-by-case reviews of completion status should also be considered.

- Changes must be made to drug testing procedures to reduce the delay in providing test results to the program. Testing is ineffectual if the Court's responses to urinalysis results are delayed by more than two or three days.
- The program should conduct an informal needs assessment and internal critical review of the use of the LCSW position funded under the BJA grant. Virtually everyone -- judges, the coordinator, the social worker herself and other team members -- expressed a sense of lost opportunity regarding this position. Unfortunately the present assessment was unable to isolate the reasons for this. Two areas of further consideration include whether (1) there is a need to develop more explicit protocols on referring drug court candidates and active participants to the LCSW, and (2) resources would be better allocated to the provision of direct services for dually diagnosed participants rather than mental health assessment and referral services. The effectiveness of the current LCSW role, which focuses on assessment and referral, relies on access to quality mental health services for the largely indigent, dually-diagnosed subgroup of BDTC/CC participants.
- Efforts to improve both mental health and substance abuse treatment quality for all drug court participants remain an ongoing necessity in Baltimore City. Taking full advantage of the opportunities presented by the court to address addiction among chronic, criminally-involved persons requires persistent, ongoing attention to quality improvement in all areas of program development.

Carroll County Circuit Adult Drug Treatment Court

Court History

The Carroll County Circuit Adult Drug Treatment Court (CCDTC) began in 2007 through the efforts of the Honorable Michael M. Galloway, the Drug Court Coordinator Diane Jackson, and a steering committee of community representatives. Judge Galloway serves as the Administrative Judge and has been the presiding DTC Judge since the court's inception. Diane Jackson has also served as the DTC Coordinator since the beginning. The Carroll County DTC admitted its first participant in April of 2007.

A high percentage of the DTC team members have served for five years or longer, and the team's stability and social chemistry appears to have fostered a high level of collaboration in the program.

Court Structure

Current Census and Capacity

Capacity for the Carroll County DTC is reported at 50 clients. During all of 2013, the program had 91 active clients. Typical program stays are 13 to 18 months.

Oversight

The Carroll County DTC does not have an advisory board per se. Interview respondents indicated that there was a steering committee associated with the creation and early development of the DTC; however, no recent involvement of the steering committee was indicated.

Issues of policy and procedure appear to be addressed by the DTC team with final authority from Judge Galloway. The Carroll County DTC reports to the Maryland Office of Problem-Solving Courts (OPSC) and operates under the general oversight of the State Drug Court Oversight Committee chaired by the Honorable Kathleen G. Cox.

Drug Treatment Court Team

Current drug court team members include:

- **Judge**
 - Judge Galloway is the presiding DTC Judge and also the Administrative Judge.
 - He has served since the Carroll County DTC began in 2007.
 - He presides over other criminal dockets in addition to the DTC docket and estimates that he spends approximately 25 percent of his time engaged in DTC activities.
- **DTC Coordinator**
 - Diane Jackson is the current DTC Coordinator and has served in this capacity since the program's inception.
 - She has spent a total of 28 years in the criminal justice field.

- Role includes processing referrals to the DTC and presenting candidate recommendations to the DTC team, facilitating DTC team meetings and information-sharing, preparing the docket information sheet and coordinating the DTC docket schedule of cases.
 - The DTC Coordinator reports to the DTC Judge and supervises the DTC Case Manager.
- **Case Manager (1)**
 - Dena Black has been the DTC Case Manager (CM) from the beginning. Prior to serving in this capacity, she was employed by the Carroll County Sheriff's Department.
 - The CM position is funded through an OPSC grant and is supervised by the DTC Coordinator.
 - Role includes intake and orientation of new DTC participants, regular meetings with participants, referrals for services, scheduling drug tests and updating drug screens, monitoring curfew conditions for participants, application and monitoring of SCRAM and alcohol-detection patches, maintaining weekly staffing sheets, and entering SMART data.
- **Department of Public Safety & Correctional Services – Division of Parole and Probation (1)**
 - Until very recently, Darren McMillian was the probation agent assigned to the DTC by the Division of Parole and Probation (DPP). In mid-June 2015, Brad Miller took over responsibilities for DPP supervision of DTC participants.
 - Mr. McMillian was with the drug court since June 2012. While supervising other court-ordered probationers in addition to his DTC caseload, Mr. McMillian estimated that 90 percent of his time was devoted to drug court.
- **Treatment providers**
 - The Carroll County Health Department (HD) conducts treatment eligibility evaluation of DTC candidates and provides treatment to the majority of DTC participants. Three HD staff currently devote time to the DTC:
 - Sue Doyle is the Director of the Department's Bureau of Prevention, Wellness, and Recovery. Ms. Doyle helps to identify and connect resources for the drug court. She devotes 5 percent of her time to the CCDTC.
 - Cathy Baker is the Assistant Director of the Bureau and like Ms. Doyle, she is a Registered Nurse. Ms. Baker has been with the DTC since its inception and oversees the CCHD's clinical work with drug court participants. As with Ms. Doyle, she also typically devotes 5 percent of her time to the DTC, although her allocation to the drug court over the past half year or so has increased to about 35 percent due to staff vacancies.

- Until very recently, the primary liaison between the CCHD and the DTC was Michelle Ulsch, the Program Director of Treatment in the Department. She served on the drug court team from 2009 through March 2015; when interviewed in late 2014 for this report she estimated that more than 50 percent of her time involved DTC work. The liaison reports regularly to the court and DTC team on the treatment status and progress of drug court participants.
 - Susan Richardson, a Licensed Clinical Social Worker and therapist with CCHD serves as the DTC liaison and until early 2015 was responsible for providing mental health services and support to drug court participants under the BJA grant. In January 2015, the time Ms. Richardson devoted to the DTC fell from about 60 percent to 10 percent due to staff vacancies and coverage of other duties. Brianna Earomirski, a Licensed Graduate Social Worker currently covers mental health services for DTC participants, devoted 24 hours weekly as needed. A Nurse Practitioner with CCHD, Amy Miller, was also funded under BJA to devote 10 percent time to the DTC. The roles and contributions of these two individuals to the drug court, as well as those of Ms. Doyle and Ms. Baker are discussed more fully below.
- **Office of the Public Defender (2)**
 - Two attorneys from the Office of the Public Defender (OPD) serve the DTC:
 - Chris Horn has been a member of the DTC for about two years. Mr. Horn estimates he dedicates 12 ½ percent of his time to the DTC.
 - Lee McNulty has been a member of the DTC for about four years and he also devotes 12 ½ percent of his time to drug court.
 - Role includes advising and advocating for DTC participants.
- **State’s Attorney’s Office (2)**
 - Two attorneys from the State’s Attorney’s Office (SAO) serve the DTC:
 - In late April 2015, Assistant State’s Attorney R. Aron Benjamin assumed the lead SAO role in the drug court. Mr. Benjamin dedicates approximately 20 percent of his time to the DTC. Sandra Johnson from the SAO serves as back up to Mr. Benjamin.
 - Prior to this date, and from the DTC’s inception in 2007, Adam Wells was the Assistant State’s Attorney assigned as the lead prosecutor to the DTC and Ted Eyler played the back role to the drug court for the SAO.
 - The SAO is responsible for legal vetting of DTC candidates.

Target Population Served

The Carroll County DTC accepts post-plea offenders and participation in drug court must be voluntary. It is estimated that somewhat more than half of the active participants have been referred for violation of probation prior to sentencing for the violation. To be eligible for

drug court, candidates must have a minimum of 18 months remaining on their probation sentence. Additional eligibility criteria include:

- Non-violent offense
- Adult (18+) resident of Carroll County
- Substance abuse as a primary diagnosis

Exclusionary criteria include:

- Dealers of controlled dangerous substances for profit
- Individuals charged with felony sex offenses or rape
- Violent offenders (defined as one who has pending charges for offense in which he or she carried, possessed, or used a firearm or dangerous weapon during the offense; or participated in an offense in which a death or serious bodily injury to any person occurred; or one who has one or more prior convictions for a felony crime of violence as defined in the Annotated Criminal Procedure Code of Maryland)

Court Operations

Legal Mechanism

In addition to self-referrals and referrals from other courts arising from probation violation filings, DTC candidates are identified through a variety of sources such as law enforcement, the Defense Bar, treatment providers, family, and community. The attorney representing individuals who are self-referred or come from sources other than the defense is contacted by the Coordinator and must confirm that participation in the drug court is in their client's best interest. The sentencing judge originally assigned to the case must also approve the candidate's participation in the DTC.

The Coordinator processes referrals to the DTC and forwards candidate information to the SAO for legal eligibility screening. Those meeting legal criteria are then screened by the Carroll County Health Department for treatment eligibility screening and determination of American Society of Addiction Medicine (ASAM) Level of Care. As a last step the Coordinator presents eligible candidates to the DTC team at their weekly meeting. The team approves candidates by vote. The SAO representative has a vote in the DTC meeting, but also has the option of informing the court at the time of sentencing if he is opposed to the candidate's admission to the DTC.

A plea negotiation and a finding of guilt in the originating court occur for defendants or VOP cases approved for entering drug court. In the great majority of cases the sentencing judge imposes the terms and conditions necessary to successfully complete the DTC program as a condition of probation at the time of sentencing upon finding of guilty, upon a finding of guilty at a VOP hearing, or at a modification of sentencing hearing. In a small number of cases, the

judge may order a period of pre-disposition supervision that includes satisfying all terms and conditions of the DTC.

Length of Participation

The minimum length of participation in DTC is 390 days and the average time to completion is 13-18 months, depending upon a participant's treatment needs and progress through the DTC's three levels of supervision.

Phases

The Carroll County DTC consists of an orientation and three graduated levels of supervision. Requirements for each level are outlined in the following table. Probation reporting requirements and frequency of DTC hearings are determined by the court. Case management meetings are generally weekly and the Case Manager schedules drug testing for participants. Throughout the DTC stay, random drug testing is required a minimum of twice weekly, and may be more depending upon the participant's testing outcomes and progress in treatment.

Participants are required to make every attempt to maintain stable, sober housing throughout the program.

Orientation: During the 30-day orientation period, the participant makes contact with all service providers and professionals involved with his or her participation in DTC:

- The Carroll County Health Department clinician develops a comprehensive treatment plan and makes referrals for any additional treatment needs. A regular schedule of individual and group sessions is established for the participant.
- The Case Manager (CM) provides contact information for service providers and community resources and develops an individualized case management plan with the participant. The case management plan includes all treatment recommendations, support services, drug testing requirements, curfew restrictions, employment and/or training needs, and any other conditions of his or her participation in DTC. The CM and participant meet at least weekly to review progress toward goals identified on the case management plan and address any issue that may arise.
- The probation agent reviews reporting requirements (including drug testing) and establishes a regular meeting schedule with the participant.

Carroll County DTC Levels and Requirements

DTC Requirement	ORIENTATION (30 days)	LEVEL 1 (60 days)	LEVEL 2 (120 days)	LEVEL 3 (minimum 180 days, until graduation))
Treatment	Treatment intake and admission. Group/individual counseling as directed	Compliance with Treatment Plan		Complete Treatment Plan, including Aftercare and Relapse Prevention
Self-Help Groups	4/week	4/week. Maintain a home group and sponsor/mentor		
Journal	Journal entries as required by DTC			
DTC Services	As scheduled			
Parole and Probation	As directed			
DTC Hearings	As directed			
Drug Testing	Minimum 2 times/week as required			
Case Management	As directed			
Employment/ Education	Obtain/maintain employment, school, or community service			
Curfew	As determined by DTC			
Progression Requirements		60 consecutive days of negative drug tests	120 consecutive days of negative drug tests	180 consecutive days of negative drug tests

Level I: The minimum time to complete level I is 60 days. In addition to the requirements for this level indicated in the table, the participant is expected to have a personal recovery sponsor/mentor and a regular home recovery group.

Level II: The minimum time to complete level II is 120 days. Specific requirements for this level are indicated in the table.

Level III: The minimum time to complete level III is 180 days and participants remain in level IV until graduation from the DTC. In addition to requirements specified in the table, participants are expected to complete treatment and have an aftercare/relapse prevention plan.

Progression through the DTC

- **Orientation:** Each new participant begins DTC by appearing before the DTC Judge and receives instruction regarding the terms and expectations of DTC participation. Upon confirming voluntary desire to participate, a formal agreement is reviewed and signed by the judge and the participant. Participants meet with all DTC professionals and providers to establish plans and regular meeting schedules.
- **Judicial Supervision:** Participants are generally required to attend DTC hearings every other week from orientation through level II. Upon progressing from level II to level III, the frequency of required DTC hearings is usually reduced to once per month. The DTC may require more frequent attendance to hearings at any point as a sanction or if circumstances warrant increased judicial supervision.
- **Parole and Probation:** A schedule of regular meetings with the probation agent is determined by the agent and modified according to the participant's progress.
- **DTC Graduation:** Participants who successfully complete all the requirements of DTC, including the completion of aftercare and relapse prevention planning, take part in a graduation ceremony. As a final step prior to graduation, the participant completes a 250-word (minimum) essay assigned by the DTC. Participants are honored in a graduation ceremony and receive a certificate of completion.
- **Unsuccessful Completion:** Participation in DTC may be terminated due to actions within or beyond the participant's control. Participants may elect to self-terminate from DTC at any time. When this occurs, VOP proceedings are typically initiated and her or his case is returned to the sentencing judge for disposition/sentencing. Revocation of the Written Consent for the Release of Confidential Information is construed as an act of self-termination from the DTC.
- **Termination:** Participants may be terminated from the DTC by the court upon recommendation of the team. Viewed as a last resort, termination may result from:
 - Participant threats or acts of violence towards self, others, or property
 - Possession of weapons

- Convictions on new charges for crimes of violence or that demonstrate the participant continues to be a unacceptable danger to the community
 - Failure to comply with treatment such that her or she is no longer amenable to treatment
 - Violation of any provision of the DTC agreement
 - Intentionally submitting an altered or falsified urine sample
- **Neutral (Disposition)** involves an administrative discharge from participation in the DTC due to medical and/or mental health issues that preclude a participant's ability to comply with program requirements. Death prior to program completion is also considered a neutral disposition.

Incentives and Sanctions

Incentives used by the Carroll County DTC to reinforce positive behaviors include:

- Applause
- Encouragement and praise from the DTC Judge
- Certificates or tokens of progress/achievement
- In-kind donations from local businesses (gift certificate/passes)
- Reduced supervision
- Reduced frequency of court appearances
- Decreased drug and alcohol testing
- Curfew reduction

Some incentives, such as gift cards, are awarded through a lottery in which rewarded participants draw a slip that indicates a particular incentive. Participants also receive a key chain from the DTC in recognition of their advancement from one level to the next.

Sanctions employed in response to negative behaviors are graduated and include:

- Verbal warnings from the Drug Treatment Court Judge
- Written assignments
- Increased frequency in court appearances
- Increased frequency of drug and alcohol testing
- Incarceration
- Community service
- Increased level of supervision
- Curfew increase
- Escalating periods of incarceration
- Termination from Drug Treatment Court and the imposition of sentence

Sanctions for noncompliance increase in severity as negative behaviors increase in frequency and/or severity. Incarceration may include weekends in jail or may be for longer periods of time if necessary. The sanction for any unexcused absence from a DTC hearing is

issuance of a no-bond bench warrant with a bail review at the next available court session for participants arrested pursuant to the no-bond bench warrant.

Substance Abuse Treatment and Other Services

Substance Abuse Treatment

An estimated 90 percent of DTC participants receives treatment through the CCHD, though some with insurance go to private providers. The CCHD evaluates participants and develops a preliminary substance abuse treatment plan based upon identified ASAM Level of Care, the TAP assessment, and other appropriate treatment protocols. The participant is involved in his or her treatment planning, and the plan is reviewed weekly and modified accordingly. The CCHD DTC representatives are active members of the DTC team and report weekly on the treatment status of participants.

Treatment activities are monitored differently if the participant is in treatment with CCHD or a private provider. For those receiving treatment with the CCHD, weekly summary reports are developed listing each participants' dates of service that week, level of participation, and any concerns or issues that need to be brought to the team. CCHD staff also contact primary care physicians and specialty care physicians to follow up on medical conditions and verify medication orders as needed and communicate this information back to the team.

CCHD communicates on a daily basis with the DTC via email, fax, or phone regarding participants who fail to show for urinalysis or scheduled group treatment. Staff will conduct redetermination evaluations on participants who have been sanctioned to jail for non-compliance or who may have absconded and been returned to Carroll County to determine treatment needs and amenability.

The few participants receiving treatment through a private provider sign a release and are assigned a CCHD counselor who serves as a liaison to the treatment program and the court, and monitors and reports on their progress to the judge and DTC team. These participants are required to meet weekly for 30 minutes with CCHD staff as a check-in service for the drug court. At this meeting staff assess the participant's progress and ancillary needs, and follow up on wraparound services as needed. This process was instituted after several participants involved with private providers were found to have additional needs that if addressed sooner could have prevented relapses, breaks in care, and DTC sanctions.

Medication-Assisted Therapy (MAT)

A small number of DTC participants receive MAT during their participation. Two participants were using Methadone at the time of the site visit and an estimated 10 to 15 percent of participants were receiving Suboxone as part of their treatment. Access Carroll is one provider of MAT in Carroll County.

Support Services

A number of recovery-support services are available to DTC participants through community-based organizations and agencies. Referral to support services is part of the DTC case management process. Peer recovery assistance, funded with BJA enhancement support, is discussed in the next section. Other services available to participants include:

Access Carroll is a private non-profit that provides primary health care, medication-assisted treatment, and dental services to low-income residents of Carroll County.

The Maryland Division of Rehabilitative Services (DORS) assists with employment and training issues. Examples of services provided by DORS are tuition/learning fees assistance, vocational training, and funds for transportation or items needed for work or school.

Dads Works is a community-based non-profit mentoring and support program for fathers that uses group sessions and a 24-week curriculum to address topics such as personal development, internal controls, parenting, and communication/relationship skills. Participants are eligible for a certificate of completion after they have successfully completed the curriculum and may continue to attend meetings as classes as desired.

Human Services Programs of Carroll County, Inc. provides services and advocacy for low-income and at-risk residents of Carroll County. Among the agency's programs accessed by DTC participants are:

Family Links is the entry point for Vehicles for Change, a regional non-profit organization that provides vehicles to assist to eligible drivers to gain or maintain employment.

Opportunity WORKS offers a broad range of employment-related counseling services that assists participants with skills such as resume-writing and interviewing, managing budgets and accounts, and help with taxes.

Second Chances, a free store operated by Opportunity WORKS, provides clothing and household goods at no cost to DTC participants and offers volunteer opportunities to develop work skills and experience.

Housing Programs administered by the Human Services Programs of Carroll County include the Rental Assistance Program and Supportive Housing. Eligibility of DTC participants for these services is sometimes restricted due to their criminal background, however.

Housing

Housing options are limited for many participants. Much of Carroll County is rural and participants who do not have access to reliable transportation (public transportation in Carroll County is by appointment and daytime only) are particularly restricted in their housing choices.

Several recovery houses operate in Carroll County. Recovery houses provide safe and sober living accommodations and a supportive recovery environment. Providers identified include Weber Sober Homes, Brittian House, Grace Foundation Homes, and Shepherd's House.

Participant Characteristics

Carroll County is located in central Maryland and borders Pennsylvania to the north and to the east the western Baltimore suburbs of Reisterstown and Owings Mills. The Circuit Court and DTC is located in Westminster. Population reported in the 2010 Census was 167,134 for the county. Racial composition of the county is predominantly White (93.3%), with African Americans and Latinos each accounting for about three percent of the population.

Carroll County DTC Admissions, Discharges, and Active Participants, 2013 Calendar Year

Characteristic	Active Participants		Admissions		Total Discharges		Discharge Status					
							Completed		Terminated		Neutral	
Totals	91		37		46		24 (52%)		22 (48%)		(%)	
	N	%	N	%	N	%	N	%	N	%	N	%
African-American	3	3	2	5	0	0	0	0	0	0	0	0
White	86	95	34	92	46	100	24	100	22	100	0	0
Other	1	1	1	3	0	0	0	0	0	0	0	0
Hispanic	2	2	1	3	1	2	0	0	1	2	0	0
Female	22	24	10	27								
Age 18-29	42	46	17	46								
Age 30-39	28	31	11	30								
Age 40+	21	23	9	24								
Veteran	4	4	4	11								
< HS Education			8	22								
HS/GED			29	78								
Employed Full-time			11	30	16	35	13	54	3	14	0	0
Employed Part-time or Seasonal			6	16	9	20	8	33	1	5	0	0
Unemployed			20	54	21	46	3	13	18	82	0	0
Attending School or			0	0	3	7	3	13	0	0	0	0

Vocational Training						
< \$1,000 Monthly Income		22	59			
Prior Arrest Record		34	100			

Note: SMART-generated reports do not include information for the blank (shaded) table cells. The numbers in the descriptive cells may not add to the column total (at top) due to missing data or to rounding.

During 2013, CCDTC had 91 participants at any one time in the year and 37 admissions. About one-quarter (24%) of the participants are female and 95 percent are White. A little less than half (46%) are under the age of 30 and 23 percent are 40 or older. The majority (54%) of those admitted were unemployed; just under one-quarter (22%) did not have a high school diploma.

Of the 46 persons discharged in 2013, 52 percent completed the program and the rest were terminated unsuccessfully. Workforce data at discharge showed that less than one in five (19%) of those terminated were employed, compared to 87 percent of those completing successfully.

Drug Court Enhancements under BJA Funding

The Carroll County Adult Drug Court proposed four primary enhancements under new BJA funding: provide more training; evaluate additional screening tools; hire additional personnel to counsel and work with participants (mental health counselor, nurse practitioner, and peer recovery support counselor); and provide participants financial assistance for housing, medication treatment, and drug testing. The court was granted \$622,336 over a three-year period from 2012-2015. As with all of the courts receiving enhancement funds, most activities were initiated in the 2nd quarter of 2012. The Carroll County DTC received some additional funding for vocational services at the beginning of 2014.

Implementation

Training. The DTC held two rounds of training for court, Parole and Probation, and clinical staff on the stages of change model and motivational interviewing. Used nationally in treatment programs with offenders, this cognitive-behavioral intervention model has an extensive research base, and a stages of change training curriculum has been developed for wide use by the National Institute on Corrections. Through the model, service providers guide clients to identify strengths and become independent and proactive in organizing their thought processes toward making healthy choices.

About 125 people were trained through the DTC on the model after some delays in implementing the training due to time needed for processing MOUs and approval of a waiver to

limits set by the grantor regarding training consultant expenses. The training was held over five days in two series. An additional two-day follow-up training was held to coach supervisors and encourage sustained adherence to the model, and supplemental training was also conducted with community-based treatment providers who work with DTC participants. Drug court administrators report that training in the model has helped with participant engagement and buy-in, and brought more credibility to the DTC from the community and Parole and Probation staff.

LCSW-C and Nurse Practitioner. The drug court team and Carroll County HD have encouraged local providers to view the DTC as a key element in the system of care, and to keep drug court in mind when doing treatment planning, and monitoring and managing the clients they serve. As part of this systems of care focus and strategy, the DTC requested that the BJA funds be used to help bring on social work and nursing staff to expand services for participants who have multiple service needs stemming from substance abuse and mental and medical health problems. With medical assistance exclusions affecting single childless men (the typical DTC participant), funds were used to employ a Licensed Certified Social Worker – Clinical (LCSW-C) to devote 24 hours a week to serving drug court participants and a Nurse Practitioner to allocate 4 hours weekly to the DTC.

The LCSW conducts psychosocial assessments with participants referred by counselors and provides therapeutic services to participants with mental health needs.⁶ Her responsibilities include preparing reports on participants, attending weekly clinical meetings and biweekly hearings, and representing the participants at the meetings. She provides both individual and group counseling to participants and together with the CCHD nurse practitioner, assists with somatic care for individuals who cannot access treatment through managed care or other insurance coverage. The LCSW-C took part in training at the annual NADCP conference in 2012.

The additional capacities provided by the social worker and nurse practitioner has benefited both assessment and treatment aspects of drug court, and reportedly has made these processes more seamless and comprehensive. The assessment done upon referral of a candidate to the drug court is now more informed in regards to such issues as impulse control and head trauma, and other mental health factors that could impede successful participation and completion of the DTC program. Treatment plans are more comprehensive, addressing the full range of clinical needs, as well as ancillary services involving somatic health services, housing, transportation, or employment.

While citing these improvements, CCHD officials also acknowledge that finding providers who have the capacity to care effectively for the DTC population remains a challenge. Such providers must be skilled in treating complex, multiple service needs that may extend across substance use, mental, and medical health disorders. This includes being conversant with the

⁶ As noted above, as of early 2015 this position was filled by a CCHD Licensed Graduate Social Worker.

specialty medications that are often prescribed for this population, while also being aware of the need to avoid certain medications that may be cross addictive, cause triggers or be abused.

Peer Recovery Support Counselors. In 2012 the Carroll County Drug Court also hired two peer recovery support counselors as part of the BJA grant to further enhance and coordinate existing services for participants. The addition of these staff to the drug court team reflect a growing national trend in formally acknowledging the power and value of the peer community in recovery from disorders of all kinds – and especially one often marked by persistent, chronic relapse.

The CCHD administrator overseeing treatment aspects of the BJA grant was strategic in electing to split the fulltime staff line into two half-time positions to provide support that was responsive to the gender-specific needs of drug court participants. The female and male peer recovery support counselors (PRSCs) hired to work for the DTC were both participants and graduates of the Carroll County Drug Court program. This experience affords a unique, personal knowledge about the multiple systems – legal, social, somatic and mental health – in which participants must engage, as well as a measure of empathy and credibility that they bring in using this knowledge to support, advise, and motivate participants.

Soon after joining the drug court team, the peer counselors attended a one-week training on the role of Peer Recovery Support Staff provided by Montgomery County’s Recovery Oriented Systems of Care program. The PRSCs also attended a three-day training program on Care Coordination, Case Management, and Motivational Interviewing and Planning through the Connecticut Community Addiction Recovery Coach Training program. Both counselors have had trainings through Maryland Addiction and Behavioral-health Professional Certification Board (MABPCB) and are certified to work as peer recovery support counselors for the state of Maryland.

The counselors aid participants as they progress through the individualized recovery plan developed with the treatment provider and DTC case manager. They help participants learn to advocate for themselves, and provide guidance and support in managing the steps and tasks laid out in the plan, including the requirements of drug court and achieving the goal of DTC graduation. The PRSCs bridge the gap that exists between DTC professionals and participants; they are the liaisons of the program.

Participants are assigned to each counselor on a same-sex basis as soon as they enter the program. The counselors meet with the participant on a weekly basis and as-needed basis; if the participant is doing well, the meeting may be simply a phone call check-in. Counselors make an effort to meet participants in informal settings outside the courthouse or office, to build trust and emphasize their role as a peer and not professional staff. The PRSCs use their cars to visit with participants in the community. They seek to develop an informal rapport with participants, offering support through the recovery process that is informed by their own, ongoing recovery. The counselors urge the participants to be honest with them, stressing their awareness of the challenges of recovery and the deceptive games addicts can play with themselves and others when faced with those challenges. Without honesty, PRSCs can’t

provide the advocacy that could aid participants if they slip or become the subject of concern in the DTC about non-compliance with court mandates.

The PRSCs also provide practical assistance, helping participants prepare by discussing with them what to expect in court. They advise on how to stay calm and appropriately advocate for themselves in the court setting, employing the correct demeanor and language with the judge and other members of the team.

With an eye to keeping participants connected with the court and the network of services specified in the recovery plan, the peer recovery counselors use their personal experience and knowledge of individual participants to advise the DTC team on sanctions when non-compliance issues arise. Interviewees reported that the team has come to trust the peer counselors and to solicit their views on appropriate actions to take with participants. For example, the team might suggest a 3-day weekend jail-time sanction, but the PRSC knows that the participant would not find this aversive and instead will recommend 24 hours of community service, which would be perceived as more onerous. Alternatively, the counselor might recommend they keep a gratitude list for seven days to force reflection on their recovery and why they should be grateful for what they have. In helping devise sanctions and rewards, the PRSCs provide a person-centered perspective that goes beyond the standard, prescribed list of options typically used by the judge and DTC team.

Our interviews suggested the peer recovery support counselors were genuinely supportive of the participants and wanted them to do well and graduate from the program, just as they did themselves. During 2014 one of the counselors produced and presented a video on the role of the PRSC at the NADCP conference, which was reportedly well-attended and received.

Financial Assistance for Service Expansion. Carroll County Adult Drug Court also requested BJA funding to be set aside for the specific use of providing financial assistance to afford participants better access to sober housing. Specifically, BJA funding was used to obtain needed transitional housing from Mountain Manor Recovery Support Services for participants leaving jail. The typical two-week stay in transitional housing afforded the time needed to make a subsequent stable placement in a local sober recovery house. The DTC was able to secure an average of six beds with this funding for each quarter between 2012 and 2014.

Additionally, financial assistance was requested from the BJA grant to purchase specific pharmacologic drugs. With the purchase of Campral, naltrexone, Vivitrol, and buprenorphine, and Suboxone, the drug court was able to provide medication-assisted treatment (MAT) to participants who were judged to benefit from pharmacological intervention. As part of this expansion into medication-assisted treatment, the DTC developed a protocol to identify, track, and refer participants who were most in need of this treatment. The initial learning curve with MAT included recognition of the abuse and diversion potential of these medications and the need for instituting an explicit policy prohibiting the use of non-prescribed medications. Some participants were judged not eligible for MAT because of prior diversion, or multiple episodes of lost or stolen medication where no police report had been filed. With initial delays also resulting from the limited number of local providers treating with buprenorphine, the program

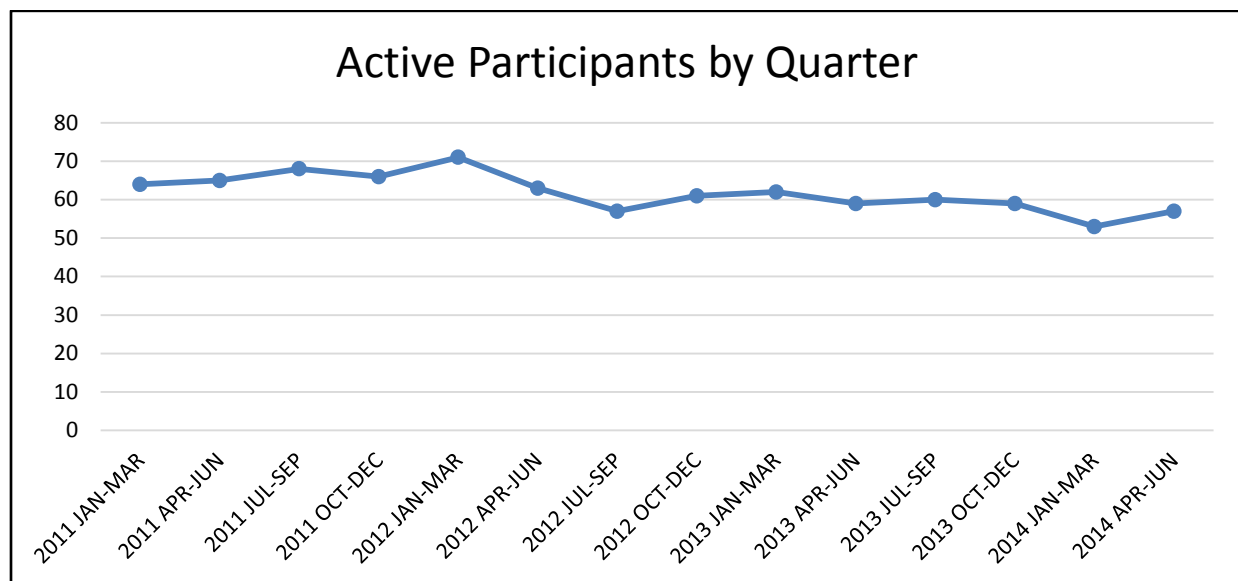
began to refer participants to MAT in mid-2012 and continue to do so, with two to three referrals per quarter. The court has also provided support for a physician in the community to become certified to prescribe buprenorphine. Finally, Secure Continuous Remote Alcohol Monitoring (SCRAM) devices were purchased through the funding of the grant. Between five and fourteen participants were monitored each month in a given quarter.

Greater access to another service for participants was initiated in January 2014, when the DTC entered into a new partnership with the Carroll County Human Services Opportunity Works Program. Through this agreement the drug court team could now access the services of the Opportunity Works program manager, case manager/job coach, and Economic Success Program specialist in order to provide participants with essential job skills and financial literacy services. An average of nine participants were referred to this program each quarter.

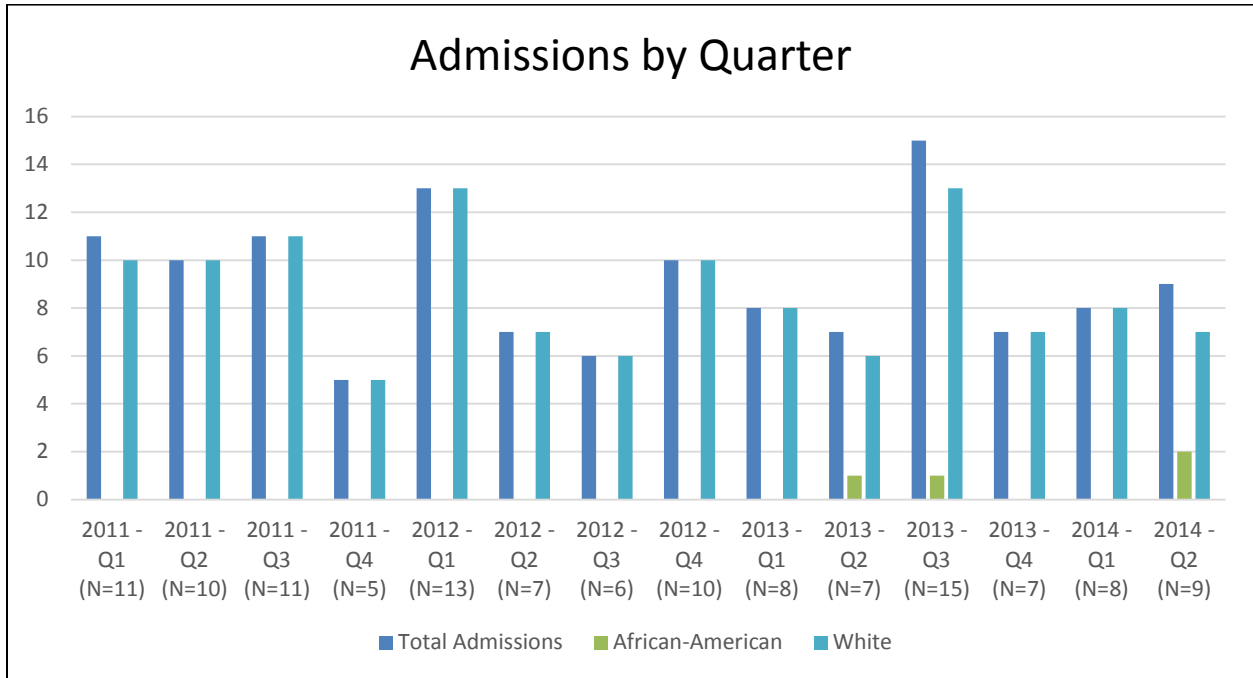
Evaluate Screening Tools. Implementation delays in plans to evaluate and adopt specific screening tools arose initially from the same MOU and waiver processing issues noted above on the BJA-funded training efforts. Additionally, other training needs were given greater priority. The planned review is now underway, with the LGSW working with staff at the local detention center to assess screening tools and visit agencies using these tools. The review is centering on the LSI-R (The Level of Service Inventory-Revised), and developing policies and protocols involving appropriate screening points, administration, and training on the tool.

Data Trends during the Enhancement Period

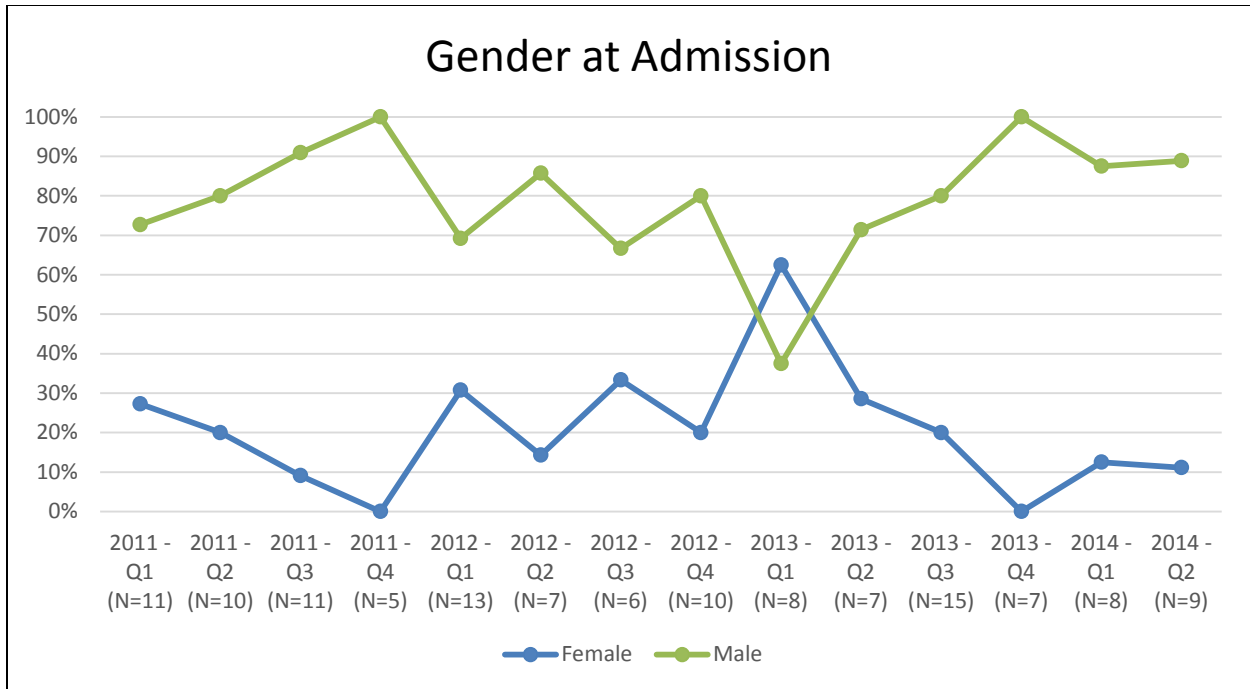
Information entered into the SMART information system was used to examine trends in various indicators from a baseline period of a year prior to the inception of enhancement activities made with BJA support through June 2014. As with the other sites, activities in the CCDTC began with in early 2012 with the hiring of the social worker and peer recovery support counselors, so the period used in the graphs in this section begin in January 2011 (identified as 2011-Q1 in figures in this section) and continue through June 30, 2014 (2014-Q2).



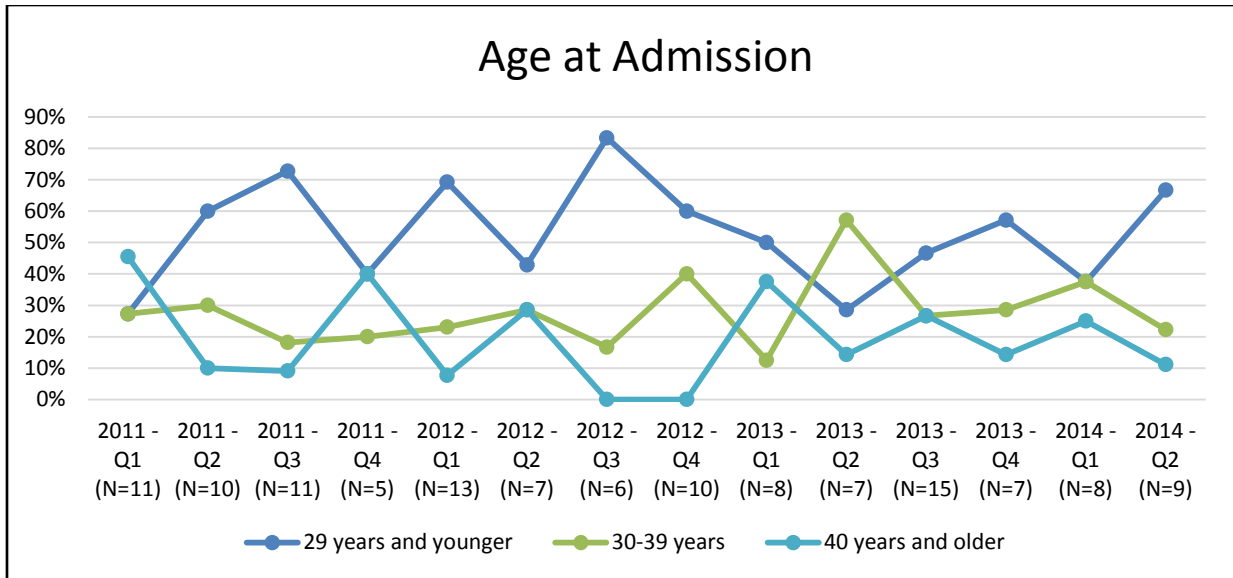
The CCDTC program census was quite stable throughout the 3 ½ year tracking period, varying by a few participants on either side of an average of 62 active participants each quarter. The DTC had 57 participants during the most recent quarter of the tracking period, and was above the target capacity of 50 participants throughout the period.



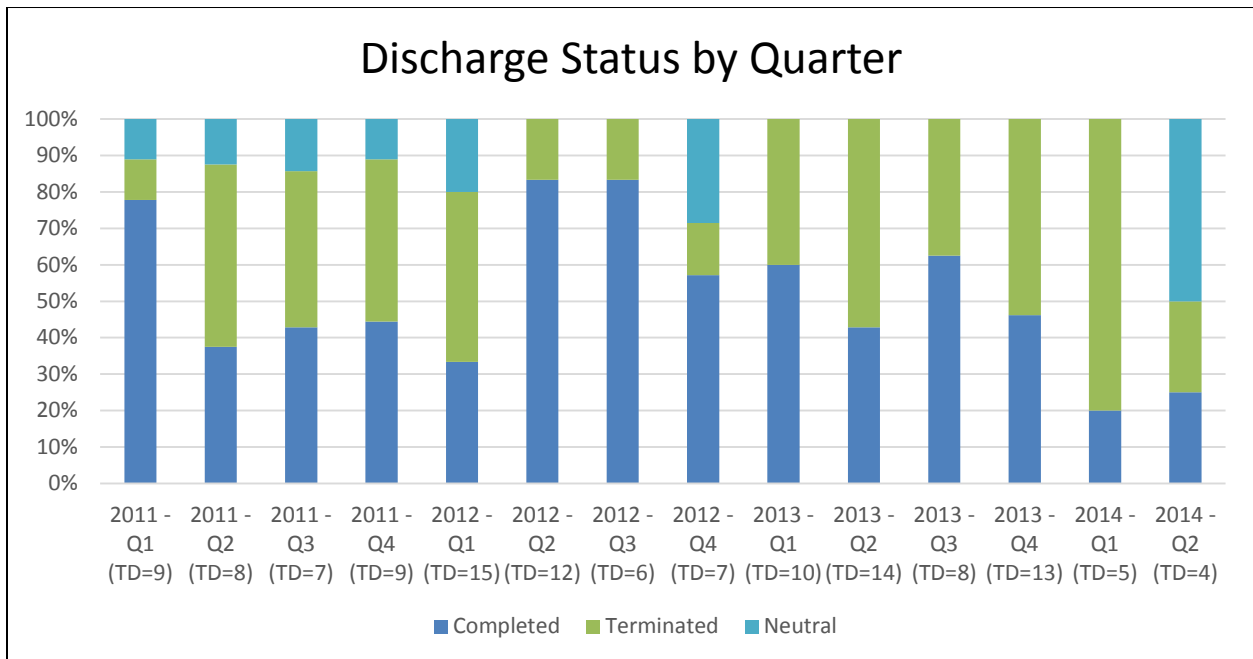
Further reflective of this stability, the number of admissions annually to the DTC was virtually the same in each of the years in the tracking period. Admission numbers varied more by quarters in 2012 and 2013 compared to the baseline year of 2011, with spikes in early 2012 and the third quarter of 2013. All but four admissions to the DTC between 2011 and mid-2014 were White, reflecting the racial composition of the general population of Carroll County, where African Americans and Latinos account for just 2 to 3 percent of all residents, respectively.



As noted above, Carroll County DTC has a moderate number of female participants, who accounted for 22 percent of all admissions between January 2011 and June 2014. The trend data suggest admissions of females increased somewhat following the BJA-funded enhancements, as 16 percent of admissions in 2011 were women compared to 23 percent of those admitted from 2012 through mid-2014. For the period January 2012 through the third quarter of 2013, women accounted for 29 percent of all admissions, but this rate of female admissions fell off in late 2013 and 2014. Possible factors contributing to the overall increase over the baseline year are the addition of the female peer recovery support counselor, social worker, and nurse practitioner, who may be more responsive to the unique needs of women participants.

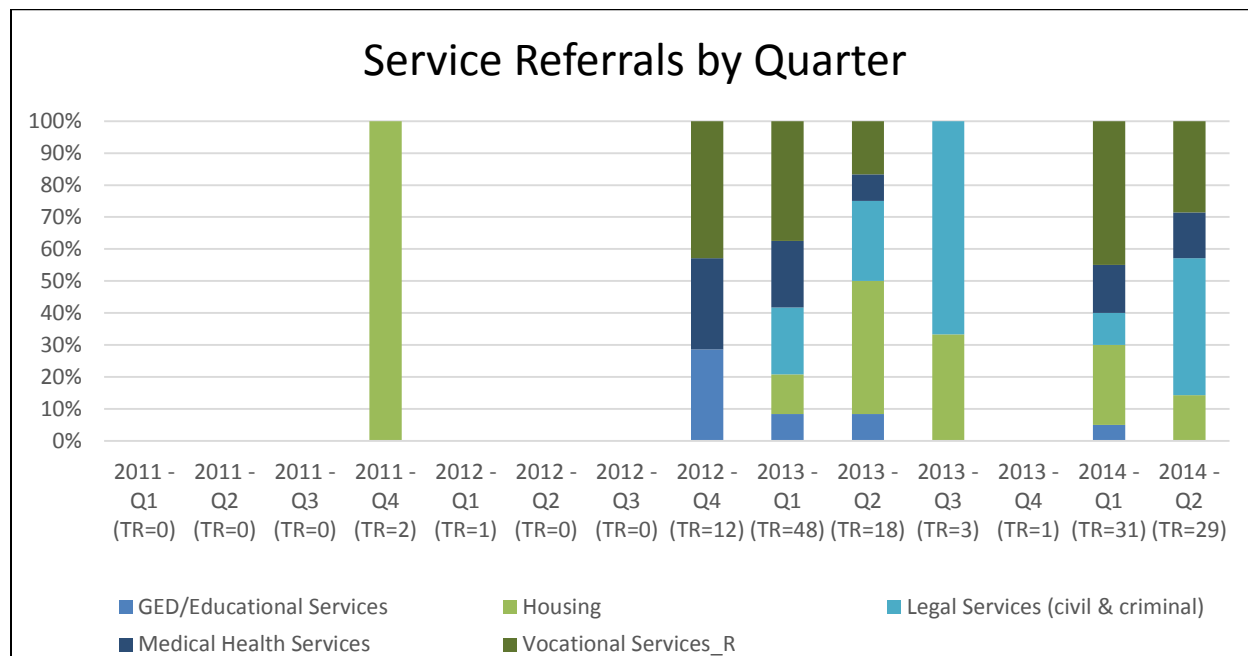


While the proportion of admissions in different age groups varied by quarter, there were no apparent trends admitting younger or older persons. Consistent with the figures reported for 2013 above, over the entire tracking period a little more than half (53%) of admissions were 29 years of age or younger, 28 percent were in their thirties, and 19 percent were 40 or older.

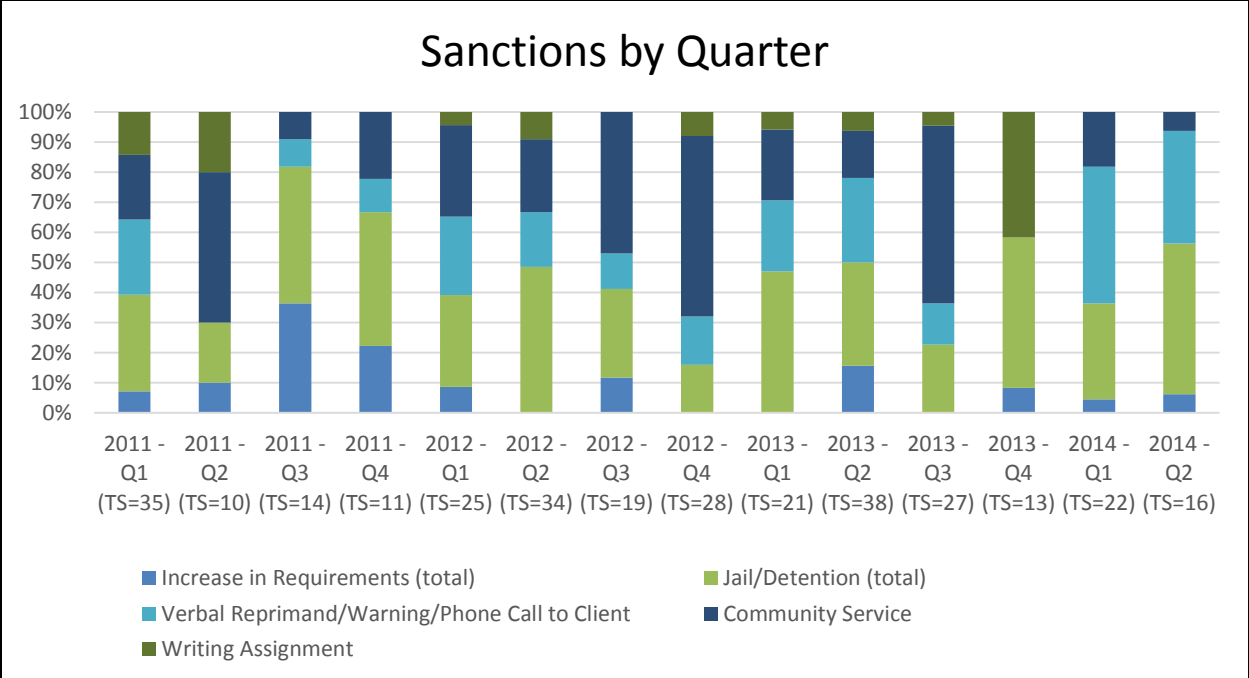


Overall, just over half (52%) of DTC participants discharged over the 3 ½ year period completed the program successfully. Compared with the 51.5 percent completion rate in the

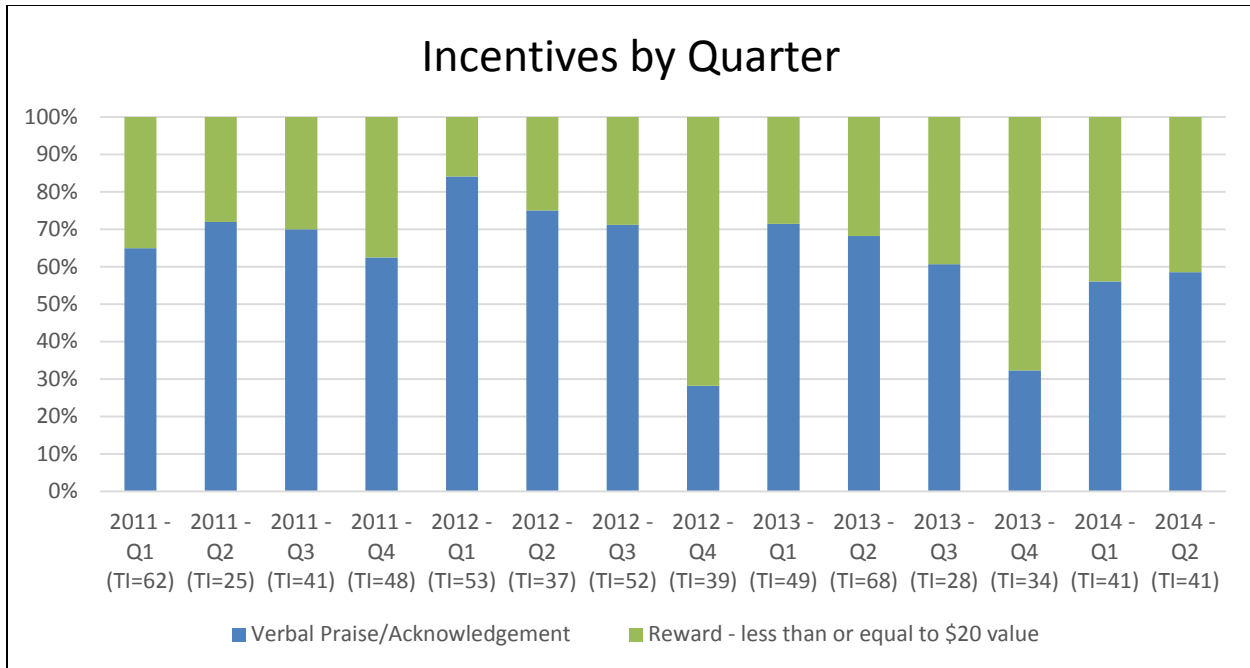
2011 baseline year, there was a 20 percent increase in the percentage completing successfully in the first full year of BJA-funded enhancements, to 60 percent. However, this completion level was not sustained in 2013, when the rate fell back to 51 percent. At 63 percent, the period between April 2012 and September 2013 had the highest percentage of successful completions. As of May 2015, the Coordinator reported the program was maintaining a completion rate of 52 percent.



As evident in the graph above, CCDTC reporting in SMART on service referrals is limited. This is attributable to the fact that most referrals are made by the peer recovery counselors while data entry in SMART is done exclusively by the DTC Case Manager. There is no systematic means for the PRSCs to report referrals, some of which are handled informally through linkages within the CCHD (where they are based) and in the course of providing transportation assistance to participants. It is unclear if the referral information reported in SMART is representative of all service referrals. When data were recorded (see TR=number below each bar in the figure above for the number of referrals per quarter), a wide variety of referrals types were shown. Vocational services were most common, accounting for 19 percent of all referrals, followed by legal services and housing (each 12%), employment assistance (11%), and medical services (9%). While still modest, this proportion of referrals for housing is equal or over that observed in many drug courts, and likely reflects the enhancements made under BJA support. The referrals for vocational, employment, and medical health services may also reflect the added staff and linkages made during grant implementation. A new service not reflected in these data are conflict resolution workshops that were initially offered in April 2015 at the initiation of the Office of Problem Solving Courts. Several participants have attended the first of these trainings, which was reportedly well received by the attendees.



A total of 313 sanctions were recorded in the SMART data base during the tracking period. The use of sanctions in the CCDTC increased somewhat over time from an average of 18 entered per quarter in 2011 to 24 in subsequent quarters. The number of participants with at least one sanction imposed went from 12 to 16 per quarter. A short jail/detention stay was the most common type of sanctions imposed during the tracking period, accounting for just under one in three (31%) sanctions given. Community service (25% of all sanctions) and verbal reprimands (19%) were also frequently imposed. The use of both community service and reprimands increased somewhat during the enhancement period. Community service went from 20 percent of all sanctions in 2011 to 27 percent from 2012 on, and use of reprimands went from 14 percent to 21 percent for these same periods. The frequency of jail/detention sanctions was unchanged during this time.



Drug court experts have long encouraged greater use of incentives with participants and the SMART data indicated CCDTC dispenses incentives frequently. With a total of 618 entered over the tracking period, incentives were used about twice as often as sanctions (ratio=1.9; the ratio of participants with at least one incentive relative to participants with a sanction was 1.8). The rates at which sanctions were used stayed unchanged throughout the 3 ½ year period. Two types of incentives were reported in the DTC SMART data, verbal praise and a monetary reward less than \$20. The trend data showed a slight increase in the use of monetary rewards, from 33 percent in 2011 to 37 percent in the period following BJA funding, with a reciprocal drop in the use of verbal praise over this time frame.

NADCP Best Practices Standards

Seeking to advance and update its 1997 publication of the “Ten Key Components” of drug courts, the National Association of Drug Court Professionals (NADCP) published an initial volume of *Adult Drug Court Best Practice Standards* in 2013. This first volume addressed five areas – target population, historically disadvantaged groups, roles and responsibilities of the judge, incentives, sanctions, and therapeutic adjustments, and substance abuse treatment -- and a forthcoming volume is reported to address additional standards regarding drug and alcohol testing, ancillary services, census and caseloads, team functioning, professional training, and research and evaluation. This section reviews Carroll County DTC policies, practices, and participant data trends in light of these eleven standards areas. The discussion employs the features of those standards as described in *Best Practice Standards, Volume I*, and research reviewed and summarized in *Best Practices in Drug Courts*, a special issue of the *Drug Court Review* issued in 2012 by National Drug Court Institute, NADCP’s research affiliate.

Target Population

The target population for the DTC is consistent with the standards; inclusion and exclusion criteria are based upon objective measures. Legal eligibility is vetted by the SAO and treatment eligibility is vetted by substance abuse clinicians using ASAM Levels of Care. Definitions of crimes excluded from DTC participation are according to the Annotated Criminal Procedure Code of Maryland.

Historically Disadvantaged Groups

The population served by the DTC reflects the predominantly White racial and ethnic composition of Carroll County. A little over 20 percent of the DTC clientele are women, which is generally typical for drug courts in Maryland. It appears that access, treatment, and services of the DTC are provided according to objective criteria and policies that do not discriminate on any basis with regard to race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status.

Roles and Responsibilities of the Judge

The presiding DTC Judge is the original and founding judge of the Carroll County DTC and he also serves as the administrative judge. His dedication to the mission and participants of the DTC in Carroll County was apparent in his interactions with the team and participants in the courtroom and in the content of his interview with the researchers. His rapport with participants was natural, genuine, often marked by humor and mutual respect. He appeared effective in drawing out candid self-observations and in motivating participants. He demonstrated a thorough understanding of the process and a shared respect with other members of the DTC team. The judge participates in weekly DTC team meetings and the DTC docket is scheduled every other Friday.

Incentives, Sanctions, and Therapeutic Adjustments

The incentives and sanctions listed in the CCDTC Manual are used in varying degrees. The frequency with which sanctions were imposed increased by about one-third over the tracking period, while admissions and completion rates were comparatively even over this time. Incarceration and community service are the sanctions most frequently identified in the SMART data, though DTC team members reported individualized sanctions such as restarting a level or an essay assignment as efforts to tailor sanctions to best serve the participant. Some DTC team members indicated that the practice has had mixed results, ranging from the desired redirection of behavior to an acknowledged inconsistency that sometimes causes problems when participants compare dissimilar sanctions received for similar infractions.

In accord with drug court evidence-based practices, the CCDTC is liberal in their use of incentives, employing incentives at nearly twice the rate of sanctions. Verbal praise from the judge and the DTC team was incentive most frequently observed and reported in the SMART data. Compared to many drug court sites, the DTC has been effective in building resources that

permit them to employ tangible rewards with a relatively large number of participants; use of these rewards increased slightly over the tracking period and they are allotted with roughly the same frequency as verbal praise. While not reflected in the SMART data, team members reported that eligible participants also received rewards such as early dismissal from court hearings through a lottery drawing system. Progression from one level to the next was recognized by the court and participants were given a keychain as a commemorative token.

Substance Abuse Treatment

The treatment philosophy of the DTC is described by team members as a system of care that includes mental and physical health in addition to substance abuse treatment. Treatment is available to all participants through the CCHD and jail-based treatment is available to individuals who are in custody.

The substance abuse treatment plan is developed with the participant by appropriately-credentialed clinicians at the CCHD in a manner consistent with professional best practices, using standardized evaluative and assessment methods (ASAM Level of Care, ACM-4, DSM-V, and TAP). An aftercare plan, including relapse prevention, is a graduation requirement of the DTC program.

Drug and Alcohol Testing

Throughout their stay in the CCDTC, participants are tested at minimum twice per week which is consistent with best practice recommendations. Positive test results are reported immediately to the drug court via email by the CCHD or Pre-Trial Services, well within the test reporting standard.

Ancillary/Wraparound Services

Through the efforts of CCHD administrators and the strong, collaborative relationships between the public health, social services, and justice systems in the county and particularly among the DTC team, the drug court has benefited from the Carroll County's involvement in comprehensive federal systems of care initiatives. The addition of the peer recovery support staff to the DTC represents a progressive, evidence-based program enhancement that has been shown in other venues to increase treatment adherence and improve community integration and the chances of long-term success. It will be interesting to see how this approach adapts and fits within the drug court setting; the impressions drawn from our limited observations and interviews suggest it holds promise.

CCDTC participants can access health care, vocational, transportation, housing and family support services through relationships cultivated by the DTC with service providers in the area. Nonetheless, availability of some services, and particularly access to inpatient substance abuse treatment, transportation, and housing are problems reported by several team members. It appears that the mission of the DTC is aligned with best practices; however, a lack of public transportation and an insufficient number of housing options are persistent challenges faced by the program.

Census and Caseloads

The DTC caseload runs about 20 percent above capacity, averaging around 60 active participants compared to the target capacity of 50. The active caseload is well within the limit of 125 participants that has been identified in past drug court research as the maximum census for effective programming.

Team Functioning

The Carroll County DTC has enjoyed nearly a decade of continued vision by its founders, including the Judge, Coordinator, and Case Manager. The team meets regularly, though attendance by all members is sometimes problematic. An information sheet for the upcoming docket is circulated weekly among team members and provides absentee members with updates and the ability to communicate with the team. The longevity of key team members provides a stable platform that facilitates team functioning.

Professional Training

Carroll County DTC members have attended OPSC- and NADCP- sponsored trainings and conferences and have hosted observers from other drug courts interested in the Carroll County DTC's program. It may be that the team has achieved a level of stability through longevity that permits greater sophistication in training interests. Topics such as dual-diagnosis treatment and treatment of emerging substances of abuse were among desired trainings identified by team members.

Research and Evaluation

The Coordinator and Case Manager enter participant data in SMART and the Coordinator submitted quarterly reports to the OPSC. The Coordinator and CCHD Addictions Services Director compile and analyze additional data in support of various grants and initiatives. It is assumed by virtue of ongoing third-party funding of Carroll County DTC programming that data are collected and used for program evaluation and improvements. The CCDTC would be advised

to develop procedures for entering information on service referrals and perhaps other supportive activities performed by the Peer Recovery Support Counselors. In addition to documenting the extent of that assistance, these data can help identify the relative prevalence of service needs among participants, and possible gaps in the match between needs and services.

Cecil County Adult Drug Court

Court History

The Cecil County Adult Drug Court (CCADC) was initiated through the efforts of court administrator, Angela Kuhn, and the Honorable Judge Dexter Thompson in 2004, and the first participant was accepted in June 2006. In April 2006, Sheri Lazarus was named the Drug Court Coordinator and Judge Thompson served as the first Drug Court Judge for Cecil County. Sheri Lazarus continues in the role of DTC Coordinator. The Honorable Keith A. Baynes was appointed to the DTC in August 2011 and currently serves as the Administrative Judge in addition to his DTC duties.

Court Structure

Current Census and Capacity

The Cecil County DTC began with a capacity of 50 participants. In 2007 additional funding permitted an expansion to hire an additional Case Manager and serve a total 100 participants. A total of 102 active DTC participants was reported for the period 01/01/2013—12/31/2013. The minimum time for completing the program is 12 months. The Coordinator reports that the typical length of stay is about 18 months.

Oversight

Oversight of the Cecil County DTC is accomplished by a steering committee comprised of administrators and supervisors of DTC team members. The Steering Committee meets two to three times a year and is primarily responsible for reviewing policies and procedures of the DTC. Members of the Steering Committee include:

- Hon. Keith A. Baynes, Chair, Administrative Judge, Circuit Court
- Matthew Barrett, Court Administrator, Circuit Court
- Sheri Lazarus, Drug Court Coordinator, Circuit Court
- John Northrop, Esq., Office of the Public Defender
- Ellis Rollins, State's Attorney, Cecil County
- Kenneth Collins, Director, Cecil County Health Department
- Mary Kay Schaller, Supervisor, DPSCS Division of Parole and Probation

- Lt. Michael Holmes, Cecil County Sheriff's Office
- Lt. Cathy Langshaw, Cecil County Sheriff's Office – Community Corrections, Cecil County Detention Center

The Drug Court Oversight Committee (chaired by the Hon. Kathleen G. Cox) provides oversight at the State level.

Drug Treatment Court Team

The Cecil County DTC has a number of members with five year or more experience with the drug court. Participant incentives, sanctions, and terminations are all considered and voted on by the team, with the DTC Judge making final determinations.

Current drug court team members include

- **DTC Judge (1)**
 - Judge Baynes has presided over the Cecil County DTC since August 2011 and also serves as the Administrative Judge. He is the second DTC judge.
 - Judge Baynes presides over other Circuit Court matters in addition to his DTC duties and estimates that 20 percent of his time is devoted to the Drug Treatment Court.
 - Responsibilities include hearing and ruling on DTC dockets.
- **DTC Coordinator (1)**
 - Sheri Lazarus has been the DTC Coordinator since the court began in 2006.
 - Responsibilities include program administration, grant writing, and fiscal management and reporting.
 - The Coordinator conducts preliminary eligibility screening of DTC candidates, collects candidate's social history, and coordinating referrals for treatment and DTC intake process.
 - The Coordinator supervises the Case Managers and their professional development.
- **Case Managers (2)**
 - Gary Hinkle has been a Case Manager with the DTC since 2008. Prior to this, he served as a representative of the Sheriff's Department to the DTC.

- Debbie Grafton is a Case Manager hired through the current BJA enhancement grant to work with female DTC participants (discussed further below). Ms. Grafton started in February 2012, following a 30-year career with the Sheriff's Department in Cecil County.
- Case Managers meet regularly with DTC participants for case planning and monitoring; refer participants to services; and enter case management and other participant information in SMART.
- **Department of Public Safety & Correctional Services – Division of Parole and Probation (1)**
 - Jenny Burris is the Division of Parole and Probation (DPP) Agent assigned to DTC. She has been with the court since 2008.
 - Her responsibilities include vetting candidates for legal eligibility for admission to DTC and community supervision of participants. Maintaining a regular caseload in addition to DTC participants, she devotes an estimated 80 percent of her time to the DTC.
- **Treatment Providers (Cecil County Health Department)**
 - Dave DeWitt is the Treatment Coordinator at the Cecil County Health Department. He was with the DTC from 2008 to 2010, and then he returned to the position in 2012 after a two-year absence. He estimates that 50 to 75 percent of his time is dedicated to DTC.
 - He maintains an intensive outpatient (IOP) caseload with the Health Department's substance abuse program in addition to his DTC caseload.
 - He oversees and provides treatment of DTC participants, drug testing, and contributes treatment expertise to the team.
- **Office of the Public Defender (OPD)**
 - Thomas Klenk represents the OPD and is one of the original DTC team members.
 - His role is advising and advocating for DTC participants and an estimated 15 percent of his time is dedicated to the DTC.
- **State's Attorney's Office (SAO)**
 - Joan Grabowski serves as the SOA representative to the DTC team. She has been with the DTC since 2008. Ms. Grabowski's position is 80 percent time, about one-third of which is devoted to the DTC.
 - She is responsible for managing the drug court docket for the SAO.

- **Courtroom Clerk**
 - Autumn Orr has been a DTC team member since 2013.
 - She serves Judge Baynes as the DTC Courtroom Clerk and attends DTC team meetings as his representative. An estimated 10 percent of her time is devoted to DTC.
- **Law Enforcement (Cecil County Sheriff's Office)**
 - Mark Byam represents the Cecil County Detention Center (CARC) and has been with the DTC since 2013. He maintains drug testing records for participants tested through Community Corrections. An estimated 20 percent of his time is devoted to DTC activities.
 - Until very recently, Sgt. Don Kellum represented the Cecil County Sheriff's Department on the DTC team. He acted as a liaison between the DTC and law enforcement to facilitate communication and cooperation, and devoted about 15 percent of his time to DTC activities. In September, 2014 Sgt. Kellum retired and was replaced in this role by Sgt. Shawn Mahan of the Sheriff's Department.

Target Population Served

The CCADC accepts individuals post-plea and participation in drug court is voluntary. Candidates who have a violation of probation may be referred to the DTC prior to sentencing on the violation, but they must have at least 1 year of probation left on their sentence and must otherwise meet the criteria for acceptance. Eligibility criteria for all participants include:

- Non-violent offense
- Adult (18+) resident of Cecil County
- Substance abuse as a primary diagnosis
- Offense(s) committed by the candidate must have been motivated by a drug problem and carry a minimum one year sentence.

Victim approval is sought for offenders convicted of more serious crimes such as felony burglary.

Exclusionary criteria include any crime of violence (as defined in Article 27, Section 441e of Maryland Code) or a history of conviction for crime(s) of violence. Sex offenses are among identified crimes of violence. Additional exclusions include:

- History of charges for handgun offenses or domestic violence

- Adult offenders with juvenile adjudication related to threatened or actual use of force, or the use, possession, or carrying of a firearm or dangerous weapon

Court Operations

Legal Mechanism

The Cecil County Circuit DTC is somewhat unusual in encouraging and accepting referral from a wide variety of sources rather than employing a structured process of identifying candidates from a specific defendant pool. The DTC is well-known and established in the county and receives referrals from the OPD, the SAO, DPP, the Cecil County Health Department, the Bar Association, judges, families, and self-referrals.

The DTC Coordinator screens referrals for preliminary eligibility, confirming current charges with the SAO and OPD and verifying information provided on the referral form. The DPP Agent then screens the candidate information for legal eligibility. Legally eligible candidates are then interviewed by the Coordinator to gather social history, including substance abuse history and motivation for DTC participation. The Coordinator then refers candidates to the Cecil County Health Department for assessment of treatment eligibility and ASAM level of care determination.

To be eligible, candidates whose case originated in a non-drug treatment court must also have permission from that court's sentencing judge in order to participate in DTC. In these cases, the candidate is placed on probation with the condition of successful DTC completion. Defendants meeting all the criteria are approved; they must appear before the sentencing judge and agree to accept a guilty verdict and to abide by all conditions of the DTC.

Length of Participation

The minimum length of DTC participation is 12 months, though a number of participants take 18 months or longer to complete. Progression through four program phases is required for successful DTC completion. Each phase requires monthly DTC review appearances and 10 hours of community service. Frequency of meetings with DPP, treatment sessions, and drug testing is determined through individualized planning.

Phases

Phase 1: This phase includes orientation and intake elements of DTC such as the Drug Court Orientation Group, case management planning, and treatment planning. The case management plan is developed in Phase 1 and reviewed/updated at each meeting with the CM. This phase typically lasts 30 days.

Phase 2: Participants in Phase 2 attend skills-development and/or educational services as recommended by the DTC and meet weekly with the Case Manager. Each participant receives a journal in Phase 2 and sections of the journal are assigned throughout the remaining phases. Phase 2 is a minimum of 60 days.

Phase 3: This phase continues goals and services established during Phase 2 with an emphasis on job readiness. Meetings with the Case Manager may be reduced to every other week. Phase 3 typically lasts 90 days.

Phase 4: Phase 4 is the final phase of the DTC and lasts a minimum of 180 days. During this phase, participants complete treatment, skills training, and job training with the goal of employment. Meetings with the Case Manager may be reduced to monthly.

Specific requirements for each phase are shown in the table:

DTC Requirement	PHASE 1 (minimum 30 days)	PHASE 2 (minimum 60 days)	PHASE 3 (minimum 90 days)	PHASE 4 (minimum 180 days)
DTC Services (i.e., evaluations, referrals)	Drug Court Orientation Group	Attend services (MH, Life Skills, etc.) per DTC	Attend services (MH, Life Skills, etc.) per DTC	Attend services (MH, Life Skills, etc.) per DTC
Case Management	CM assigned. Weekly meeting. Case Plan developed.	Weekly meeting	Meet at least every other week	Monthly meeting
Employment/ Education	N/A	G.E.D. courses, if applicable	G.E.D. courses, job training, or approved educational placement	Employed or in job training
# of Self-Help Group Meetings	4	8	12	24
Drug Testing	12 times/month	10 times/month	8 times/month	6 times/month

Progression through the DTC

New participants complete an Orientation Group with DTC staff during which time the participant handbook is reviewed, consents and related documentation occurs, participants can ask questions, and an evaluation is completed. Participants receive a certificate of completion at the conclusion of the Orientation Group.

Progression from one phase to the next requires, in addition to meeting the above guidelines, a completed Phase Movement Form and satisfying the following criteria for each phase:

Criterion	Phase 1	Phase 2	Phase 3	Phase 4
# Consecutive negative UAs	12	24	90 days	180 days
# Unexcused absences from Tx or CM meetings	0	2 or fewer	2 or fewer	2 or fewer
# Days prior to movement with no sanctions	14	21	28	28

- **Graduation Requirements:**
 - Satisfy all phase and phase movement requirements
 - Six months consecutive negative UAs
 - Successfully complete treatment
 - Case plan updated/completed/signed
 - Provide a copy of high school diploma, GED
 - Demonstrated efforts to pay restitution and/or child support, if applicable
 - Continued employment for at least 3 months, **or**
 - 1 semester/quarter of schooling completed; continued enrollment at graduation
 - No sanctions 30 days prior to graduation
 - Complete graduation questionnaire and exit interview satisfactorily
 - Complete relapse prevention plan

- **Graduation Ceremony:** Participants who have maintained twelve consecutive months drug-free, have no pending charges, and have complied with all requirements of court-ordered probation are eligible to participate in the graduation ceremony.

- **Unsuccessful Completion:** Participation in DTC may end without completion due to actions within or beyond the participant's control:

- **Termination** from DTC is viewed as a last resort; it occurs if a participant is non-compliant with DTC program goals or has become a supervision risk. Examples of conditions that result in termination include absconding from the program for an extended period (e.g., two years) and being returned on a bench warrant, new felony charges (though some may be brought into DTC and supervision continued), and persistent non-compliance.
- A **neutral disposition** is non-completion of the program resulting from medical and/or mental health issues that preclude a participant's ability to comply with program requirements. Death prior to program completion is also considered a neutral disposition.

Incentives and Sanctions

As part of their regular team meeting, the DTC team presents both participants who are progressing and deserving of incentives, and those who have issues that may warrant sanctions. Specification of incentives and sanctions for participants are discussed and decided by the team (by vote when necessary). The DTC employs a "clap and pick" lottery incentive in which participants receive applause and draw from a pool of slips that represent various rewards, including:

- Encouragement and praise from the bench
- Handshake from the DTC Judge
- Tokens
- Gift cards
- Baskets of food or personal items
- Credit for one hour of community service

Participants identified for incentives but who have pending charges may receive applause but are not eligible to draw from the pool of slips. Other incentives used by the DTC include:

- Reduced supervision
- Decreased frequency of court appearances
- Certificates of Progress

- Ceremonies
- Graduation

Sanctions for negative behaviors are applied as swiftly as possible. Sanctions used by the DTC include:

- Warnings and admonishment from the bench in open court
- Demotion to earlier program phase
- Increased frequency of court appearances
- Increased case monitoring
- Increased community supervision
- Community service assignments
- Jail confinement
- Termination from the Drug Court program

Additional therapeutic sanctions that may be imposed by the DTC are:

- Termination from the drug court program
- Increased treatment intensity (including inpatient)
- Jail-based treatment (28-day and/or Relapse Prevention program)
- Increased frequency of drug testing
- SCRAM (Secure Continuous Remote Alcohol Monitor)
- Mandatory support groups/increased number of required meetings

Unsuccessful termination from DTC may occur for the following reasons:

- Participant is on bench warrant status
- Participant incurs a new offense that is deemed ineligible
- Participant threatens staff
- Participant decides they no longer want to participate in the program
- Participant falsifies/tampers with urinalysis test

Neutral (administrative) terminations may occur if:

- Participant's mental or physical health needs preclude his or her successful participation in DTC
- Participant no longer resides in Cecil County or is deceased

Substance Abuse Treatment and Other Services

Substance Abuse Treatment

The Cecil County Health Department (CCHD) provides substance abuse treatment services for most DTC participants, though a substantial number of DTC participants receive medication-assisted therapy (MAT) from local treatment providers or from private physicians in the area.

All DTC participants are evaluated and assigned a preliminary substance abuse clinician at intake. The assigned clinician develops an individual treatment plan with the participant and the plan is reviewed and revised during subsequent treatment sessions with the clinician. Most participants are assigned to outpatient services provided by the CCHD. The Health Department operates an intensive outpatient program (IOP) that is 30 to 60 days in length and consists of nine hours per week group therapy and individual sessions once every two weeks. CCHD outpatient treatment consists of weekly 90-minute group therapy and a once-monthly individual session.

Inpatient/residential (IP) treatment availability varies for the CCADTC, though no residential facilities operate within the county. Waitlists for residential treatment are described as daunting and duration of treatment in these programs is governed by insurance. The Whitsitt Center, Phoenix Recovery Center, and Hope House are identified inpatient treatment facilities

used by participants. The Coordinator estimates that 35 percent of DTC participants receive inpatient treatment at some point during their DTC participation.

Medication-Assisted Therapy (MAT)

Medication-assisted therapy includes use of methadone and Suboxone. Serenity Health and Elkton Treatment Services provide methadone therapy to DTC participants and Got-A-Doc Walk-In Medical Center provides Suboxone therapy. In addition to these three providers, a number of private physicians also prescribe methadone and Suboxone. Participants receiving MAT are required to submit to drug testing through the Cecil County Detention Center and to maintain substance abuse treatment through the CCHD or their designated provider. Group therapy is also required in conjunction with MAT and required attendance is determined by Phase:

- Phase 1 and Phase 2 attendance is at least weekly
- Phase 3 attendance is at least twice per month
- Phase IV attendance is determined by the MAT provider's policy.

Several members of the DTC team indicated that communication with MAT providers is sometimes problematic and a general consensus was that the DTC would welcome greater involvement by MAT providers.

Mental Health Services/Supports

Upper Bay and Key Point are the primary providers of mental health services to DTC participants, though team members reported that the need for mental health services is greater than available services in Cecil County. The lack of available services available for individuals with dual diagnoses of substance abuse and mental disorder is a particular problem. Drug court participants are assigned to individual mental health counselors through Upper Bay.

Housing

Stepping Stone Recovery Houses is the primary supportive housing provider for DTC participants and is preferred because the houses are located within walking distance to treatment. While a few other housing options are available, resources are limited. One team member noted that housing waiting lists at times can exceed the length of DTC participation.

Education/Employment/Skills Development

Participants without a high school diploma or GED are required to enroll in GED courses during Phase 2 of the DTC. One team member indicated that some participants are not able to pass the GED exam and have difficulty meeting this requirement. The DTC Policy and Policy and Procedure Manual indicates that for participants who are not able to achieve a high school diploma or GED, confirmation and explanation from an acceptable source are required for graduation from the program. Participants who have earned a high school diploma or GED are required to be employed, in a job training program, or enrolled in an approved educational placement as a condition beginning in Phase II and extending through graduation. Specific employment services or resources were not identified and one team member noted that lack of employment resources is a problem for the DTC.

Participant Characteristics

Cecil County is located in the northeastern corner of Maryland along the highly traveled corridor between Philadelphia and Wilmington to the North, and Baltimore and Washington, DC to the South. Cecil County’s proximity to these areas and major interstate routes contributes to narcotics trafficking in the county.

CCADTC Admissions, Discharges, and Active Participants, 2013 Calendar Year

Characteristic	Active Participants		Admissions		Total Discharges		Discharge Status					
	Completed	Terminated	Neutral									
Totals	102		46		27		8 (30%)		16 (59%)		3 (11%)	
	N	%	N	%	N	%	N	%	N	%	N	%
African-American	8	8	4	9	2	7	0	0	1	6	1	33
White	93	91	41	89	25	93	8	100	15	94	2	67
Other	1	<1	1	2	0	0	0	0	0	0	0	0
Hispanic	6	6	3	7	1	4	0	0	1	6	0	0
Female	45	44	23	50								

Age 18-29	57	56	31	68								
Age 30-39	33	32	11	24								
Age 40+	12	12	4	9								
Veteran	1	<1	0	0								
< HS Education			18	39								
HS/GED			28	61								
Employed Full-time			4	9	8	30	7	88	1	3	0	0
Employed Part-time or Seasonal			6	13	1	4	1	12	0	0	0	0
Unemployed			29	63	17	62	0	0	15	94	2	100
Attending School or Vocational Training			0	0	1	4	0	0	1	3	0	0
< \$1,000 Monthly Income			39	85								
Prior Arrest Record			46	100								

Note: SMART-generated reports do not include information for the blank (shaded) table cells. The numbers in the descriptive cells may not add to the column total (at top) due to missing data.

The CCDTC had 46 admissions in 2013 and 102 participants during the year. Available descriptive information compiled from the SMART information system on the participants and those admitted and discharged in 2013 are shown above. Compared to other drug courts in Maryland, CCDTC has a sizable number of female participants and fully half of the admissions in 2013 were women. The program also has a relatively young clientele, with 88% of the participants less than 40 and over two-thirds of those admitted in the year less than 30 years of age. The majority of admissions, 63 percent, were unemployed and 39 percent did not have a high school diploma.

Of the 27 DTC participants discharged in 2013, just 30 percent completed the program successfully and 11 percent had a neutral status at discharge. The available descriptive data on discharges showed that, not surprisingly, all of those who completed were employed while 94 percent of the terminated cases were unemployed.

Drug Court Enhancements under BJA Funding

In partnership with the Maryland Office of Problem-Solving Courts (OPSC), the Cecil County Adult DTC obtained federal funding in the amount of \$209,041 over three years from

the federal Bureau of Justice Assistance to make specific enhancements to the program. The BJA grant was earmarked for multiple purposes:

- hire a Drug Court Referral Specialist to screen new criminal cases, as well as administer the Addiction Severity Index (ASI) and the Level of Service Inventory – Revised (LSI-R) to determine the severity of potential participants’ drug use, their motivation for treatment, and their criminogenic needs;
- provide additional temporary housing;
- provide participants transportation;
- enhance current incentives and rewards (including supporting graduation ceremonies); and
- provide for opiate urinalysis testing with Gas Chromatography/Mass Spectrometry (GC/MS) testing.

Implementation

Information reported here on implementation activities under the grant was obtained from quarterly reports submitted to the funding agency by the CCDTC, observations of court hearings, and interviews conducted with the Coordinator, the DTC Judge, and other members of the drug court team.

Drug Court Staff and Participant Screening. In the early implementation stage of the BJA-supported enhancements, the DTC determined that the funding originally planned for a Drug Court Referral Specialist would best be dedicated to hiring a second Case Manager/Assessor, with the dual goal of increasing the program census and working with female participants of the drug court. The new Case Manager, Debbie Grafton, was hired in February 2012 and assigned to work with female participants. As of August 2014, she reported her caseload to be approximately 33 active participants.

Her role, identical to the other CM who now works exclusively with male participants, includes meeting regularly with participants, obtaining background information, arranging for assessment by the CCHD, and working with the assigned CCHD counselor to refine the treatment plan. Ms. Grafton makes and manages referrals for ancillary needs and services, including the local GED program, mental health services, family health, women’s services, and an anger management program. Participants typically meet with her once a week, but may do so as often as three times a week if there are concerns about relapse. The CM estimates she spends 20 hours in a given week in individual meetings with participants.

Due to Ms. Grafton's extensive working history with the County Sheriff's Office and the County Detention Center, she is often familiar with participants or their family members. This information can be useful in devising the treatment plan, and identifying potential barriers, as well as potential strengths to build on during the person's stay in drug court.

The initial candidate screenings and assessments continue to be handled by the DTC Coordinator, who supervises the Case Manager. The BJA grant enabled the purchase of a laptop computer to effectively manage participant screening tools used by the Coordinator to identify needs and to inform the case planning process. Following receipt of the funding, the target census of the DTC was increased to 100 from the previous figure of 50 active participants. Detailed in the data trends section below, admissions and the census of active participants did increase from 40 at the beginning of 2012 to 90 as of July 1, 2014. Also, as noted above, females now account for a little under half of all participants.

Drug Testing. As the DTC census increased, BJA funding was also used to defray additional costs associated with Gas Chromatography/Mass Spectrometry (GC/MS) drug testing. The DTC routinely uses a preliminary drug test that analyzes specimens for the presence of six substances and provides a positive or a negative result. The Coordinator reported that legitimate prescription drugs containing opiates (and occasionally antibiotics) will return positive results in the preliminary test, requiring confirmation testing. Gas Chromatography/Mass Spectrometry, a more sophisticated test, is used to confirm positive results and to rule out false positives of the preliminary test. The practice of the DTC is to confront participants with positive results of the preliminary test in hopes of their acknowledgement of use. However, in instances of legitimate prescription use or the participant's desire to challenge the preliminary results, GC/MS testing is conducted.

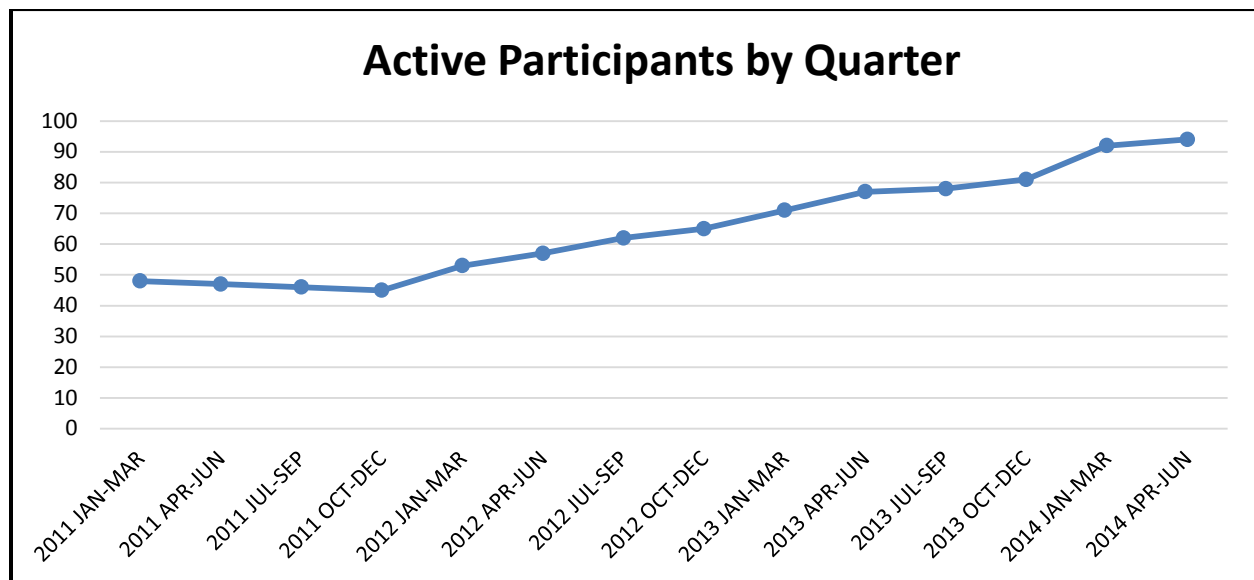
Housing and Transportation Assistance. Team members indicated in interviews that availability of housing continues to be an issue for DTC participants and in Cecil County in general. Wait lists for long-term subsidized housing (such as Section 8) continue to involve two to three year waits. This issue remains and is unchanged as a result of the grant award; however, the BJA grant has enabled the DTC to underwrite the cost of halfway housing for homeless participants (including participants discharged from inpatient treatment) for up to three weeks. Additional housing support is generally available through community resources, though the expectation is that participants will increasingly assume responsibility for recovery housing.

The paucity of public transportation was addressed to some extent under the grant. BJA funds have permitted the DTC to purchase taxi service for participants without access to transportation. Participants in need are provided up to three taxi rides per month. This allows the participants to get to and from DTC-related activities.

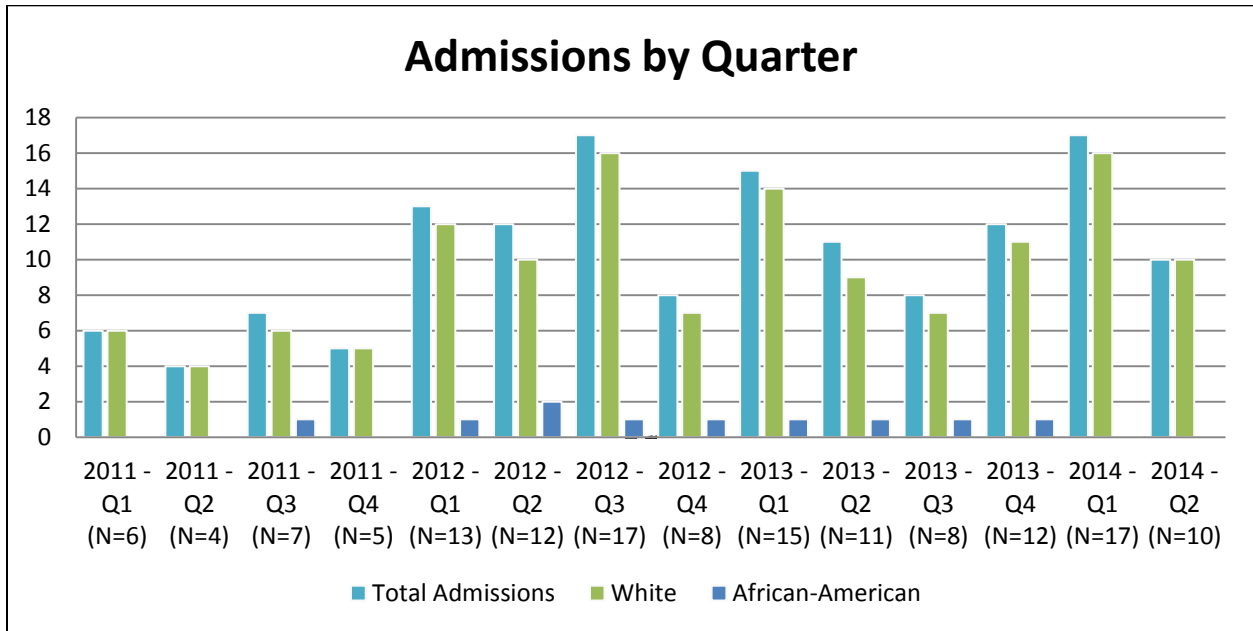
Incentives. Cecil County Adult DTC reported that they continued to grow their incentives program throughout the BJA funding period. Under the grant award the court was able to purchase additional gift cards as incentives for participants.

Data Trends during the Enhancement Period

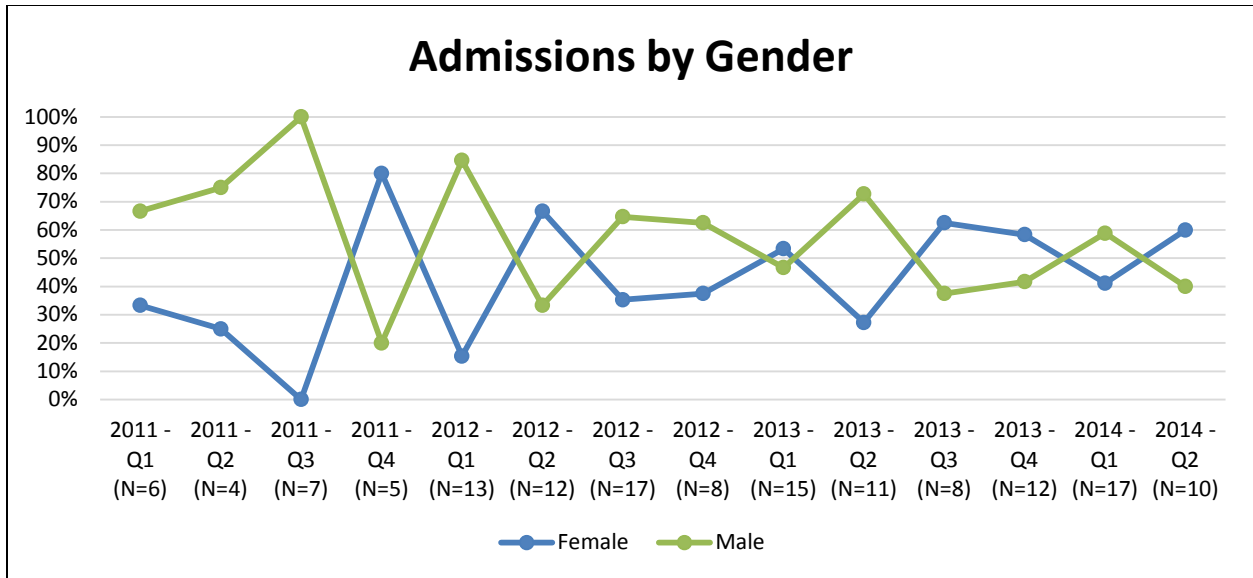
Information entered into the SMART information system was used to examine trends in various indicators from a baseline period of a year prior to the inception of enhancement activities made with BJA support through June 2014. As with the other sites, activities in the CCDTC began in early 2012 with the hiring of the CM, so the period used in the graphs in this section begin in January 2011 (identified as 2011-Q1 in graphs in this section) and continue through June 30, 2014 (2014-Q2).



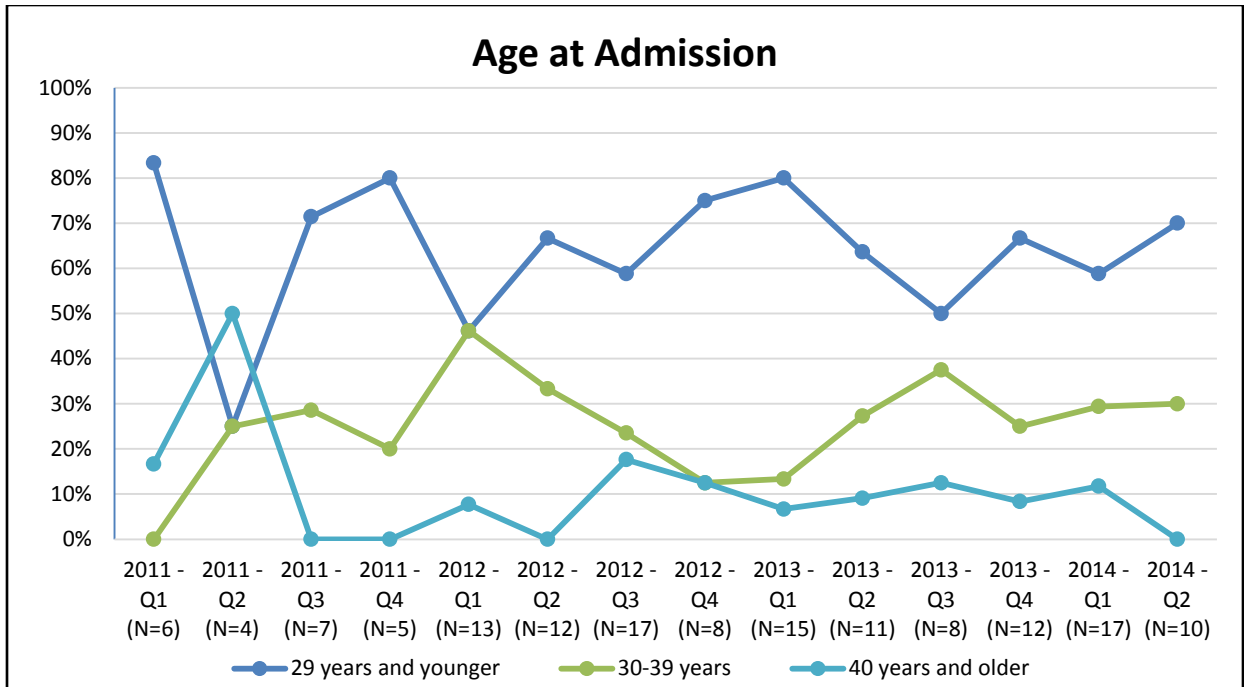
The CCDTC participant census began a steady climb that coincided with the startup of BJA-funded enhancement efforts in early 2012. In the final quarter of the tracking period the program had 94 active participants, more than double the number that was active at the end of 2011 (45). On average, the active client caseload grew by 7.8 percent each quarter, adding anywhere from 1 to 11 participants.



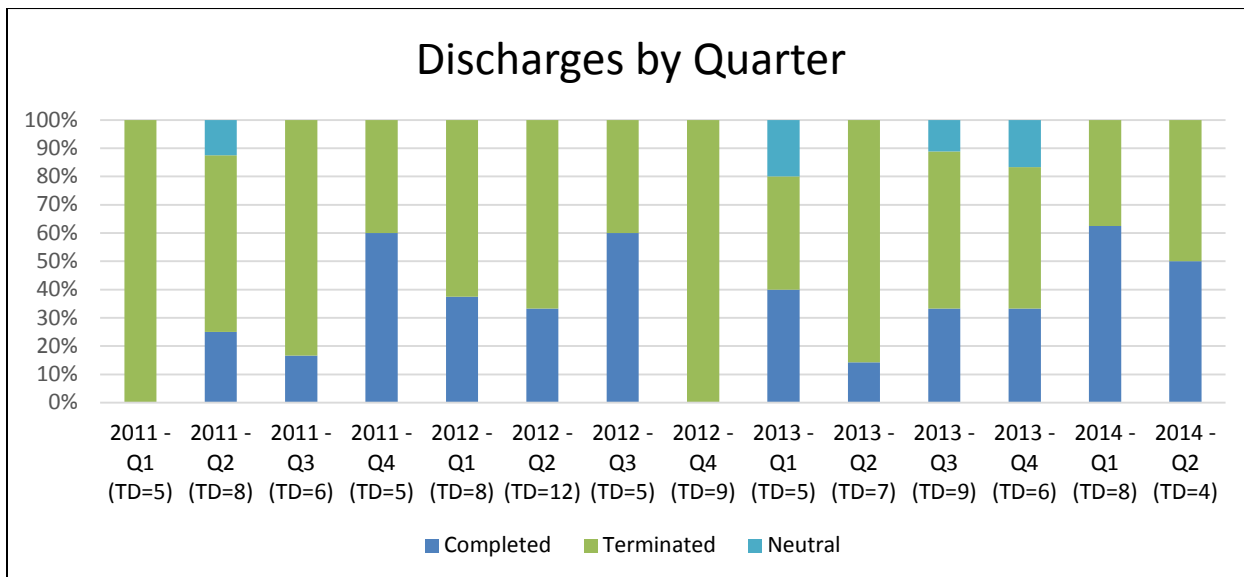
Admission trends for the Cecil County DTC clearly reflect the increased numbers envisioned under the BJA enhancement. The program has averaged 49 admissions annually since January 2012, again more than twice the number admitted in the pre-enhancement year of 2011. Reflective of the racial composition of the general population of Cecil County as reported in the 2012 US Census, Whites account for more than 90 percent of admissions to the program.



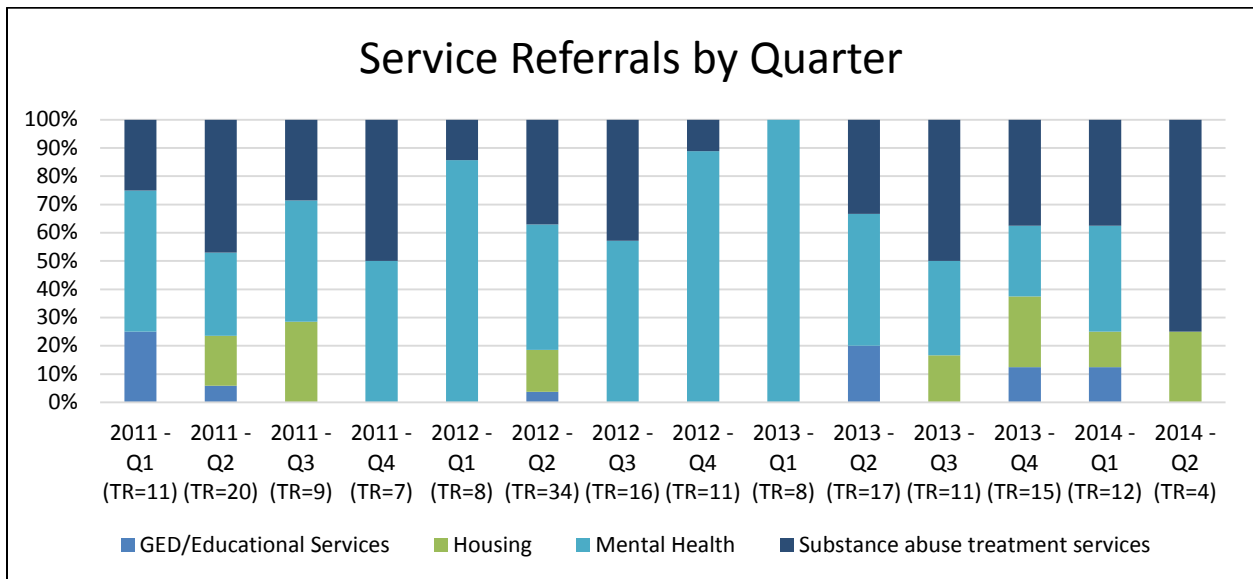
As noted with the annual client census data above, women comprise a notably larger proportion of the participants in the Cecil County DTC compared to most other Maryland drug courts, or drug courts generally for that matter. The increase in female admissions associated with hiring of the female Case Manager is evident in the gender trends, with women accounting for less than one-third (31%) of admissions in 2011 as compared to just under half (46%) in subsequent years. Also in contrast to the fluctuations in the earlier quarters of the tracking period, the gender composition appears fairly balanced since the second quarter of 2012.



Admissions data indicate that the age profile of CCDTC participants has been fairly steady, with roughly 65 percent of admissions under the age of 30, about 25 percent between 30 and 39 years of age, and 10 percent 40 or over. While there was variation by quarter in the proportion admitted in each age group, there was no apparent up or down trend in any group.



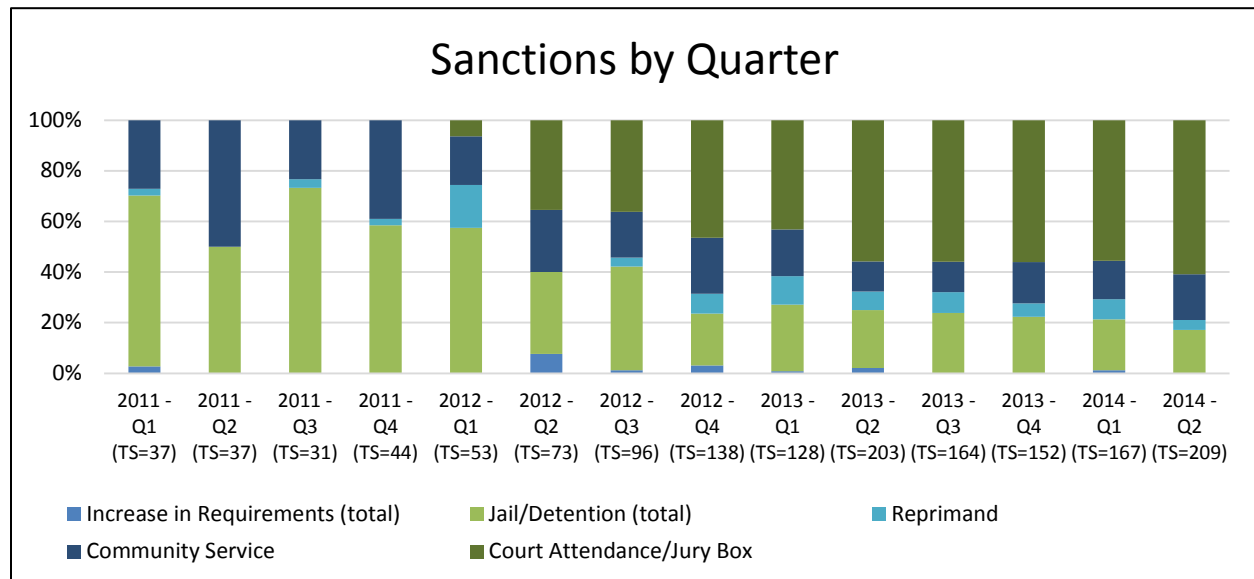
As noted above, discharge outcomes for the program in 2013 showed a relatively low rate of participants completing successfully. Nonetheless, the trend data do show an increase for the period after enhancements were implemented. In the 2011, 25 percent of those discharged had successful program completions, while this figure rose to 34 percent of discharges over the 10 subsequent quarters. This represents a 36 percent improvement over the pre-BJA baseline. The rate of neutral discharges remained unchanged over the tracking period.



The number of service referrals recorded in the SMART system was fairly low, totaling 183 or an average of 13.1 per quarter; on average 9.1 participants per quarter received one or more referrals. The Coordinator reported that these low figures are in part due to lack of data entry and the need for more staff training in this area. With this caveat in mind, the SMART data showed mental health services (38% of all referrals) to be the most prevalent type of referral in the CCDTC, followed by referrals for additional substance abuse services (27%). Together, these accounted for just under two-thirds of all the referrals made in the program. Referrals for housing services and education were the next most common, accounting for 8 and 5 percent of all referrals, respectively.

When pre- and post-enhancement periods were compared, there was evidence of a slight increase in mental health referrals during the latter period; after enhancement were implemented, mental health referrals rose to 40% of all referrals, compared with 32% during

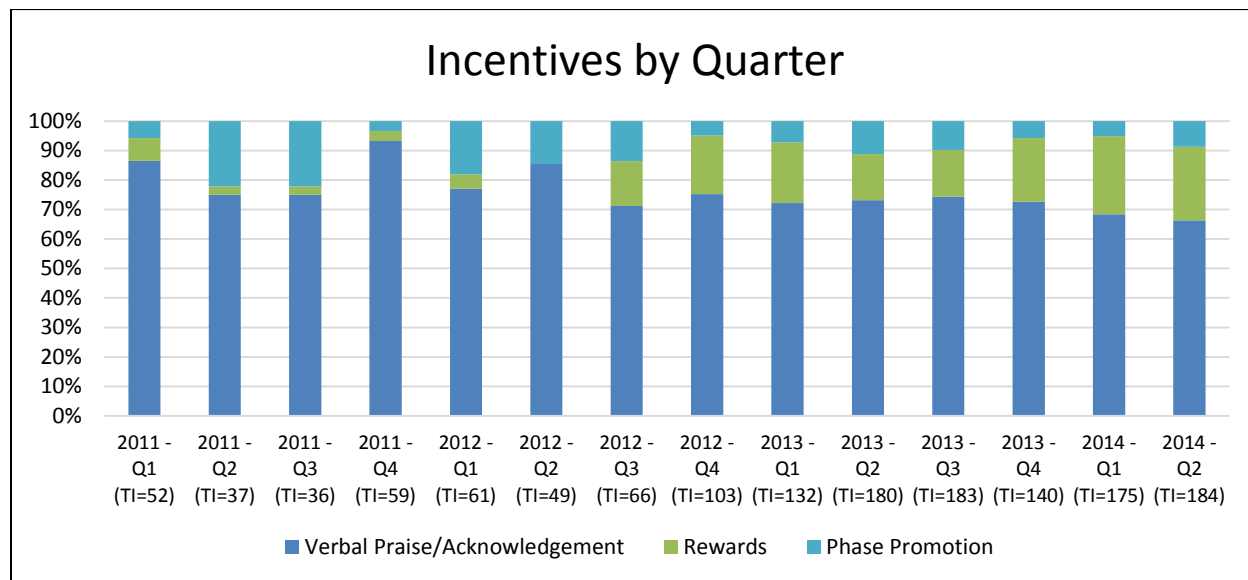
2011. This may be related to the addition of the female Case Manager, and an increased responsiveness to mental health issues among women participants, who tend to have higher rates of need for these services. Reflective of the continuing challenges in addressing the needs in Cecil County for housing, the SMART data did not show any increase in housing referrals with the additional BJA support.



Shown under each bar in the figures on sanctions (TS=number) and incentives (TI=number) by quarter, the total number of sanctions and incentives recorded in the SMART data rose dramatically over the tracking period. While likely indicative of an overall rise in the use of sanctions and incentives, these numbers also reflect growth in number of admissions to the Cecil DTC as well as greater use of SMART and SMART data entry.

There were notable changes in the types of sanctions imposed over 3 ½ year period. Since the grant period began in early 2012, the use of jail/detention fell dramatically while there was a significant rise in the use of required attendance as an observer in court or the jury box. Overall, the frequency of jail/detention sanctions dropped by more than half, from 60 percent of all referrals in 2011 to 26 percent during the following 10 quarters. Attendance in court/jury box was the most common sanction imposed from 2012 through June 2014, on average accounting for 43 percent of all sanctions and over half of all sanctions since April 2013. The use of this sanction was also increasingly favored over the third most common sanction type employed over the tracking period, imposing a community service requirement.

Community service sanctions fell by more than half, from averaging 33 percent of all referrals in 2011 to 16 percent from 2012 on.



Increased use of incentives has been an emphasis in drug court “best practice” writings, and there was some evidence of a growing use of incentives in CCDTC between 2011 and 2014. In the baseline year 2011, on average 38 percent of the active participants had a record in SMART of having received at least one incentive, while this rose to 52 percent during the enhancement period, an increase of 37 percent. From late 2012 forward, more than half of all participants had at least one incentive entered each quarter. During this period – late 2012 through June 2014 – the use of incentives slightly outpaced the use of sanctions, with 53 percent of active participants being sanctioned and 55 percent receiving at least one incentive.

Verbal praise was by far the most frequent incentive used by the DTC, accounting for over three-fourths of all rewards recorded in SMART. Over time, employing verbal praise as the sole incentive fell somewhat, and the incentives data provided evidence of successful use of BJA support to increase the use of tangible rewards (gift cards). While still representing a relatively small portion of all incentives, the use of rewards nonetheless quadrupled during the enhanced funding period, to 16 percent compared to 4 percent in the baseline year.

NADCP Best Practices Standards

Seeking to advance and update its 1997 publication of the “Ten Key Components” of drug courts, the National Association of Drug Court Professionals (NADCP) published an initial volume of *Adult Drug Court Best Practice Standards* in 2013. This first volume addressed five

areas – target population, historically disadvantaged groups, roles and responsibilities of the judge, incentives, sanctions, and therapeutic adjustments, and substance abuse treatment -- and a forthcoming volume is reported to address additional standards regarding drug and alcohol testing, ancillary services, census and caseloads, team functioning, professional training, and research and evaluation. This section reviews Cecil County DTC policies, practices, and participant data trends in light of these eleven standards areas. The discussion employs the features of those standards as described in *Best Practice Standards, Volume I*, and research reviewed and summarized in *Best Practices in Drug Courts*, a special issue of the *Drug Court Review* issued in 2012 by National Drug Court Institute, NADCP's research affiliate.

Target Population

The eligibility and exclusion criteria for the Cecil County DTC are stated in the policy and procedure manual and practices observed appear to be consistent. Candidates for the DTC are evaluated for legal eligibility by the DPP Agent using Maryland Code for exclusion of violent crimes and for treatment eligibility by the CCHD Treatment Coordinator.

Historically Disadvantaged Groups

The racial composition of Cecil County is reflected in the DTC docket; the majority of participants are white. Cultural competence was identified as both training received by DTC members and a desired training topic. While the 2006 version of the DTC policy and procedure manual references cultural competence, the 2014 revision does not.

With nearly half the participants women, the roughly even gender split in the CCDTC is unusual both in the state and country overall, and may be viewed as indicative of the program being at the forefront of a progressive national trend. The relative rate at which women were admitted to the DTC became more steady and the split more consistently even over the 3 ½ year tracking period. Commendably, CCDTC was responsive to its unique clientele in allocating BJA funds to hire a female Case Manager to work with women participants. This enhancement to the DTC team has been well-received and appears to be helpful to these participants.

Roles and Responsibilities of the Judge

Judge Baynes reported that he has participated in conferences and trainings primarily aimed at the DTC judiciary and indicated that they have been useful. He does not attend weekly DTC team meetings due to his responsibilities in other courts, though he does send the Court Clerk to take notes at the meetings and advise him accordingly. During the interview, he shared a number of ideas and initiatives to build community support of DTC that he would like to pursue such as asking service organizations (particularly those that benefit from gambling

activities) to contribute resources for incentives and seeking additional county funding for the drug court.

Courtroom observation revealed routine practice of Maryland Rule 16-206 provisions, specifically the section requiring considerations in the event that sanctions involve the loss of liberty. Although this is apparently applicable statewide, the Cecil County DTC explicitly addressed the provision during hearings that involved loss of liberty. The demeanor of the judge in his interactions with participants and other DTC team members was open and respectful and was frequently punctuated with humor.

Incentives, Sanctions, and Therapeutic Adjustments

The range of DTC incentives and sanctions is articulated to participants throughout DTC, first in the participant handbook and orientation and reinforced through observation and experience of DTC hearings.

Recommended incentives and sanctions are generally agreed upon by the DTC team, though an example of dissent was observed in the courtroom concerning whether or not a particular participant's action warranted a sanction. Incarceration and community service are the most frequently sanctions administered by the DTC, and a number of team members expressed a desire for additional alternatives. Team members noted growing awareness that jail/detention sanctions were not effective with many participants and the SMART data reflected this recognition, as use of incarceration declined and other types of sanctions, particularly additional attendance in court/jury box, increased.

There was a favorable increase in the use of incentives by the CCDTC over the tracking period. However, there was (and continues to be) room for such an increase given that SMART data indicated that the frequency of use of incentives and sanctions were roughly equal. Incentives most often awarded were praise, applause, and the "clap and pick" lottery. Meeting an objective identified under the additional BJA funding, use of tangible rewards increased significantly. While still low (16% of all incentives used), the level of use of rewards is now similar to, if not slightly higher than is observed in many other drug courts. Phase promotions and graduation are determined by the prerequisites for each level of the program.

Substance Abuse Treatment

Treatment options for DTC participants are reportedly quite limited relative to need. By all appearances this is a reflection of the imbalance of treatment supply and demand in the county, and not inadequate awareness or effort or on the part of the DTC administration or team. Availability of inpatient/residential treatment services appears to be critically

insufficient, as demonstrated by long waiting lists. Intensive outpatient and outpatient treatment services are available through the CCHD and appear to meet the needs of participants enrolled there.

Program administrators appear aware of the potential value and need for medication-assisted therapy given the CCDTC client population. Unfortunately the quality and nature of treatment through MAT providers, beyond the administration of medication, is somewhat nebulous due to limited interaction of MAT providers with the DTC team. Several team members indicated that some MAT providers are more comprehensive in their treatment approach than are others, and the general impression was that MAT participants may receive fewer non-medication treatment services than DTC participants enrolled in the CCHD program. A particular concern raised was that incarcerated MAT participants sometimes receive medication different from what is ordinarily administered by their community MAT provider, presenting potential health risks. Insufficient sharing of information from the jail was identified as a possible reason for this issue.

Drug and Alcohol Testing

Drug and alcohol testing are integral to treatment in the Cecil County DTC program. Frequency of testing is determined by an individualized plan with the participant. Regular treatment appointments and Case Manager contact is required in each phase, and testing is determined by these DTC team members. Phase progression through the program requires cumulative, consecutive UAs. As a result of a change in March 2015 of the vendor contracted for testing UAs, the program receives more timely reports of results, which now meet the practice standard of 48 hours.

Ancillary/Wraparound Services

It appears that while the DTC team is well aware of the value of wraparound services for participants, the depth and scope of need is considerably greater than that of resources. Typical of many rural areas, availability of services in general is limited and specialized services (such as treatment for dually-diagnosed individuals) are scarce. Cecil County has no public transportation and a dearth of affordable housing for participants. Although the relatively few service referrals recorded by the CCDTC in the SMART system was partially due to data entry problems, this also reflects the lack of service options, especially in regards to vocational and employment assistance. This presents a particular challenge when participants are required to be employed or enrolled in approved educational placements as part of their individualized case management plan.

The BJA enhancements enabled the Cecil County DTC to provide vouchers to participants to purchase transportation and to assist with obtaining housing, and the SMART data showed an increase in housing referrals in particular. Compared to other drug courts, mental health referrals comprised a large proportion of all referrals made by the DTC. Most participants receive mental health services from Upper Bay, though treatment for dual-diagnosis participants is described as insufficient. The hiring of a female Case Manager, made possible by the BJA grant, coincided with an increase in the number of mental health referrals recorded in the data, perhaps indicative of enhanced responsiveness to women's mental health needs.

Census and Caseloads

The DTC program census during the final quarter of the tracking period was 94, just under the target capacity of 100 participants. This client load is consistent with the NADCP recommendation of less than 125 total participants. The census is divided and assigned to a Case Manager according to gender, resulting in roughly equivalent caseloads for each Case Manager.

Team Functioning

Several of the DTC team members (Coordinator, Case Managers, CCHD Treatment, attorneys) attend weekly team meetings to review and discuss cases. Law enforcement representatives attend less frequently due to competing schedule demands. The Judge indicated that he does not attend the weekly team meetings, though he does receive notes from the meeting and he meets regularly with the Coordinator. Best practices recommend regular attendance by all team members, based on drug court research findings that link reductions in recidivism with full participation of team members in staffing conferences and meetings.

Professional Training

The Coordinator, Case Managers, State's Attorney, Public Defender, CCHD Treatment Provider, and Judge reported attending training and professional conferences sponsored by the Maryland Office of Problem-Solving Courts, the National Association of Drug Court Professionals, the National Drug Court Institute, and the Maryland Drug and Alcohol Abuse Administration. Several team members indicated that the DTC could benefit from greater public awareness of the disease model of addiction and of evidence-based treatment models, including professionals groups involved with public safety (law enforcement and corrections, attorneys, and judges). As the DTC team includes members who are representatives of public safety and professional experts in addiction, collaboration among team members to develop in-

service training would appear to be useful. Given the limited resources available to the program, additional resources through the OPSC, the Network for the Improvement of Addiction Treatment (NIATx), and similar state and federal entities should be options considered for furthering local knowledge and training.

Research and Evaluation

The Coordinator and Case Managers enters participant data in SMART and the Coordinator submits quarterly reports to the OPSC. The Coordinator also maintains a separate spreadsheet to track select participant statistics. It is not clear to what extent these data are used by the DTC for program evaluation and improvements.

Wicomico County Adult Drug Treatment Court

Court History

The Wicomico County Adult Drug Court (WCDTC) was initiated through the efforts of Administrative Judge, Donald Davis, and court administrator, Wendy Riley in 2004. A team of representatives was identified and received National Drug Court Institute training in 2005 (funded through a Byrne Justice Assistance grant). The first participant was accepted into the DTC in September 2005.

The Honorable Kathleen L. Beckstead was the first DTC judge, presiding from 2005 through 2013. In June 2013, the Honorable Leah J. Seaton assumed responsibility as presiding judge. Judge Beckstead continues to serve as the DTC judge when Judge Seaton is unavailable. Lindsay Tayman is the current DTC Coordinator, having accepted the position in 2013 when the first DTC Coordinator, Cherie Meienschien, was promoted to Deputy Court Administrator for Wicomico County.

The DTC Coordinator position and the Resource Manager position are currently funded by the Maryland Office of Problem-Solving Courts (OPSC). The Resource Manager position was funded through the Governor's Office of Crime Control and Prevention. The OPSC also provides funding for dedicated representation from the State's Attorney's Office and for law enforcement overtime (to permit participant home visits and employment checks) and ancillary services.

Court Structure

Current Census and Capacity

Capacity of the DTC is 50 participants. The number of active participants for the period 01/01/2013—12/31/2013 was 59, according to data entered into the Statewide Maryland Automated Record Tracking (SMART) system.

Oversight

Oversight of the DTC is accomplished by the Administrative Judge and a steering committee of representatives from community providers, agencies, and professionals:

- Business community
- Educational community
- Public Health community
- Faith community
- Government officials
- Vocational training/placement agencies
- Program evaluators

- Citizen groups
- Community-based entities

State-level oversight of the DTC is provided by the Drug Court Oversight Committee (chaired by the Hon. Kathleen G. Cox).

Drug Treatment Court Team

Although leadership in key positions has changed since the WCDTC's inception, the nature of changes has permitted a level of continuity. Several members of the DTC team have served for five years or longer. Current team members include:

- Judge
 - Judge Seaton has been the presiding judge since June 2013.
 - Judge Beckstead served as the presiding judge from the 2005 until June 2013, and she continues as the Administrative Judge and presides over DTC in Judge Seaton's absence.
- Coordinator
 - Lindsay Tayman is the third DTC Coordinator. She came to the DTC in 2013 from a coordinator position with the Wicomico Family Court, where she served for seven years.
 - The Coordinator supervises the Resource Manager. Other responsibilities include scheduling the docket and attending hearings, organizing pre-court team meetings and disseminating information, administering grants, and alerting team members to professional development opportunities. The Coordinator also researches additional funding opportunities and guides development of policy and procedures.
- Resource Manager
 - Lauren Cooper is the DTC Resource Manager (RM). She has been with the DTC since December 2013; there were two prior Resource Managers in this position.
 - The RM conducts case management and SMART data-entry functions, administers the "Made for Excellence" life skills component of the program, refers participants to ancillary services, attends pre-court team meetings and court hearings, and performs aftercare planning with participants.
- State's Attorney's Office
 - Jared Montiero is the attorney assigned to the DTC from the State's Attorney's Office (SAO). He has been with the DTC since March 2013 and an estimated 20 percent of his time is allocated to drug court.

- The SAO has ultimate veto power over prospective participants' legal eligibility. In an effort to minimize subjectivity, the SAO consults with the OPD, DPP, law enforcement, and corrections representatives to discuss eligibility issues (rather than meeting with the whole team for this purpose).
- The SAO also negotiates and presents the plea agreement, attends pre-court team meetings, and participates in drug court hearings. Attends trainings and conferences when available
- Office of the Public Defender
 - Josephine Schlick is the attorney assigned to the DTC from the Office of the Public Defender (OPD). She has been with the OPD since March 2014 and began working with DTC participants in April 2014. There have been four previous OPD representatives to the drug court.
 - The OPD attorney advocates for and advises DTC participants, attends eligibility and pre-court team meetings, and represents participants during drug court hearings. Attends trainings and conferences when available
- Parole/probation agent
 - Stephanie LaMonica is the Division of Parole and Probation (DPP) agent assigned to the DTC. She has been with the DTC since December 2007, replacing a prior agent who held this position. All DTC participants are assigned to Ms. LaMonica for community supervision, and she supervises a caseload of non-DTC participants in addition to her DTC caseload. She estimated that 50 percent of her time is dedicated to DTC.
 - The DPP Agent supervises participants, conducts home and work site visits, drug testing of participants, and provides regular pre-hearing reports to the Coordinator (drug test results, payment of probation fees, home/work visits, new arrests).
- Law enforcement: Multiple law enforcement agencies are involved in the Wicomico DTC. Their role includes attending pre-court team meetings and drug court hearings, meeting with the SAO/OPD group to review eligibility issues, accompanying the DPP agent on home visits, and conducting compliance checks and searches of participants' homes.
 - Salisbury City PD: Sgt. Scott Kolb has been with the DTC since September 2011 and devotes about 15 percent of his time to drug court activities. The bulk of DTC participants live in the jurisdiction of the Salisbury City PD.

- Wicomico County Sheriff's Office: Dep. Melanie Mansfield serves as the representative from the Sheriff's Office and spends about 15 percent of her time attending DTC matters.
- Fruitland PD: Cpl. Matt Brown has been a member of the DTC since 2005 and devotes an estimated 10 percent of his time to drug court activities.
- Corrections
 - Bonita Fassett is the Community Corrections (CC). Her role includes providing supervision of all CC staff, arranging and coordinating CC staff schedules to ensure coverage of staff roles within the DTC team. She also provides support for the community service and electronic monitoring components of the program in the absence of the regular DTC team members from CC.
 - Jarah Hall is the Community Service Coordinator (CSC) assigned to the DTC. Her role includes arranging and coordinating community service activities by participants (including verification of assigned hours completed), participant compliance with electronic monitoring, attending pre-court team meetings and drug court hearings and reporting on participants' compliance with court-ordered monitoring.
 - Thomas Pusey manages electronic monitoring of DTC participants.
- Treatment providers: The majority of DTC participants are served by the Wicomico County Health Department (WCHD). Three additional private providers treat DTC participants and are engaged with the DTC through a formal agreement that addresses regular reporting to the court on participant progress.
 - Wicomico County Health Department Addictions Program:
 - Joyce Paulette is the treatment coordinator assigned to the DTC.
 - Although DTC participants are seen by several clinicians at the WCHD, Ms. Paulette reports to the drug court for all participants in treatment at the WCHD. An estimated 85 – 100 percent of her time is involved with the DTC.
 - Center 4 Clean Start
 - Dawn Horn is the clinician who works with DTC participants.
 - Center 4 Clean Start is a cooperative project between Dorchester, Somerset, Wicomico, and Worcester county health departments and is an intensive program for pregnant and post-partum women with substance abuse issues.

- Services include counseling, dual diagnosis and family education services, and transitional housing.
 - J. David Collins and Associates
 - Richard Pearce is the clinician who works with DTC participants.
 - J. David Collins and Associates is a private community provider of mental health services including addictions and recovery treatment.
 - White Flint Recovery
 - Heather Kelly is the clinician who works with DTC participants.
 - White Flint Recovery provides outpatient substance abuse treatment.
- Circuit Court administrator (1)
 - Wendy Riley is the Circuit Court administrator and she occupied this position prior to the creation of the DTC. She, with Judge Davis, established the DTC and Ms. Riley served as its first coordinator.
 - Her role includes general court administration and oversight for DTC financial matters, supervising the DTC Coordinator and the Circuit Court administrative staff.

The pre-hearing staffing of the DTC team is held every other Friday for 60 minutes prior to the drug court session. Participant progress, drug test results, case management plans, and participant compliance with conditions of drug court (such as employment, community service, or special conditions) are discussed and recommendations for sanctions and incentives are made. The judge ultimately rules concerning sanctions and incentives.

In addition to regular meetings, the judge arranges for semi-annual retreats to discuss policy issues and revisions. All team members are included, as are the director of the Wicomico County Detention Center, the DPP field supervisor, and the court administrator.

Target Population Served

The DTC accepts post-plea, non-violent, adult (18+) offenders who are residents of Wicomico County. Charges, which must be filed in Wicomico County, do not have to be directly drug-related (can be misdemeanors or felonies), though a substance abuse diagnosis is required.

Exclusionary criteria include:

- Juveniles
- Violent crime convictions*
- Offenses involving firearms

- Dealers for profit
- Mental disorder as primary mental health diagnosis, or no substance abuse diagnosis

*Violent crime exclusion does not apply to cases with nolle prosequi dispositions.

Court Operations

Legal Mechanism

Referrals to the Wicomico DTC are made through various entities in the criminal justice system (law enforcement, DPP, corrections, OPD, SAO, and drug court judge) through one of three processes:

- Original Sentencing: Successful completion of the DTC is part of the sentence negotiated through plea agreement in the offender's original criminal case.
- Violation of Probation (VOP): Sentencing for VOP will include successful completion of DTC in addition to continued period of supervision. Upon successful completion, the participant may be placed on continued supervision or the case may be dismissed
- Re-Entry: Participants may enter the DTC as a condition of probation upon release from prison and after successfully completing the Residential Substance Abuse Treatment (RSAT) program

Referrals are received by the DTC Coordinator, who reviews and then forwards the candidate's information to the SAO for legal eligibility screening. Legally eligible candidates are then screened for treatment eligibility and assessment of American Society of Addiction Medicine (ASAM) Level of Care by the Wicomico County Health Department. The Court is advised of participant eligibility in advance of the candidate's sentencing or disposition hearing. The sentencing Judge determines if an individual will have DTC as a condition of probation by virtue of one of the three mechanisms listed above. Approved candidates, upon commencement of probation, appear for an initial DTC hearing, agree to accept a guilty verdict and all other conditions of DTC participation, and are admitted to DTC by order of the DTC judge. The DTC judge holds ultimate authority over whether or not an eligible candidate is admitted to DTC.

Length of Participation

The minimum length of time to completion is 18 months. Participation may last longer, depending upon participants' progress through four phases. Requirements for each phase are shown in the table on the next page.

Phases

Phase I: The substance abuse treatment plan is developed in this phase and continued throughout all four phases. During Phase I, participants receive a complete physical exam and health assessment and locate suitable housing. Housing must be approved by the DTC team and must include a land line telephone. This condition applies to all phases of drug court.

The participant and the DTC Resource Manager (RM) develop a Made for Excellence (MFE) case plan. Made for Excellence is a community-service life skills program integral to the DTC case management approach. The mission of MFE is to replace criminal behavior with pro-social behavior through supervised community service projects. The RM reiterates conditions of participation, includes provisions in the participant's plan, and establishes a regular meeting schedule with the participant.

The DTC may impose and enforce curfew, and the participant is not permitted to travel outside of Wicomico County without prior approval from DPP.

"Meaningful daytime activity" is a requirement of DTC participation and increases incrementally through the phases. Meaningful daytime activity may be employment, GED classes, vocational training, employment-related training, and community service. The required number of hours may be satisfied through a combination of meaningful daytime activities. While community service hours can be used to meet the meaningful daytime activity requirements set by the program, if used for that purpose, additional hours of community service must be completed for them to count toward the separate community service requirement.

Phases II and III: Substance abuse treatment and the MFE planning process continues through these phases. Additional community service hours are introduced in this phase and increased incrementally through the last phase. Court appearances and DPP supervision generally decrease incrementally during these phases, depending upon participant progress.

Phase Requirements for DTC Participants

DTC Requirement	PHASE 1 (Minimum 3 months)	PHASE 2 (Minimum 6 months)	PHASE 3 (Minimum 6 months)	PHASE 4 (Minimum 3 months)
UA Frequency	Random 2-6 times/week		Random 1-6 times/week	
DPP Agent Meetings	At least 2 times/month	Monthly	At least once	Weekly call-in Pay all restitution & DPP supervision fees
Court Contact	Twice per month	Once-twice monthly	Monthly	Monthly
Case Management/Made for Excellence	Contact Resource Manager (RM) at least weekly Complete MFE financial assessment and case plan	Review and update as scheduled		Complete MFE case plan Complete aftercare plan w/RM and treatment provider
Housing	Housing must have a land line and be approved by DTC team	Approved housing & land line maintained		
Employment/ Meaningful daytime activity	Engaged within 6 weeks of program entry At least 25 hours/week	At least 25 hours/week	At least 30 hours/week	At least 35 hours/week

Treatment	Comply with treatment plan including self-help meetings			Successfully complete treatment
Community Service <i>(in addition to Employment)</i>		20 hours community service	30 hours community service	30 hours community service
Other	Attend orientation Physical exam & health education appointment 30 consecutive days clean UAs to progress to Phase 2	90 consecutive days clean UAs to progress to Phase 3	100 consecutive days clean UAs to progress to Phase 4	190 consecutive days clean UAs to progress to graduate (includes 100 from Phase 3)

Phase 4: In addition to continued treatment and supervision compliance, Phase 4 introduces graduation requirements. In this phase participants must complete substance abuse treatment, satisfy all financial obligations, complete the MFE case plan, and develop an aftercare plan with the RM.

Progression through the DTC

- **Orientation:** Within two weeks of being admitted to DTC, participants attend a mandatory orientation that covers the participant handbook and includes a Power Point presentation on requirements.
- **Phase 1:** The general conditions for participation in the DTC are established in Phase 1 (housing, treatment, supervision, case plan) and articulated in the requirements for each phase (see Phases table above). At each phase, participants are required to appear to monthly drug court hearings and provide documentation of employment, self-help group attendance, community service hours accomplished, and payment of obligations.
- **Made for Excellence (MFE)** is a life-skills-based approach to case management that includes participant collaboration in individualized case planning which addresses core areas such as health, education, employment, legal, financial, and housing.
- **Basic Requirements for Graduation:**
 - Complete treatment and conditions of MFE case plan
 - Complete 80 hours of community service
 - Satisfy all DPP supervision obligations, including payment of fees/fines
 - Satisfy all drug court-ordered conditions, including community service hours
 - Continue regular employment
 - Complete 190 days of consecutive clean UAs (the number of consecutive days of clean UAs is a cumulative figure; the 100 days required in Phase 3 are included in the 90 required in Phase 4.
- **Graduation ceremony** activities vary, depending upon the number of graduates. The ceremony includes regalia for the graduates (donated by local businesses), a speech by the judge, and presentation of a mounted certificate of program completion
- **Relapse:** A participant may be referred to one of two residential treatment programs if it is determined that she or he has relapsed. One of the programs serves women with children.

- **Unsuccessful Completion:** Participation in DTC may be terminated due to actions within or beyond the participant’s control. The two types of non-successful DTC completion are:
 - **Termination:** A participant may be terminated from the DTC program for a variety of reasons including, but not limited to:
 - Threatening of violence towards self or others
 - Violent acts of any kind towards self, others, or property
 - Possession of a dangerous and deadly weapon
 - Illegal activity, including but not limited to: attempting to solicit fellow patients/clients for drug activity
 - Soliciting drugs from other providers (MD’s etc.)
 - Failure to attend sessions or comply substantially to conditions of treatment
 - Continued non-compliance with supervision guidelines
 - Arrest or convictions on a new charge which the program determines warrant termination
 - Failure to attend DTC hearings
 - Continual non-compliance with your “Made for Excellence” case plan
 - Violating any provision in the participant contract
 - **Neutral (Disposition)** identifies termination of DTC participation due to medical and/or mental health issues that preclude a participant’s ability to comply with program requirements. Death prior to program completion is also considered a neutral disposition.

Incentives and Sanctions

Incentives and sanctions are used by the DTC to shape participant behavior. Positive behavior is rewarded through incentives delivered during the progress conference. Examples include:

- Encouragement and praise from the bench
- Applause
- Ceremonies and tokens or certificates of progress
- Reduced supervision

- Decreased frequency of court appearances
- Curfew reduction
- Decreased community service
- In-kind donations from local businesses
- Graduation

Negative behaviors (failure to follow treatment/supervisory requirements) are addressed through imposition of graduated sanctions that are ideally immediate. Examples include:

- Warnings or admonishments from the bench
- Extension of program phases
- Increased frequency of court appearances
- Confinement in courtroom jury box
- Increased frequency of drug testing
- Curfew increase
- Community service
- Electronic monitoring
- Increased community supervision
- Escalating periods of jail confinement (including substance abuse treatment while confined) culminating in a 28 day jail-based treatment program.
- Termination from the program and imposition of sentence

One concern raised in interviews with team members was that there are not many venues and agencies in the area that have community service opportunities that are available to participants on both weekdays and weekends.

Substance Abuse Treatment and Other Services

Substance Abuse Treatment

The Wicomico County Health Department (WCHD) provides individual and group outpatient substance abuse treatment services to the majority of DTC participants. The DTC team member from the WCHD maintains regular contact with the various Health Department clinicians who treat participants and reports to the DTC. The WCHD also provides Medication-Assisted Therapy (MAT) for participants receiving methadone or Suboxone.

In addition to the WCHD, the drug court has agreements with three other treatment agencies to provide outpatient services to participants. The agreement between the DTC and these agencies requires that an agency representative be present in court for any participant treated by the agency; that case notes for the participant are documented in the SMART system; and that any positive drug tests or treatment concerns are reported to the DTC within 48 hours.

Center 4 Clean Start provides outpatient substance abuse treatment and specializes in treating women (including pregnant and post-partum women) and individuals with dual diagnoses.

Hudson Health Services operates an array of treatment programs in Salisbury, including ambulatory detoxification, partial hospitalization, and residential inpatient treatment program.

Warwick Manor operates a residential inpatient treatment facility in New Market (about 30 miles from Salisbury). It is estimated that 20 to 25 percent of participants require inpatient treatment at some point during their participation in DTC.

The Governor's Wellmobile, Lower Shore Clinic, and the Main Street Medical Center provide free and low-cost medical exams for drug court participants.

Medication-Assisted Therapy (MAT)

The WCHD administers a methadone and Suboxone program; however Suboxone maintenance is not an approved treatment protocol for DTC participants at present. The Coordinator estimates that 20 percent of DTC participants receive MAT at some point during their participation in DTC.

Mental Health Services/Supports

Most DTC seeking mental health services are seen by clinicians at the WCHD, though some may see private providers in the community.

Housing

Suitable available housing appears to be a chronic problem for participants of the DTC, due primarily to the rural nature of Wicomico County. Short-term, emergency housing and shelter care is available, though limited (especially for females). Recovery housing is also available on a limited basis and is reportedly expensive (\$100 week). The DTC Resource Manager works with participants to locate suitable recovery housing.

Education/Employment

Goodwill Industries of the Chesapeake is a major provider of vocational services to DTC participants. A partnership with Goodwill Educational Transitional Employment Program was established in 2013 and a new collaboration with Employment Ready Assistance Center (ERAC) was started in 2014. Some graduates of the Goodwill programs are offered employment.

In addition to Goodwill, the DTC enjoys cooperative relationships with a number of community providers wherein participants may not only receive necessary services but can also provide hours of community service and sometimes employment. Among these providers are:

Hope and Life Outreach (HALO) is a faith-based organization that operates a shelter for women, a food pantry and soup kitchen, and a thrift store. These operations also provide community service and work experience for DTC participants.

Maryland Food Bank is another organization whose operation provides DTC participants with community service and work opportunities.

Salvation Army in Wicomico County provides emergency food, clothing, and financial assistance and is also a resource for DTC participants for community service hours and work experience.

Wicomico County Detention Center operates two work crews through which DTC participants may accumulate community service hours (the road crew and the landfill crew).

The Salisbury Substance Abuse Community Center (SSACC) is a community center that offers recovery-supportive venues that also benefit from DTC participant service hours.

Active participation with these vocational and community service providers and programs serves to meet the “meaningful daytime activity” requirements set by the WCDC. Participation in educational opportunities can also serve to meet these requirements. Providers here include the Wicomico County Board of Education, the Adult Learning Center, the Wicomico Family Support Center, and Wor-Wic Community College.

Participant Characteristics

DTC Admissions, Discharges, and Active Participants, 2013 Calendar Year

Characteristic	Active Participants		Admissions		Total Discharges		Discharge Status					
							Completed		Terminated		Neutral	
Totals	59		28		17		7 (41%)		10 (59%)		0 (%)	
	N	%	N	%	N	%	N	%	N	%	N	%
African-American	16	27	6	21	3	18	3	43	0	0	0	0
White	42	71	22	79	13	76	4	57	9	90	0	0
Other	1	2	0	0	1	6	0	0	1	10	0	0
Hispanic	2	3	0	0	2	12	0	0	2	20	0	0
Female	16	27	7	25								
Age 18-29	29	49	15	54								
Age 30-39	16	27	4	14								
Age 40+	14	24	9	32								
Veteran	2	3	1	4								
< HS Education			15	54								
HS/GED			13	46								
Employed Full-time			1	4	4	24	3	43	1	10	0	0
Employed Part-time or Seasonal			3	11	6	35	3	43	3	30	0	0
Unemployed			24	86	7	41	1	14	6	60	0	0
Attending School or Vocational Training			0	0	3	18	3	43	0	0	0	0
< \$1,000 Monthly Income			26	93								
Prior Arrest Record			23	82								

Note: SMART-generated reports do not include information for the blank (shaded) table cells. The numbers in the descriptive cells may not add to the column total (at top) due to missing data.

Demographic data for 2013 DTC participants are comparable to 2012 U. S. Census reports for the general population of Wicomico County, which along with Cecil County is the most populous county on Maryland's Eastern Shore. African-Americans comprised 24 percent of the population in 2012 and 27 percent of active DTC participants. The drug court serves a relatively young clientele, with about half of the participants in their twenties; the other participants are roughly equally divided, with one-quarter 30 to 39 years of age and one-quarter 40 or older. With one in four participants female, women comprise a moderate proportion of the WCDTC census – less than the Cecil DTC, more than the Baltimore City DTC, and similar to the Carroll DTC among the courts receiving BJA enhancement funds. The majority of participants admitted during 2013 had less than a high school education and nearly all were unemployed or underemployed. Over 90 percent reported a monthly income of less than \$1000.

Among the 17 participants discharged in 2013, seven (41%) completed the program, with the remainder terminated unsuccessfully (there were no neutral discharges). Of those completing successfully, 86 percent were employed at discharge. While much lower than the rate among completers, the 40 percent employment rate among the terminated group was notably higher than that observed for this group in other drug courts.

Drug Court Enhancements under BJA Funding

The Wicomico County Adult Drug Court proposed to OPSC four primary enhancements under additional BJA funding: increased compliance monitoring and drug testing; financial assistance for transitional housing and transportation; purchases of calendars for participants; and expansion of the program's incentives and rewards system. The amount that was received by the court was \$177,160 over a three-year period from 2012-2015. As with all of the courts, activities typically started in the early part of 2012.

Implementation

Compliance Checks and Drug Testing. The DTC allocated BJA funding for contracted services and officer training to implement law enforcement compliance checks of DTC participants. Four officers from the Salisbury City Police Department and two Wicomico County Sheriff's deputies conduct regular visits to participants' homes to verify compliance with DTC conditions (e.g., safe and appropriate housing, curfew compliance, no alcohol or other contraband on premises). Assignment of the compliance officer to the participant is based upon the participant's residence.

Previously, each of the two law enforcement agencies (Salisbury Police and Wicomico County Sheriff) conducted a minimum of 8 hours of compliance checks per month. Increased capacity for this component included agency training for additional officers to provide DTC home compliance checks, consistent with NADC. BJA funds enhanced this component of the program by providing additional overtime funds for weekend and evening compliance checks. The service capacity was doubled, providing a minimum of 16 hours per month, per agency, during the reporting period. In addition to furthering collaboration between the drug court and local law enforcement and increasing levels of supervision and accountability for DTC participants, the Coordinator reports that the enhanced monitoring has helped foster positive relationships between participants and law enforcement.

The DTC initiated a number of enhancements related to drug testing and monitoring. In late 2013, the DTC began using *call2test*, a secure, automated, web-based scheduling and reporting system for drug testing. Previously, the schedule for drug testing was managed by the Coordinator and required a daily telephone call to each participant. Under the new *call2test* system, participants log in daily to see if they have been randomly selected for testing and to receive reporting information if they have been selected. The system maintains a record of participant access, testing history, and other tracking information useful to the DTC. The contract with the Wicomico County Detention Center for drug testing of DTC participants was expanded to include testing for synthetic substances and BJA funding was used to help defray the additional costs associated with this testing. Finally, in the second quarter of 2014, increased capacity of the DTC prompted the purchase of 10 additional SCRAM bracelets to supplement the existing supply of SCRAM bracelets and to replace worn or damaged units.

Housing and Transportation Assistance. A voucher process was established to allocate BJA funding for housing and transportation for DTC participants. Emergency housing was identified in addition to transitional housing options and an average of five drug court participants were referred to transitional housing each quarter during 2013 and 2014. Lack of transitional housing options for women in the county continues to be a barrier to providing female DTC participants with proper housing.

Transportation vouchers were instituted for participants who are in Phases I and II and who have been in DTC for seven months or less to enable them to attend DTC-related activities and appointments.

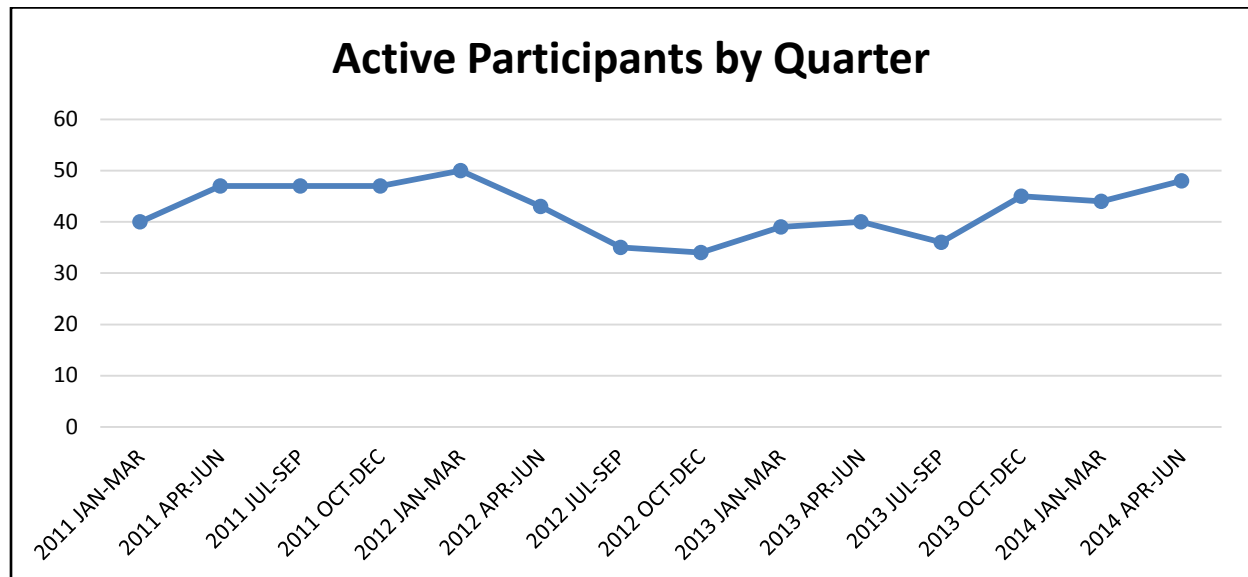
Calendars and Incentives. The court purchased and provided participants with calendars in 2012 and imposed a new requirement that participants bring their calendar to court hearings in order to write down notes and appointments. Participants are required to maintain all DTC obligations in their calendars and have calendars with them at all times. Calendars provide a

tool for effective time management and enhance a sense of accountability among participants. They also are an aid in identifying barriers which may result from timing of various obligations and schedule conflicts. DTC team members assist participants individually as needed to effectively manage the various obligations required in each phase of DTC.

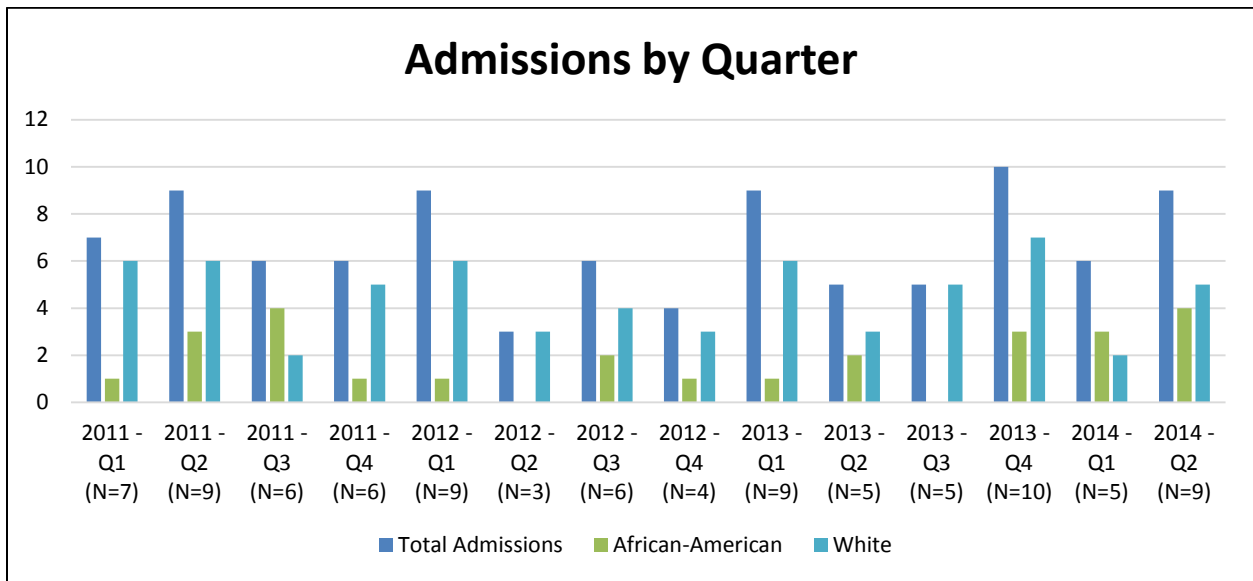
An enhanced slate of incentives and rewards started at the beginning of 2012 and has continued, including items such as plaques and certificates of completion, personalized items which reflect participants' hobbies and interests, booklets, and key chains. Participants identify enhanced incentives, such as graduation plaques, phase promotion certificates and personalized tangible incentives, as motivation towards completion of phases and achieving other interim accomplishments and milestones.

Data Trends during the Enhancement Period

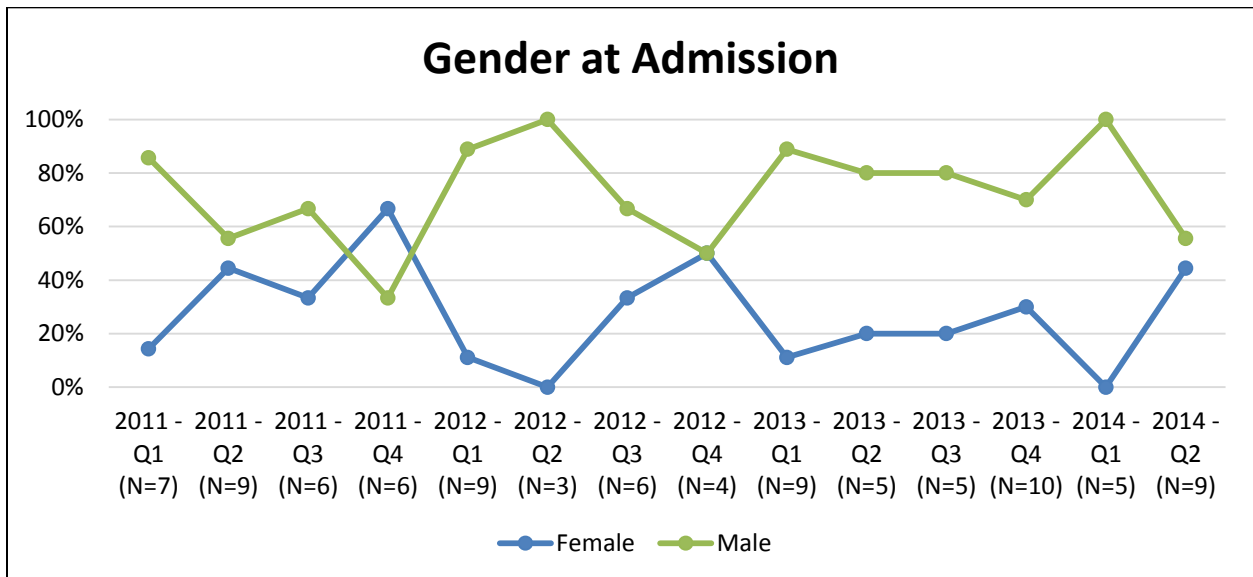
Information entered into the SMART information system was used to examine trends in various indicators from a baseline period of a year prior to the inception of enhancement activities made with BJA support through June 2014. As with the other sites, activities in the WCDTC began with in early 2012 with the hiring of compliance checks officers and purchase of SCRAM monitoring, so the period used in the figures in this section begin January 2011 (identified as 2011-Q1 in figures) and continue through June 2014 (2014-Q2).



The Wicomico DTC census varied somewhat over the 3 ½ year tracking period, from a high of 50 active participants in the first quarter of 2012, to 34 in the final quarter of that year. The client caseload showed growth again during late 2013 and in the most recent quarter in the period there were 48 active participants, just under the target capacity of 50.

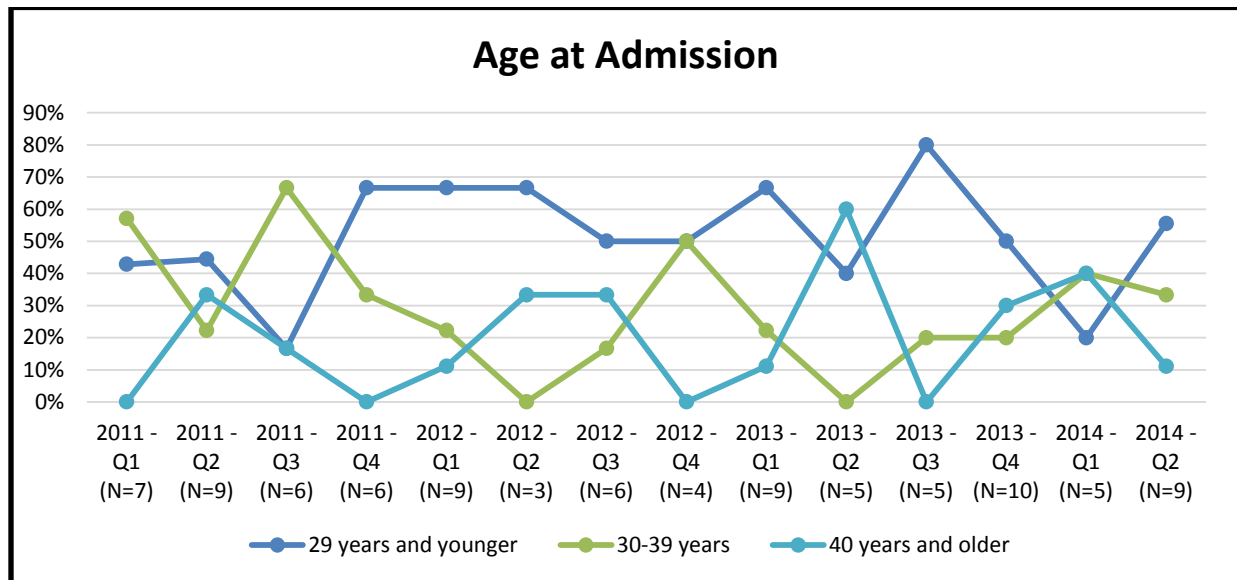


While the number of admissions to the Wicomico County DTC varied quarter to quarter, overall admission trends changed little, with no apparent increase or decrease during the 3 ½ year period. Similarly, the racial composition of the participants remained largely unchanged, with African Americans accounting for an average of 26 percent of all admissions through the tracking period.

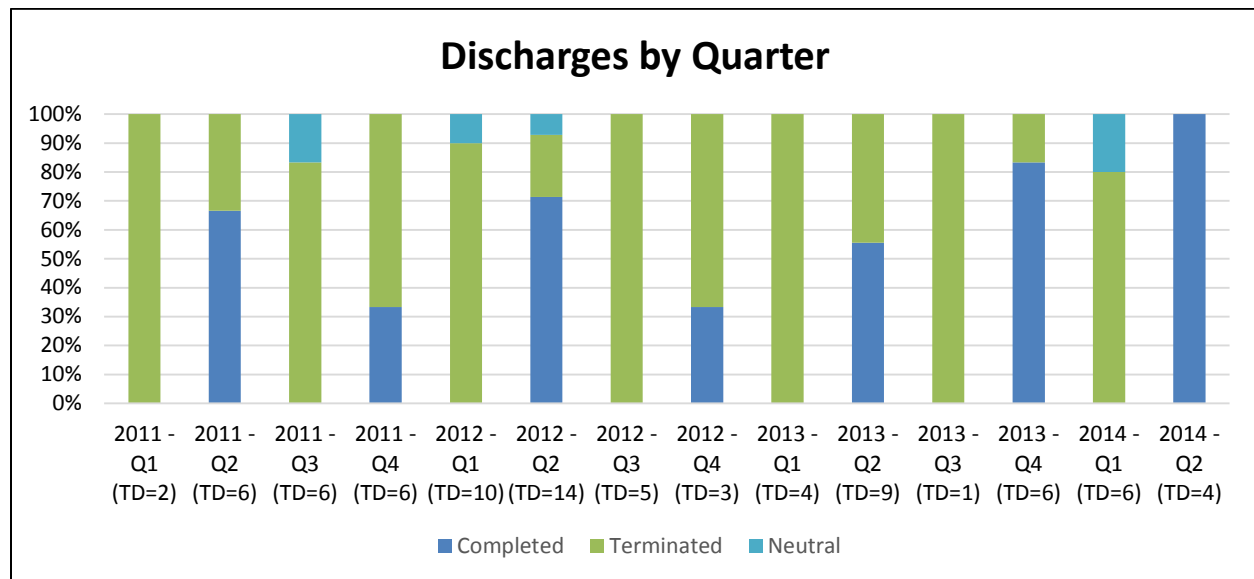


Wicomico County DTC has a moderate percentage of female participants compared to other Maryland drug courts, with women accounting for 28 percent of all admissions. Gender information in SMART showed a drop in the proportion of female participants between the baseline year (39% during 2011) and the subsequent period (23%). There is no ready explanation for this change, and it may simply be a random variation. Given the relatively low

numbers admitted to the WCDTC (annual admissions averaged 27 over the tracking period), an increase or decrease of 4 or 5 admissions in a year can cause this level of percentage change.

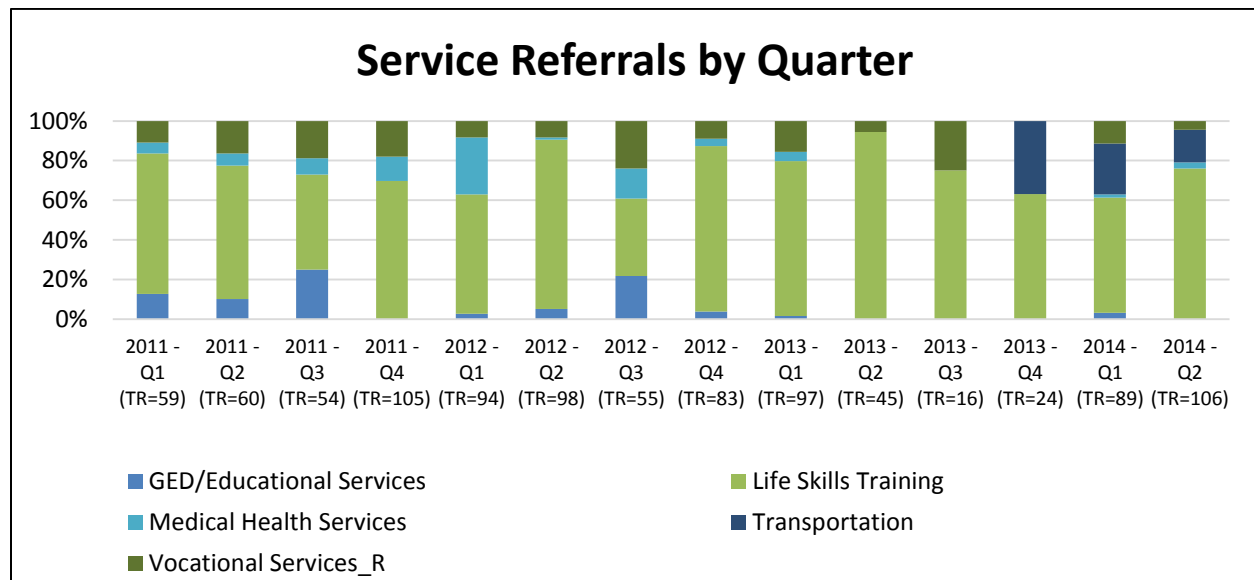


As with other demographic data on Wicomico County DTC participants, the proportions of each age group admitted per quarter varied considerably, however no steady trends were observed in the age distribution of participants. Overall, just over half (51%) were 29 years or younger, 29% were 30 to 39 years of age, and 20% were 40 or older.

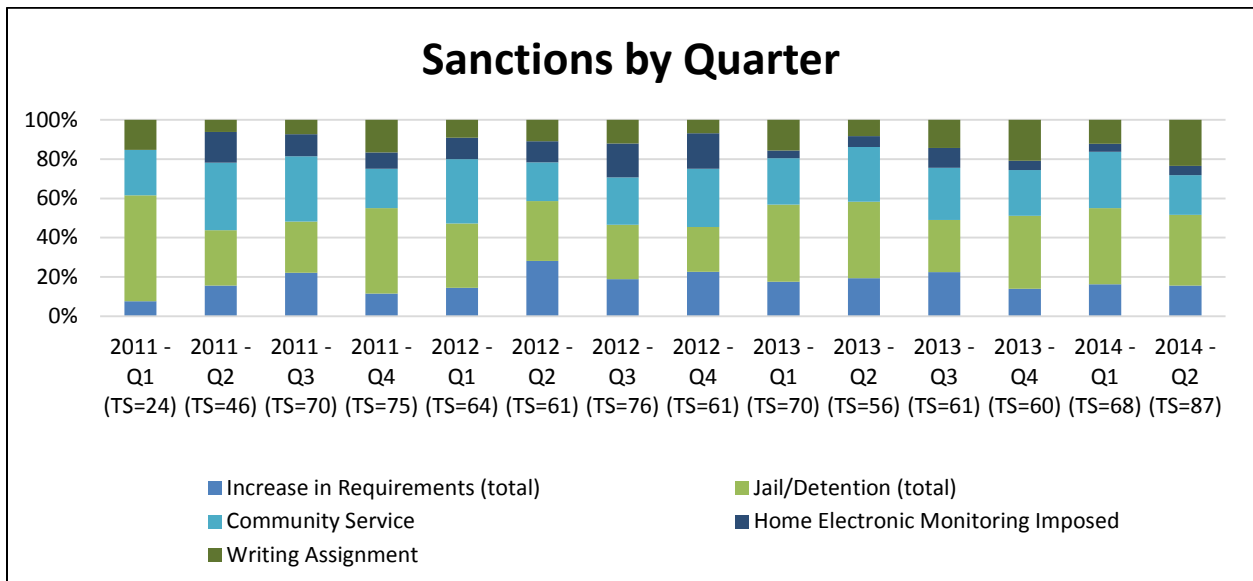


As noted with the 2013 discharges, WWDC has a relatively low rate of successful completions, and overall 38 percent of those discharged completed the program during the 3 ½ year tracking period. Notably however, successful completions did increase in the period after BJA enhancements were implemented. In 2011, just 30 percent of the participants discharged had completed the program, while this rose to 40 percent during and after 2012, amounting to

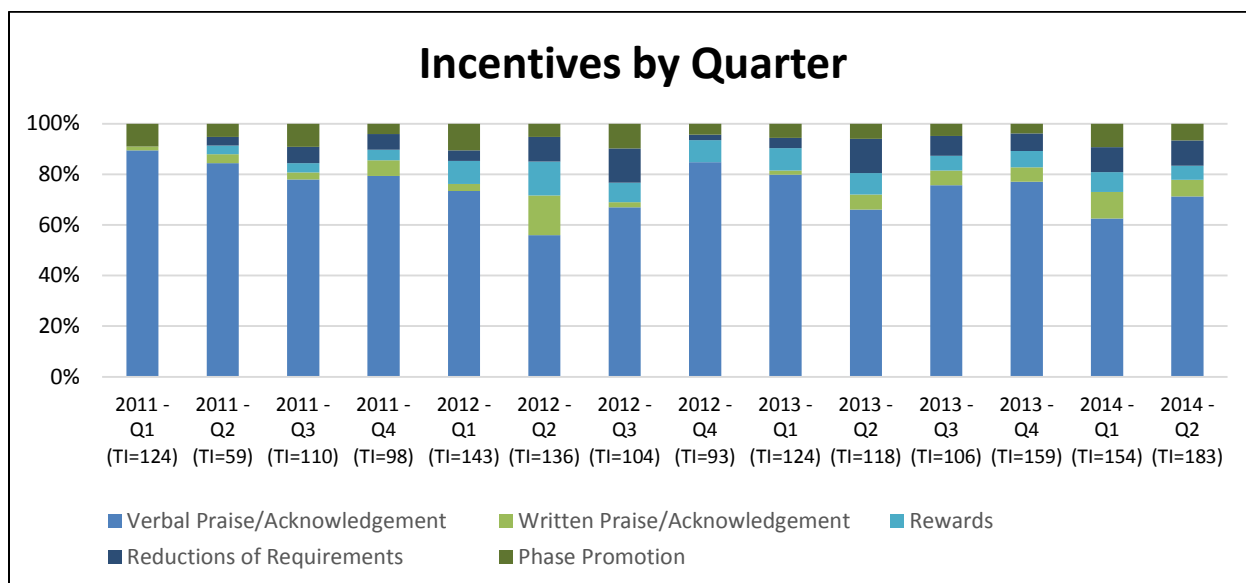
an overall increase of 33 percent over the baseline. In the absence of any rigorous means of assessing the independent effects of the wide mix of enhancements employed in the DTC – ranging from more stringent compliance methods to increased services, use of incentives, and motivational tools (in the form of the participant calendar) – one can only speculate as to the explanation for this improvement in a key outcome.



On average, there were 70 service referrals made each quarter in the DTC, and the overall frequency of referrals made in the years subsequent to receiving the BJA grant was the same as in the baseline year. Life skills training was by far the most common referral type, accounting for more than half (56%) of all referrals made, and the frequency of life skills referrals was unchanged over the 3 ½ year period. At 10 percent, referrals for vocational services were the next most prevalent referral type, followed by medical health services (6%), GED/educational services and housing (each at 5%), and transportation (4%). While still relatively infrequent, referrals for the latter two services increased considerably over the tracking period. Reflective of the enhancements made under BJA funding, housing referrals went from accounting for 2 percent of all referrals in 2011 to 6 percent in the following period, while transportation referrals rose to 5 percent of all referrals, from none in the baseline year. Although the data indicate that transportation referrals did not occur until the third quarter of 2013, the Coordinator noted this likely reflect under-reporting in SMART, and that a small number of referrals were also made in earlier months of BJA funding.



The average number of sanctions imposed quarterly in the year prior to the BJA grant (54) was slightly lower than the average number made in each quarter subsequent to BJA funding (66). Although jail time was the most frequently used form of sanction in the WCDDTC, compared to other sites receiving BJA enhancement funds, jail/detention was imposed less often (accounting for just 25% of all sanctions) and other sanctions were used both more frequently and with greater variety. These included community service (19% of all sanctions), increase in requirements (13%), writing assignments (10%), home electronic monitoring (7%), and reprimands (6%). There were no significant trends or changes in the use of different sanctions types, with slight increases over time in imposing more requirements (from 12% at baseline to 14% in the BJA years), writing assignments (8% to 10%), and reprimands (5% to 7%), and a modest decrease in the use of jail/detention (26% to 24%). The frequency of community service and electronic monitoring sanctions went virtually unchanged.



Use of incentives increased over the tracking period, going from an average of 98 incentives recorded in SMART for each quarter during the baseline year, to 132 quarterly in 2012 and later, an uptick of more than one-third (35%). The number of participants receiving incentives each quarter did not change, however. Interestingly given the apparent compliance orientation of the WCDTC, the use of incentives overall is almost double the use of sanctions (ratio of sanctions to incentives=1.9) according to the SMART data. This ratio changed only slightly over the tracking period, indicating that sanction use increased at nearly the same rate as the use of incentives. In the baseline year, this ratio was 1.8 compared with 2.0 after the additional BJA funding.

Verbal praise was by far the most frequently used type of incentive with over 1300 recorded in SMART by the WCDTC from 2011 to 2014. Use of verbal praise fell somewhat, accounting for 82 percent during 2011 and 70 percent in subsequent years. Three other incentive types – reductions of requirements, tangible rewards, and phase promotion – were the next most common forms of incentives used in the DTC, each accounting for about 7 percent of all incentives. Consistent with one objective of the BJA enhancements, use of rewards increased from 3 percent in 2011 to 8 percent during 2012 to July 2014.

NADCP Best Practices Standards

Seeking to advance and update its 1997 publication of the “Ten Key Components” of drug courts, the National Association of Drug Court Professionals (NADCP) published an initial volume of *Adult Drug Court Best Practice Standards* in 2013. This first volume addressed five areas – target population, historically disadvantaged groups, roles and responsibilities of the judge, incentives, sanctions, and therapeutic adjustments, and substance abuse treatment -- and a forthcoming volume is reported to address additional standards regarding drug and

alcohol testing, ancillary services, census and caseloads, team functioning, professional training, and research and evaluation. This section reviews Wicomico County DTC policies, practices, and participant data trends in light of these eleven standards areas. The discussion employs the features of those standards as described in *Best Practice Standards, Volume I*, and research reviewed and summarized in *Best Practices in Drug Courts*, a special issue of the *Drug Court Review* issued in 2012 by National Drug Court Institute, NADCP's research affiliate.

Target Population

The referral and screening processes for the Wicomico County DTC are objective and consistent with this standard. Legal eligibility is vetted by the SAO and permits inclusion of offenders whose charges are not for drugs but whose offense is drug-related (theft, for example). The violent crimes exclusion specifies a provision for cases involving violent crimes in which a disposition of nolle prosequi exists, potentially extending eligibility to select individuals. Treatment eligibility is vetted through clinical assessment using standardized instruments and protocols.

Historically Disadvantaged Groups

The DTC manual acknowledges cultural competence in assessment and treatment of participants. Demographic characteristics of DTC participants approximate the Wicomico County population, with about one in four participants African-American. During the 3 ½ year tracking period, 46 percent of the 30 African-American participants who were discharged completed the program successfully, comparing favorably with the 37 percent completion rate among White participants.

With approximately 25 percent of the WCDTC clientele female, women are neither under- or over-represented compared to other drug courts in the state. The trend data did show, however, a reduction in female admissions between 2011 and subsequent years. As noted above, while this could be attributable to random variation, DTC administrators may wish to look more closely at program referrals and admissions over this period to ensure there are no practices or policies in place that may be impeding admission of women.

Roles and Responsibilities of the Judge

Judge Beckstead, the current Administrative Judge in Wicomico County, was presiding in the absence of Judge Seaton, the regular DTC judge. The founding judge of the DTC in Wicomico County, Judge Beckstead's demeanor in courtroom interactions and in meetings was engaged, insightful, and respectful. She referred to other members of the DTC team as "partners" and actively sought their input during the pre-docket meeting. Each participant's file, including photographs of the participant and of his or her family and significant others, was

in front of the judge during the meeting and in the courtroom. In addition to addressing routine matters, the judge interacted animatedly with participants, providing instruction, congratulations, and inquiring about family and about participant aspirations and concerns.

Incentives, Sanctions, and Therapeutic Adjustments

The DTC strives to individualize incentives and sanctions to participants; an effort that has been generally effective though not without some participant complaint of inequity. Verbal praise, certificates of recognition, and reduced requirements were the most frequently used incentives. Although SMART data indicate that incarceration was the most frequently assigned sanction, the DTC team reported a preference for tailoring sanctions to address specific transgressions and the SMART results also reflect that, showing a diversity of sanctions types and greater use of alternative sanctions. Examples of individualized sanctions reported and observed include specific reporting schedules for support meetings or drug testing, particular community service assignments, or writing assignments. A limitation of the SMART data is the standardized slate of sanctions that may be entered; the option to report novel sanctions in SMART does not exist. A desire for greater variety of incentives and sanctions was expressed by some team members.

In accord with drug court “best practice,” incentives were employed often, at just under double the rate of sanctions. These too are employed in the WCDTC with greater variety than most drug courts and as planned under BJA funding, the use of tangible rewards increased over time. The overall increase in the number of incentives reported between the baseline year and BJA implementation period is especially notable given that additional monitoring and investment in compliance resources was a focus of the BJA funding.

Substance Abuse Treatment

Treatment services, including assessment, are developed according to best practices using established protocols such as the ASAM Level of Care and DSM diagnostic criteria. Methadone treatment appears to be employed in appropriate cases. Suboxone therapy, though available through the CCHD, is not currently approved for use in the program by the DTC Advisory Board. The Board and its community partners question its appropriateness given the tenuous nature of many participants’ community supports, and have concerns about the difficulties of monitoring adherence to its use and diversion (illegal sale of the drug). The Board continues to discuss its Suboxone policy and is paying close attention to reports of its effectiveness as medication-assisted treatment becomes more widespread in the treatment of heroin addiction, and in drug courts in particular.

Access to inpatient treatment services is challenging due to the rural location of Wicomico County. However, DTC participants do not face extensive waiting periods prior to admission. This is attributable in large part to the partnership that the drug court has established with local inpatient treatment facilities to DTC participants' record of success in these programs. Delays in admission can occasionally exist when a participant in need of inpatient treatment has a personal conflict with another individual who is already attending one of the two available inpatient treatment facilities available to the DTC.

Clinicians are licensed and supervised in the provision of substance abuse treatment and the DTC has a procedure for information release from treatment providers to the team. Participants are involved in treatment planning and responsible for developing an aftercare/relapse prevention plan prior to graduation from DTC.

Drug and Alcohol Testing

Participants of the Wicomico County DTC are randomly tested two to six times per week during Phases 1 and 2 and one to six times per week in Phase 3 and 4. Frequency of testing is within the recommended best practice of two to three times per week. Phase progression requires cumulative days with clean UAs with a total of 190 consecutive days with clean UAs among program graduation requirements. This requirement is significantly more stringent than the minimum criterion recommended by drug court research, which is 90 days with no positive tests before graduation. Positive test results are reported by the testing facility and received by the DTC Coordinator within 48 hours. All test results are received within five business days.

Ancillary/Wraparound Services

WCDTC policy specifies "meaningful daytime activity" as a mandate, requiring participants to be involved in an educational program, vocational skills training, or employment. Unlike traditional criminal justice supervision where conditions and requirements are reduced over time, the DTC's meaningful daytime activity mandates increase as participants advance in the program. This and other compliance-oriented aspects of the WCDTC likely contribute to the comparatively low completion rates of the program. On the other hand, these increased demands likely ensure that graduates of the program are integrated in the workforce and the community, increasing their chances of long-term success.

The Made for Excellence component of the Wicomico DTC has wraparound features in some respects, employing a life-skills approach that encourages prosocial involvement with the community in cooperative service projects and employment training. A variety of creative job experience and job training resources are leveraged to assist participants to establish positive social networks as well as to develop vocational skills. The DTC also helps participants to access

community service providers for more basic support including food, shelter, and clothing. For example, HALO operates a shelter, food pantry, soup kitchen, and thrift store that provide opportunities for participants to develop social and work-related skills in addition to meeting food and shelter needs. The Salisbury Substance Abuse Community Center offers recovery-supportive social venues and a community service placement where participants can earn hours. Collaboration among local service providers maximizes the scope of support to participants.

The SMART data indicate that referrals to services other than life-skills are fairly rare, with 10 percent or fewer DTC participants receiving vocational, educational, or other types of referrals. The SMART data trends did show progress in implementing planned enhancements involving transportation and housing. While the data showed that just 5 to 6 percent of participants received referrals in these areas, this represents a notable increase and the program should make efforts to maintain and expand access to transportation and housing support to meet the level of need among participants.

Census and Caseloads

The modest size of the WCDTC participant census is well within the recommended drug court program caseload of less than 125. During the middle part of the tracking period the program operated below its target capacity, with 40 or fewer active participants in each of five calendar quarters between July 2012 and September 2013. Admissions increased in the months that followed and in the final three quarters of the tracking period the active program census was just below target capacity, numbering 48 participants in the most recent quarter.

Team Functioning

The staffing observed revealed engaged collaboration among the dozen or so members present for the meeting (judge, attorneys, coordinator, probation, treatment, law enforcement, corrections). The Judge chaired the meeting, consulting individual participants' files and making notes in the file. Members interacted freely and debated openly in an effort to develop effective and personalized interventions.

Professional Training

Training for members of the DTC appears to vary according to profession and availability. Several members reported attending OPSC and NADCP training and conferences, and a few reported being trained by other DTC colleagues prior to receiving formal training for their position as a result of the timing of their hire. The Judge reported extensive training including federal training for judges, OPSC training, and NADCP conferences. A number of team

members expressed a desire for regular, ongoing opportunities for training so that new hires can receive orientation to the DTC philosophy.

Research and Evaluation

The Coordinator and Case Manager enter participant data in SMART and the Coordinator submits quarterly reports to the OPSC. The Coordinator also maintains a separate spreadsheet to track select participant statistics. She reports that this information and SMART data are utilized to support program enhancements, identify areas for improvement, and to assess and improve service provision for participants.

Other Adult Drug Courts

Anne Arundel County Circuit Drug Court

Admissions, Discharges, and Active Participants, 2014 Calendar Year

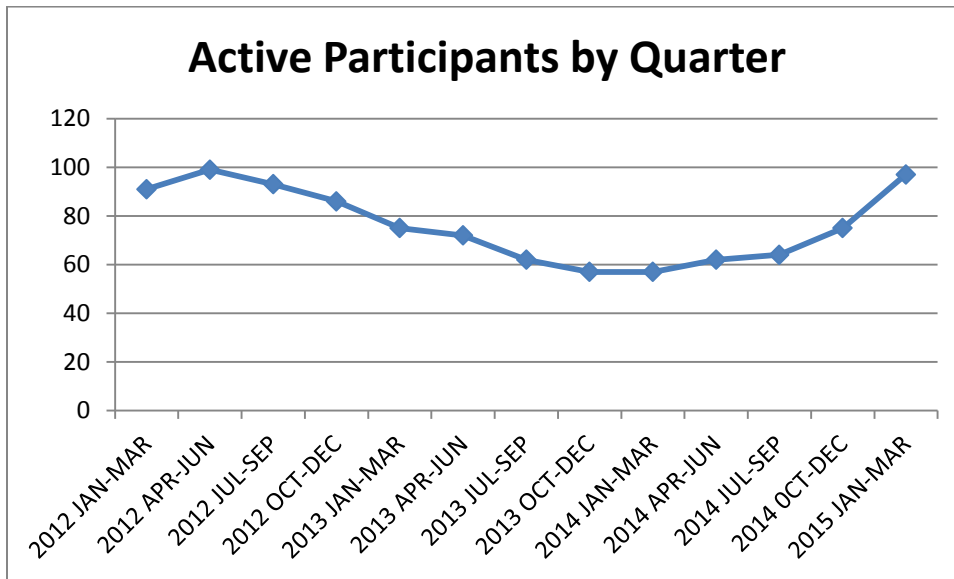
Characteristic	Active Participants		Admissions		Total Discharges		Discharge Status					
	96		52		22		Completed		Terminated		Neutral	
Totals	N	%	N	%	N	%	N	%	N	%	N	%
African- American	22	23	6	12	12	55	7	50	5	63	0	0
White	73	76	45	87	10	45	7	50	3	38	0	0
Other	1	1	1	2	0	0	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0	0	0	0	0	0	0
Female	23	24	13	25	5	23	4	29	1	13	0	0
Age 18-29	60	63	37	71	11	50	6	43	5	63	0	0
Age 30-39	13	14	7	14	3	14	1	7	2	25	0	0
Age 40+	23	24	8	15	8	36	7	50	1	13	0	0
Veteran	2	2	2	4	1	5	1	7	0	0	0	0
< HS Education			17	33	6	27	3	21	3	38	0	0
HS/GED			29	56	16	73	11	79	5	63	0	0
Employed Full-time			5	10	10	45	9	64	1	13	0	0
Employed Part-time or Seasonal			2	4	3	14	3	21	0	0	0	0
Unemployed			27	52	0	0	0	0	0	0	0	0
Attending School or Vocational Training			0	0	2	9	2	14	0	0	0	0
< \$1,000 Monthly Income			32	62	17	77	9	64	8	100	0	0
Prior Arrest Record			19	37								

Note: SMART-generated reports do not include information for the shaded table cells. The numbers in the other cells may not add to the column total at top due to missing data.

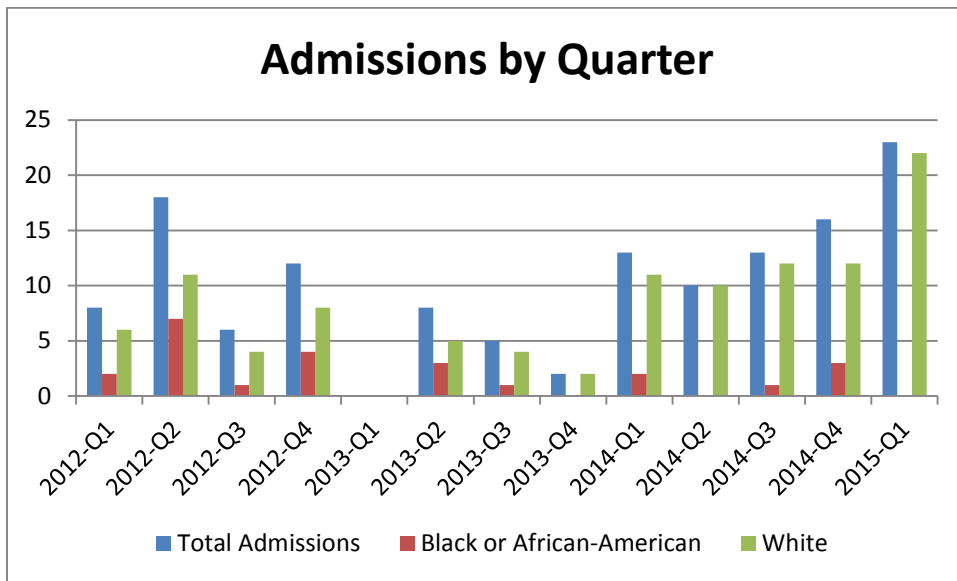
Anne Arundel County Circuit Drug Court had 52 admissions and 96 active participants during 2014. About one quarter of the admissions (25%) and those active in the program (24%) were women. Almost two-thirds (63%) of the participants were under the age of 30 and 24 percent were 40 or older. While African Americans comprised 23 percent of the program census in 2014, 12 percent of the admissions that year were African American, suggesting a decline in the admission rates of this group compared to earlier years. A little more than half (52%) of the admissions were unemployed and one third had less than a high school education. AACDC had a relatively high success rate in 2014, with 14

(64%) of the 22 participants discharged that year having successfully completed the program. With no neutral discharges the balance (36%) were terminated unsuccessfully. As to be expected, those who completed the program were more likely to be employed full-time (64%) compared to those terminated unsuccessfully (13%).

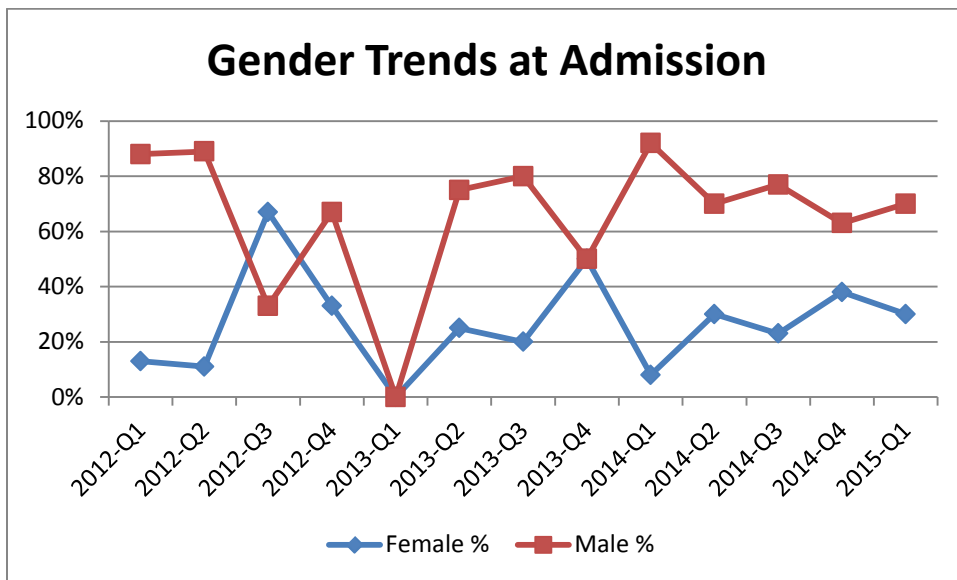
Trends in Participant Admissions, Census, and Discharges

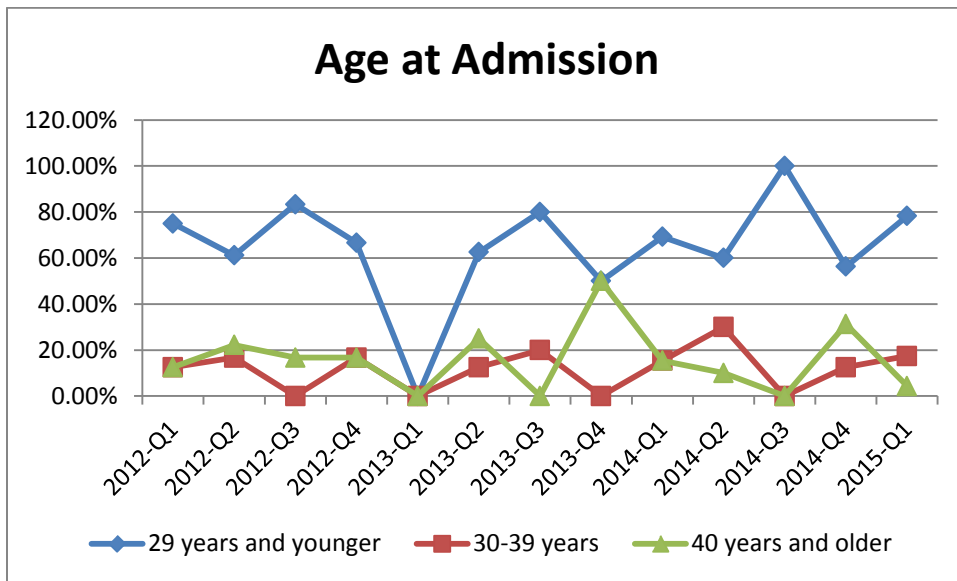


Both admissions and the participant census of the AACCCDC fluctuated considerably over the full 3 ¼ year tracking period. The number of active participants steadily declined during 2012 and 2013, from a high of 99 in the first quarter of 2012 to 57 in the final quarter of 2013 (a decrease of 42%). Admissions during these years fell from a high of 18 in March-June 2012 to five or fewer in three of the quarters in 2013. This pattern of decline reversed dramatically in 2014, when admissions rose to 13 in the first quarter of the year, and then to highs of 16 and 23 admissions in the final recent quarters of the tracking period. By the most recent quarter, January-March 2015, the participant census had rose to 97, nearly equal to the previous high.

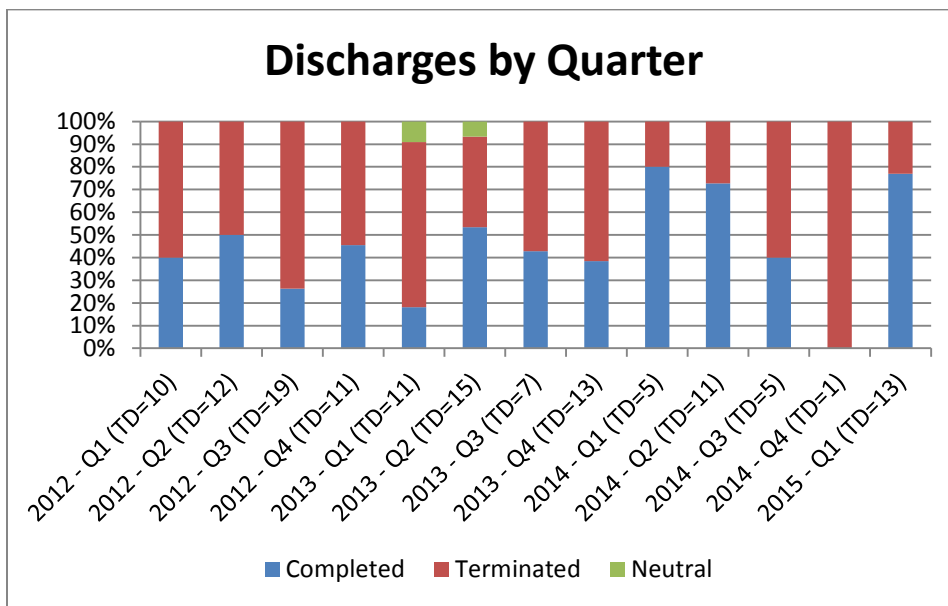


African-Americans comprised 17.9 percent of the AACCCDC admissions between 2012 and early 2015. Admission rates for this group declined over the period, as 31.8 percent of the admissions in 2012 were African American compared with just 11.1 percent of the admissions from January 2013 through March 2015. A little over one quarter (26.1%) of the program’s admissions were women. The court served a relatively young population as 70.9 percent of the admissions were under the age of 30; persons 40 and older comprised 17 percent of the total admissions. Rates of admission by gender and age were fairly stable over the 3 ¼ year period.





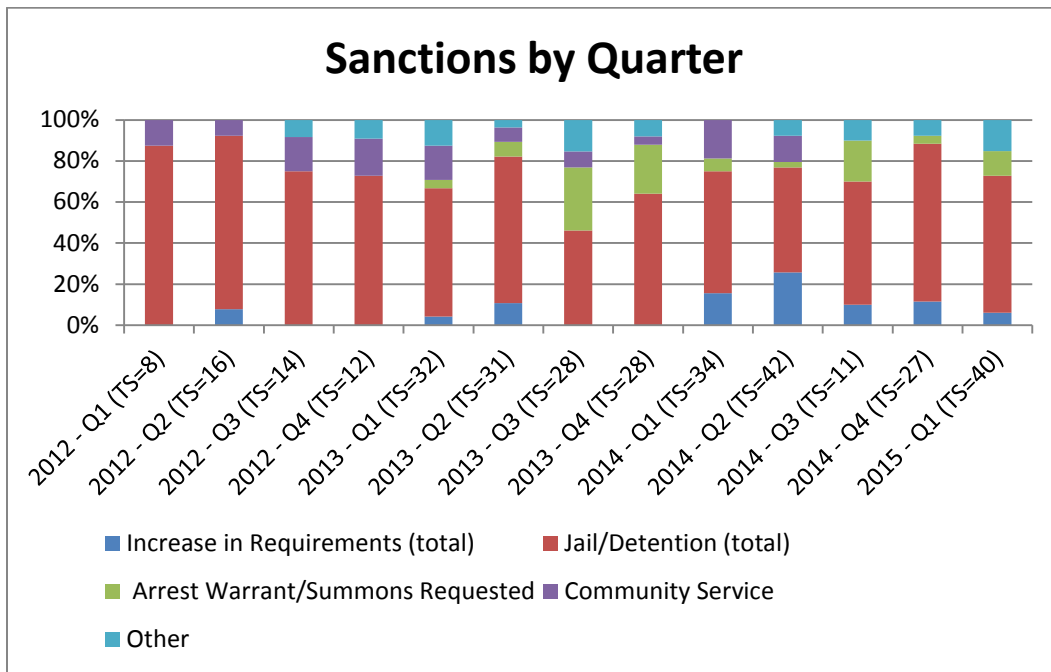
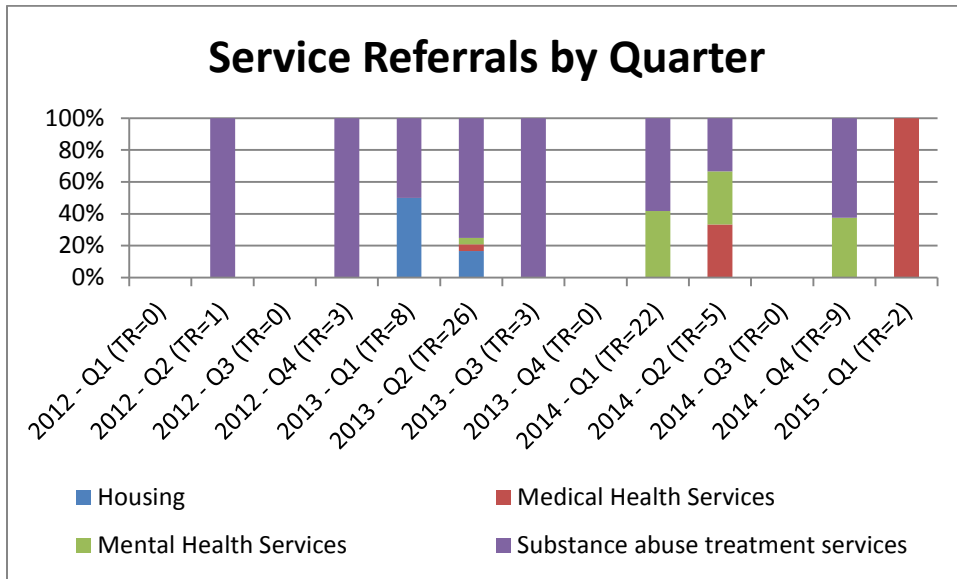
Over the full tracking period AACDC's successful completion rate was relatively low at 46.6 percent, however the trend data show a significant improvement in this outcome measure over time, as 68.6 percent of participants discharged between January 2014 and March 2015 completing successfully, as compared to 38.8 percent in 2012 and 2013. Only two participants had a neutral status at discharge over the 3 ¼ years.



Service Referrals, Sanctions, and Incentives

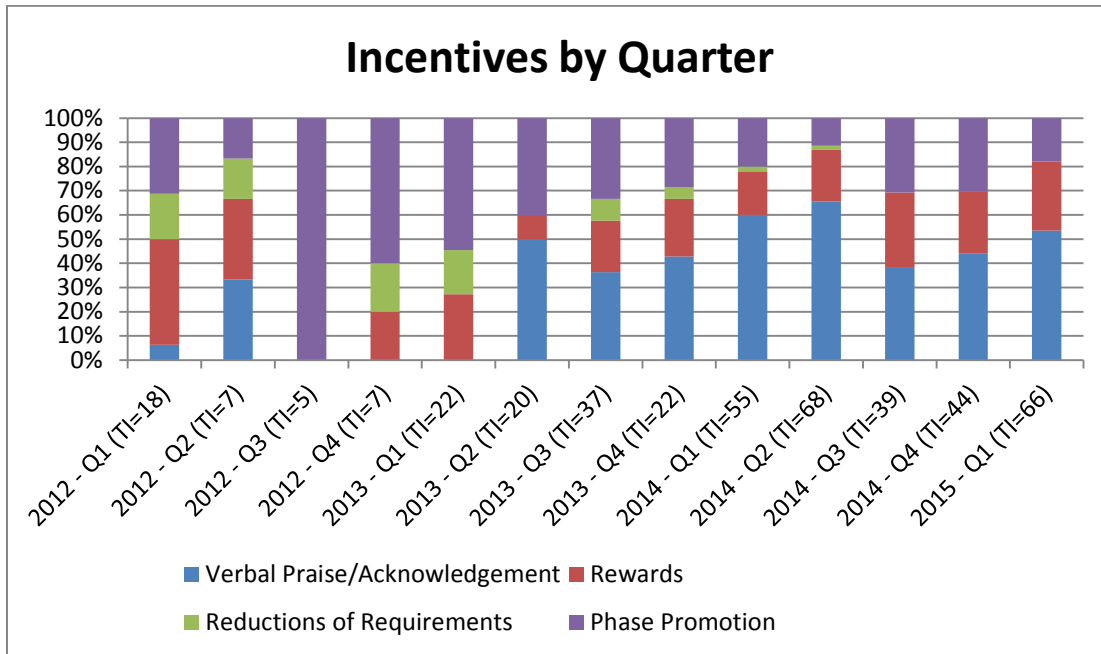
As with a few other drug courts in the state, service referral data in SMART for AACDC was scant, and very likely indicative of a lack of data entry rather than referrals made by program staff. Just

79 total referrals were recorded in SMART during the tracking period. Of these, substance abuse treatment services were the most prevalent referral, averaging 43 percent of all referrals.



The number of sanctions reported over the 3 ¼ year period totaled 323 and about 25 per quarter. On average, just over one in five participants (21.0%) had one or more sanctions imposed each quarter. The percentage of participants with at least one sanction was much higher in the later part of the tracking period, rising from 9.7 percent in 2012 to 28.1 percent from 2013 through March 2015. As can be seen in the graph, jail/detention was the most widely used sanction averaging 57.2 percent of

total sanctions, with community service, increase in requirements, and arrest warrant/summons requested accounting for nearly all of the remaining sanction types at about eight percent each.



Totaling 410 and 27.3 per quarter over the course of 3 ¼ years, use of incentives outnumbered sanctions during the tracking period. Over the full period 21.6 percent of the participants were awarded with one or more incentives per quarter. Reflecting greater use of incentives, this percentage increased considerably over time, from 6.3 percent in 2012 to 26.0 percent in 2013 and 36.5 percent in the most recent five quarters. Verbal praise/acknowledgement was the most often utilized incentive, accounting for 39.8 percent of the total incentives, followed by tangible rewards (e.g., gift cards, movie passes) and phase promotion, each at 21 percent. Over the three years, the use of phase promotion as a percentage of total incentives decreased while verbal praise/acknowledgement increased.

Anne Arundel County District Drug Court

Admissions, Discharges, and Active Participants, 2014 Calendar Year

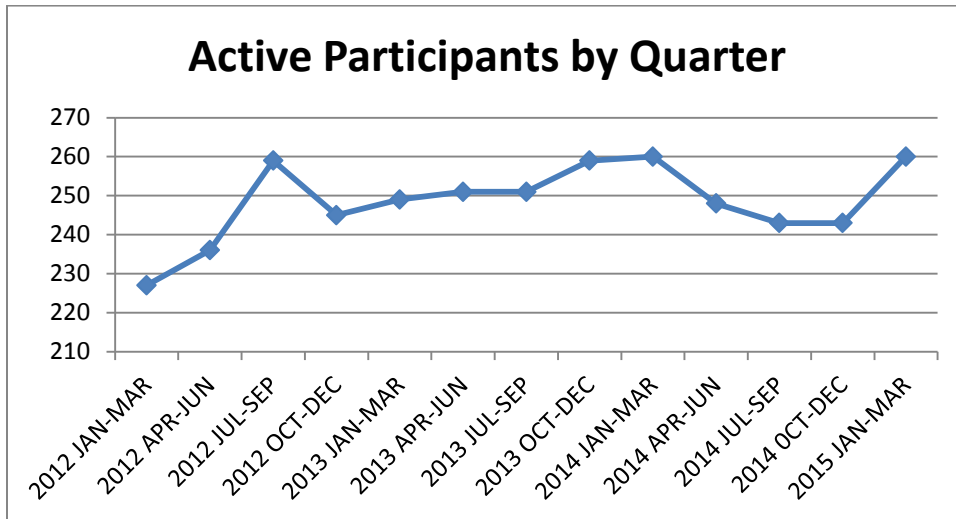
Characteristic	Active Participants		Admissions		Total Discharges		Discharge Status					
	N	%	N	%	N	%	Completed		Terminated		Neutral	
Totals	349		126		121		N	%	N	%	N	%
	N	%	N	%	N	%	72	60	48	40	1	1
African- American	64	18	18	14	21	17	11	15	10	21	0	0
White	277	79	105	83	97	80	60	83	36	75	1	100
Other	7	2	3	2	3	2	1	1	2	4	0	0
Hispanic	5	1	1	4	3	2	2	3	1	2	0	0
Female	90	26	34	27	36	30	21	29	14	29	1	100
Age 18-29	141	40	64	51	50	41	23	32	27	56	0	0
Age 30-39	91	26	30	24	33	27	22	31	11	23	0	0
Age 40+	117	34	32	25	38	31	27	38	10	21	1	100
Veteran	9	3	2	2	4	3	3	4	1	2	0	0
< HS Education			9	7	25	21	10	14	15	31	0	0
HS/GED			37	29	96	79	62	86	33	69	1	100
Employed Full-time			16	13	48	40	41	57	7	15	0	0
Employed Part-time or Seasonally			5	4	20	17	17	24	3	6	0	0
Unemployed			14	11	21	17	5	7	16	33	0	0
Attending School or Vocational Training			2	2	7	6	6	8	1	2	0	0
< \$1,000 Monthly Income			24	19	60	50	20	28	29	60	1	100
Prior Arrest Record			42	33								

Note: SMART-generated reports do not include information for the shaded table cells. The numbers in the other cells may not add to the column total at top due to missing data.

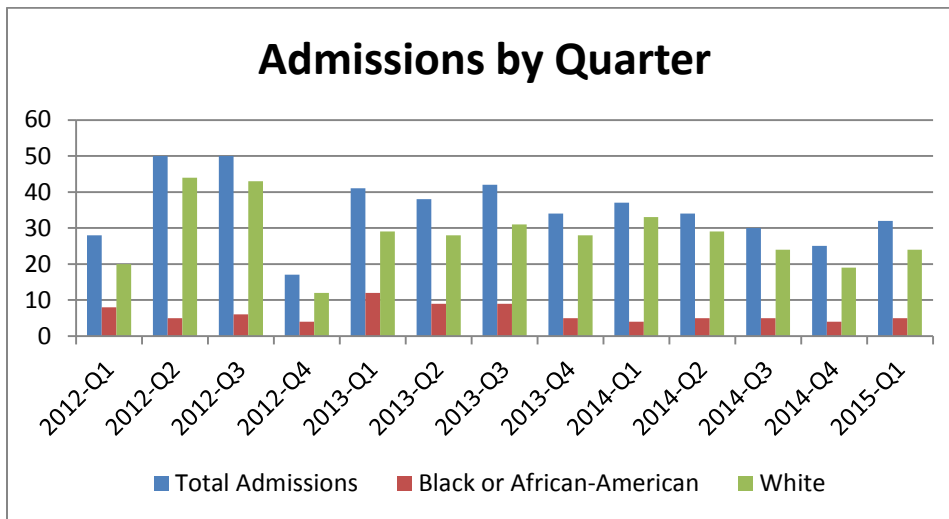
Anne Arundel County District Drug Court had 126 admissions in 2014 and 349 participants active at some point during the year. Two-thirds of the participants were under the age of 40 and about one quarter (26%) were female. African Americans accounted for 18 percent of the 2014 program census and 79 percent were White. Of the 121 discharges during the year, 60 percent completed the program, one individual had a neutral discharge and the rest were terminated unsuccessfully. Employment data at discharge showed about one fifth (21%) of those terminated were employed full- or part-time, compared to 81 percent who completed the program.

Trends in Participant Admissions, Census, and Discharges

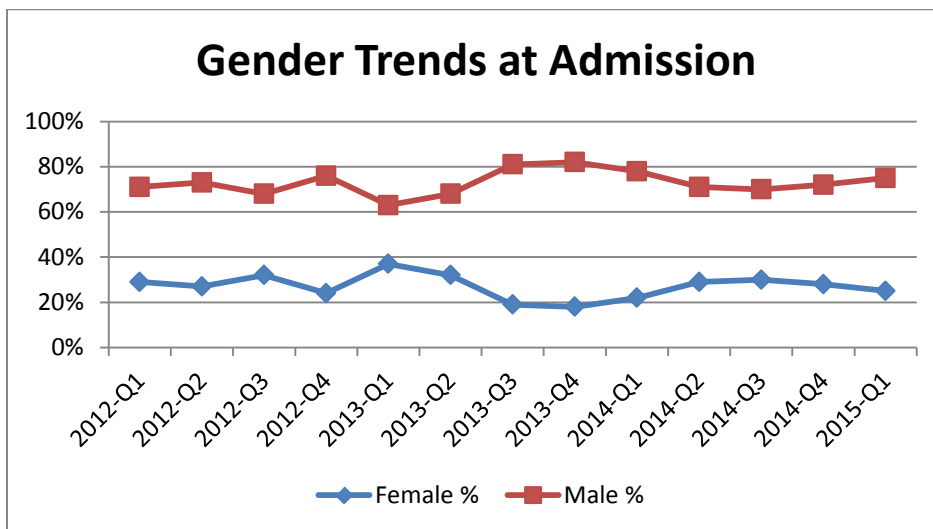
For the 3 ¼ years covered in the tracking period (January 2012 through March 2015), the Anne Arundel County District Drug Court (AACDDC) averaged 249 active participants. The program's census grew from a low of 227 in early 2012 to 259 by the September of that year, and stayed within a range of roughly 240 to 260 since that date. The census in the most recent quarter equaled the high of the period, at 260 participants.



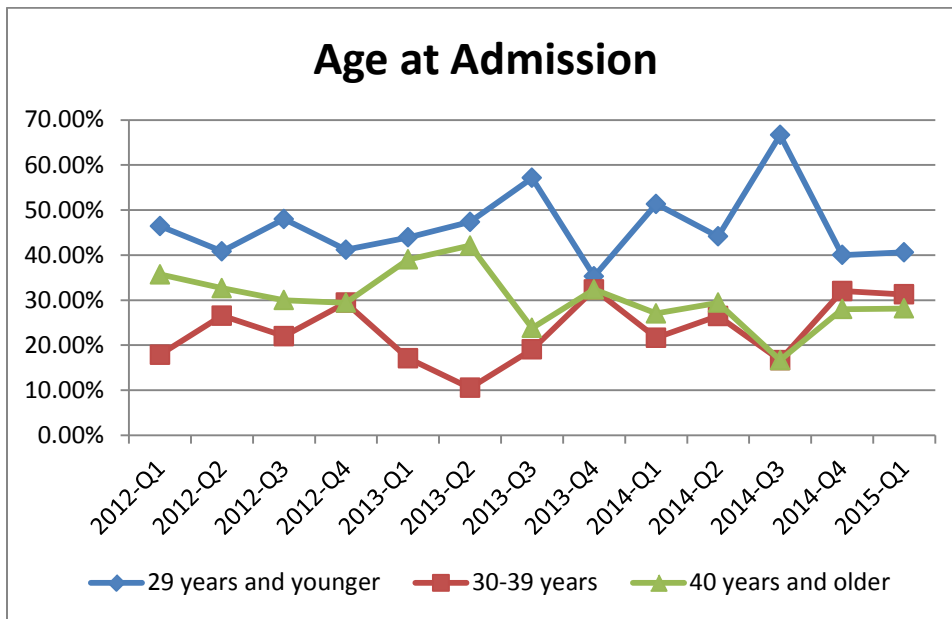
The growth in 2012 of the active participant census appeared to be caused by a increase in admissions that year, as admissions almost doubled between the first two quarters of the year. That year saw considerable fluctuations in admissions, from a low of 17 in the final quarter to 50 in the third quarter. Admission numbers were quite steady during the remaining years of the tracking period, usually staying within a range of 30 to 40, and averaging 35 per quarter. Just under one in five AACDDC admissions (18.2%) were African-American with the remaining being White. There number of Hispanics admitted each quarter ranged from none to two.



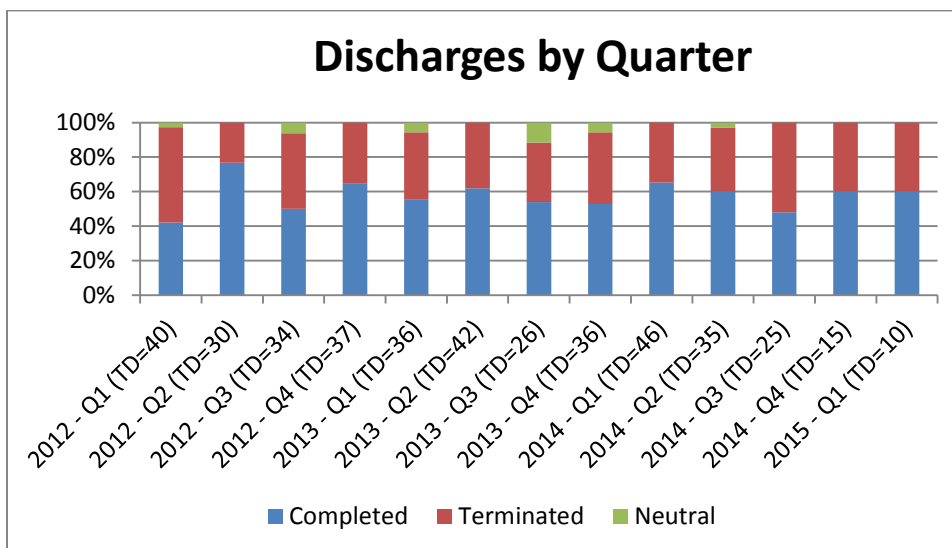
Women comprised approximately a quarter (27%) of the admissions to the program, and the percentages of males and females admitted stayed relatively stable over the tracking period. At no point during the three years did females exceed males in quarterly admissions.



AACDC admissions were relatively young in age compared to other drug courts in the state, with 46 percent of admissions between 2012 and early 2015 being under 30 years of age. The next largest age group was those 40 years and older (comprising 30% of admissions), followed by participants in their thirties (23%).

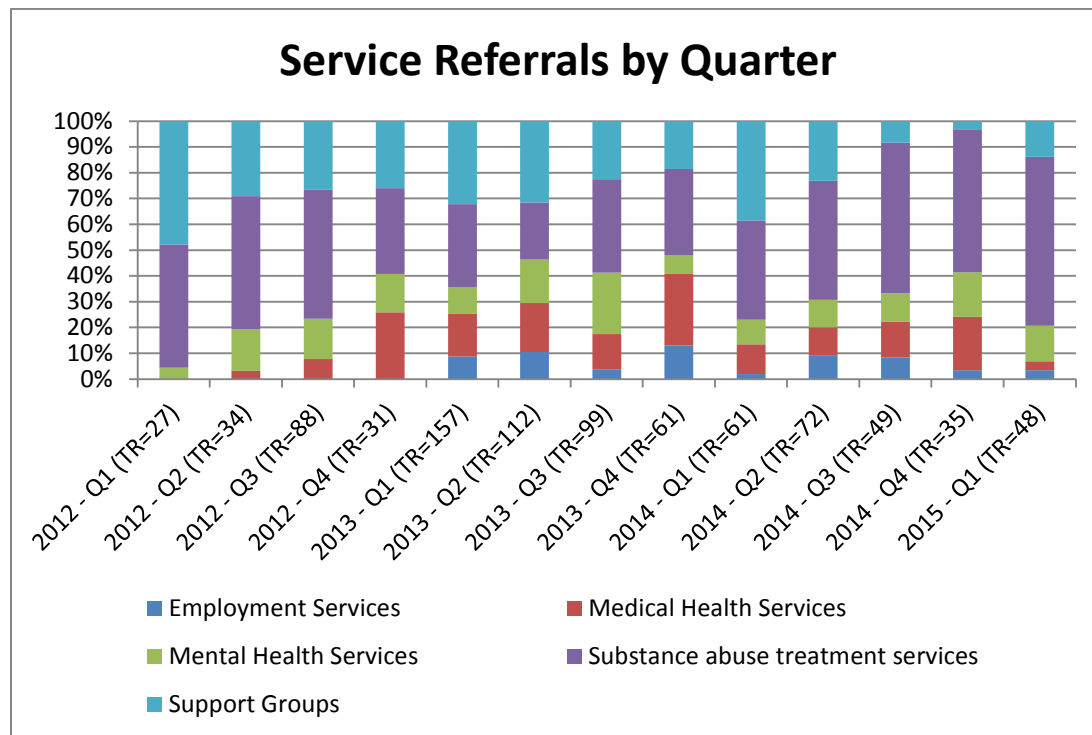


Overall, 58 percent of participants discharged during the period completed the program successfully and 39 percent were terminated unsuccessfully; neutral discharges accounted for the balance. After some quarterly variations in 2012, discharge status rates were relatively steady, ranging from a low of 48 percent in the third quarter of 2014 to a high of 65 percent early in that year. For most recent quarter data were available in SMART (January-March 2015), the successful completion rate was 60 percent.

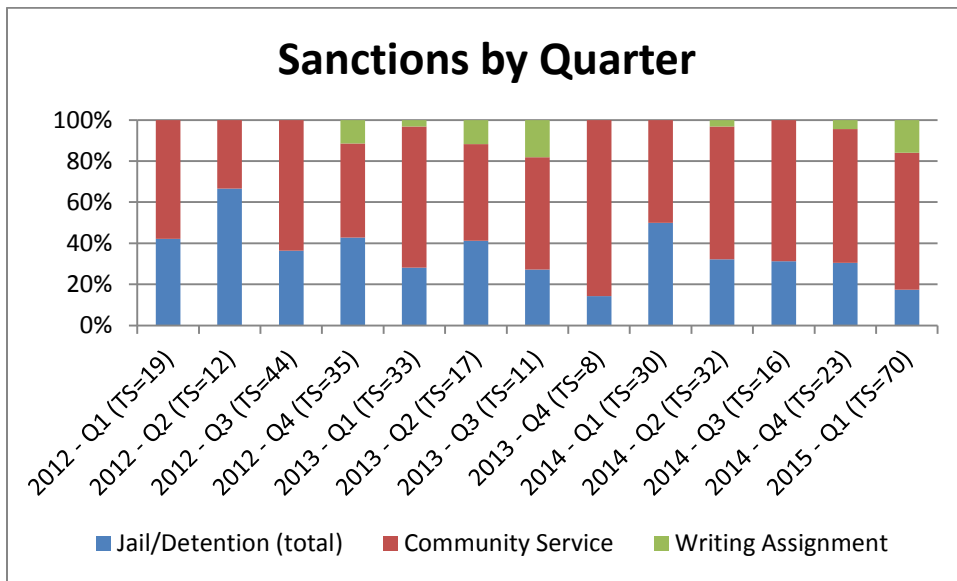


Service Referrals, Sanctions, and Incentives

The number of service referrals recorded quarterly in SMART for AACCDC varied widely during the 3 ¼ year period, from lows of 27 and 34 in the first half of 2012 to 157 in the first quarter of 2013. Overall referral numbers were steadier from late 2013 to the most recent quarter, averaging about 54.3 for this period. Referral figures in the most recent quarters were fairly low (35 for October-December 2014 and 48 for January-March 2015), and since late 2013 just 14.1 percent of active participants had one or more referrals reported.

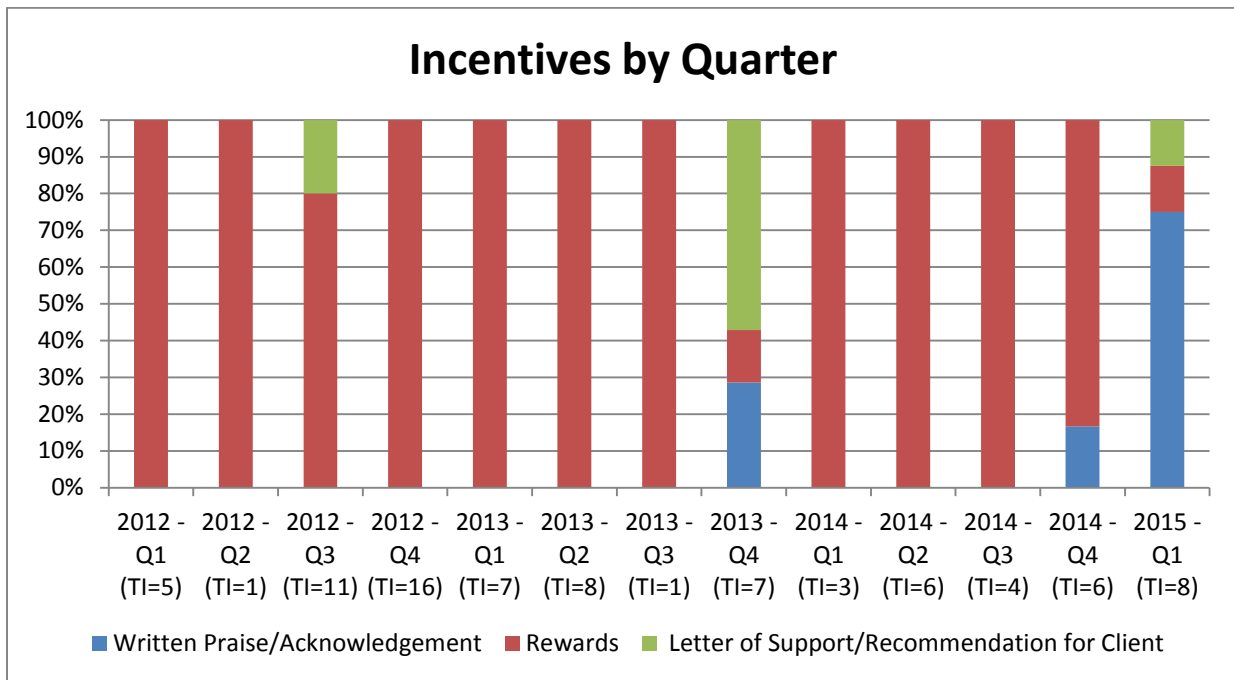


Substance abuse treatment services (31.9% of all referrals) and support groups (20.8%) together accounted for over half of all the service referrals recorded by AACCDC. The next most common referrals were for medical (11.6%) and mental health services (11.0%), followed by employment other vocational-related services and training (8.4%).



The number of sanctions recorded in SMART over the 3 ¼ years totaled 350 and averaged 27 sanctions per quarter. There was a large amount of fluctuation in the number of sanctions administered from quarter to quarter, from a low of 8 in the fourth quarter of 2013 to a high of 70 in the most recent quarter, January-March 2015. On average, 8.8 percent of active participants had one or more sanctions reported in each quarter.

Community service was the most common sanction type reported, accounting for more than half of all sanctions at 59.4 percent. Jail/detention was the second most frequently used sanction, accounting for one-third of all sanctions. Nearly all of these were mandated jail stays of 1 to 2 days or a weekend. Most of the balance of sanction types were writing assignments (6.2%). The number of incentives reported by the Anne Arundel County District Drug Court was small, significantly lower than the number of sanctions reported.



Based on the SMART data, incentives were under-utilized in the AACCCDC, with only 83 reported for the 3 ¼ tracking years, or just 6.4 incentives per quarter. On average, less than three percent of active participants had one or more incentives reported for each quarter. Financial rewards were the most utilized incentive, accounting for an average of 79.5 percent of incentives applied per quarter. Written praise/acknowledgement accounted for 10.8 percent and a letter of support/recommendation for the participant accounted for 7 percent of all incentive types.

Baltimore City District Drug Court

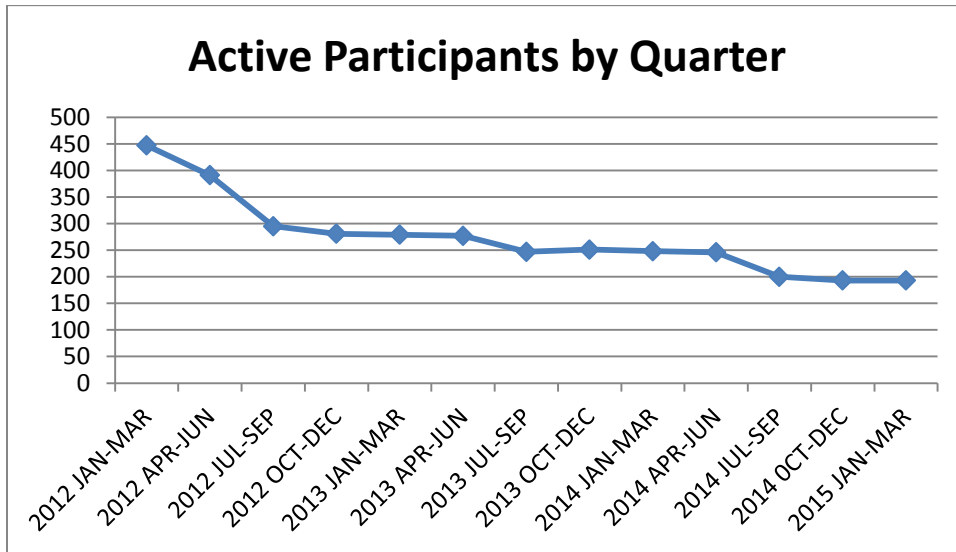
Admissions, Discharges, and Active Participants, 2014 Calendar Year

Characteristic	Active Participants		Admissions		Total Discharges		Discharge Status					
	257		11		64		Completed		Terminated		Neutral	
	N	%	N	%	N	%	N	%	N	%	N	%
<i>Totals</i>							52	81	12	19	0	0
African- American	212	82	10	91	52	81	42	81	10	83	0	0
White	45	18	1	9	12	19	10	19	2	17	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0	0	0	0	0	0	0
Female	67	26	2	18	19	30	16	31	3	25	0	0
Age 18-29	16	6	0	0	6	9	2	4	4	33	0	0
Age 30-39	41	16	2	18	8	13	6	12	2	17	0	0
Age 40+	200	78	9	82	50	78	44	85	6	50	0	0
Veteran	9	4	0	0	2	3	2	4	0	0	0	0
< HS Education			8	73	24	38	16	31	8	67	0	0
HS/GED			3	27	40	63	36	69	4	33	0	0
Employed Full-time			0	0	19	30	19	37	0	0	0	0
Employed Part-time or Seasonally			0	0	5	8	5	10	0	0	0	0
Unemployed			9	82	19	30	15	29	4	33	0	0
Attending School or Vocational Training			0	0	5	8	5	10	0	0	0	0
< \$1,000 Monthly Income			11	100	49	77	37	71	12	100	0	0
Prior Arrest Record			0	0								

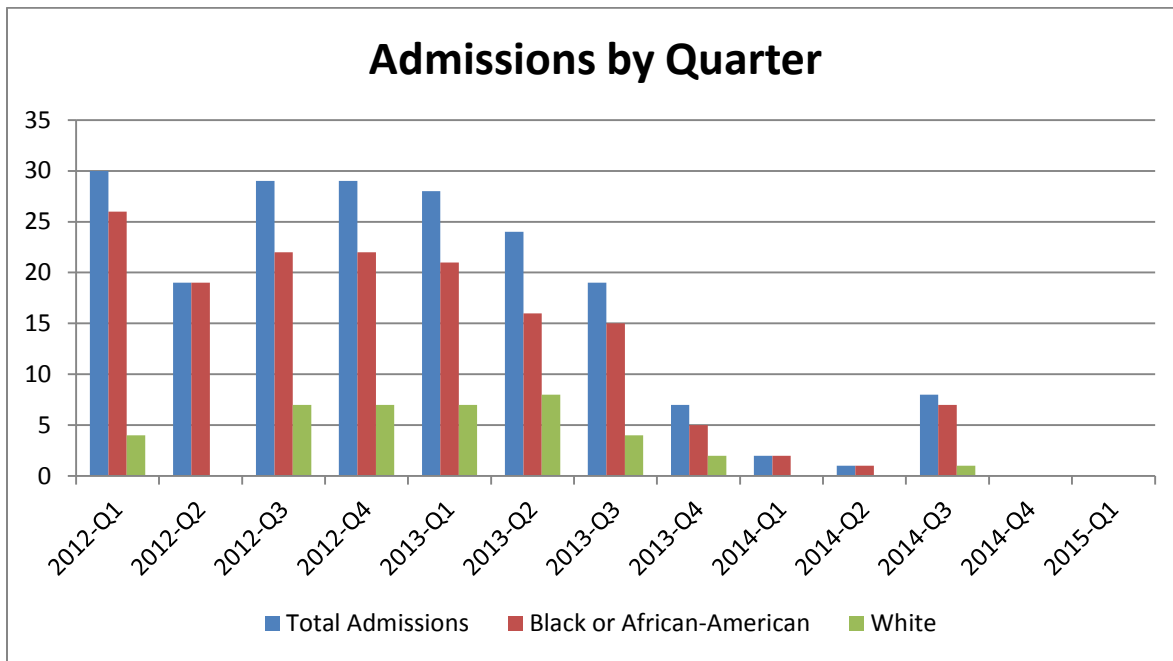
Note: SMART-generated reports do not include information for the shaded table cells. The numbers in the other cells may not add to the column total at top due to missing data.

In 2014, Baltimore City District Drug Court admitted just 11 new participants while having 257 active on the program caseload during the year. The BCDDC serves an older, African American population compared to other Maryland courts with more than three-fourths (78%) of the participants 40 and older and 82 percent African American. Similar to other drug courts in the state, approximately a quarter (26%) of participants were female. A large proportion of admissions had less than a high school education (73%) and were unemployed (82%) at the time of admission, and all admissions reported their monthly income to be less than \$1,000. This court had a very high successful completion rate in 2014, with 80.1 percent (42) of the 52 discharges during the year completing the program. The remainder of the discharges terminated unsuccessfully, as there were no discharges with a neutral status.

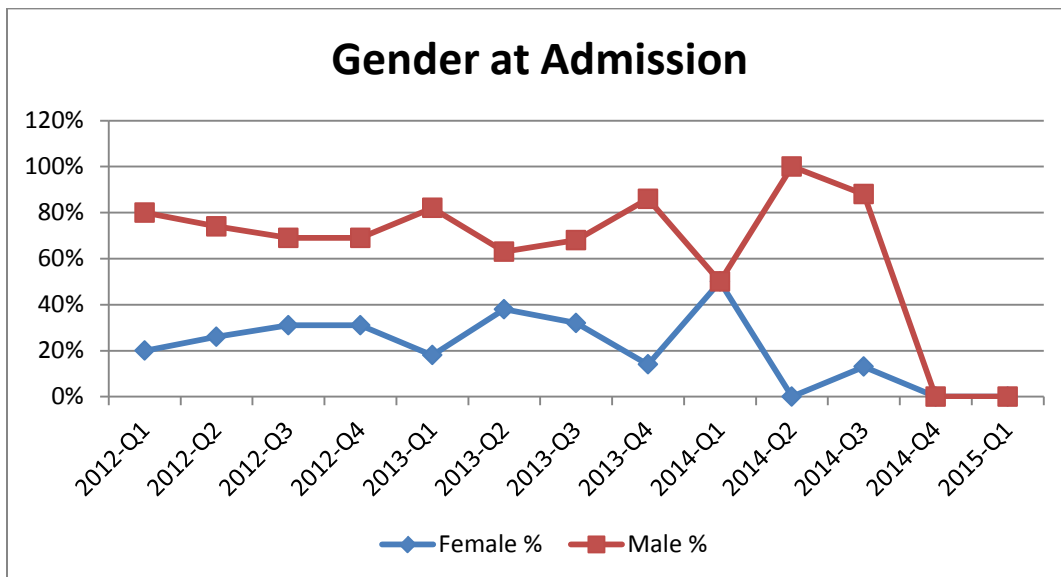
Trends in Participant Admissions, Census, and Discharges



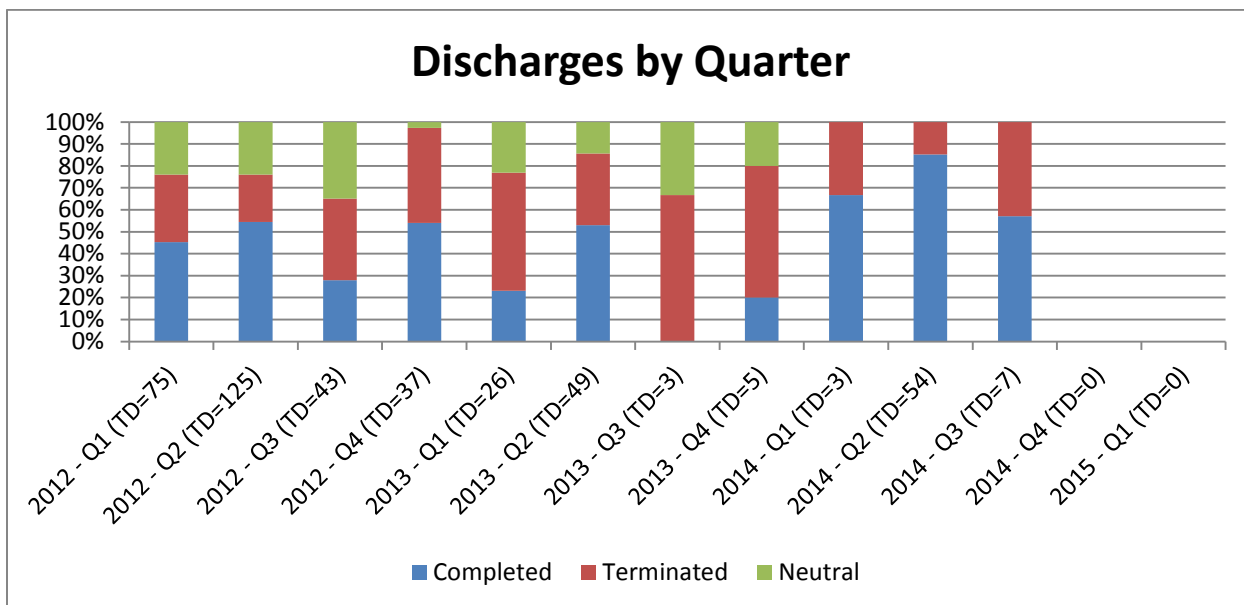
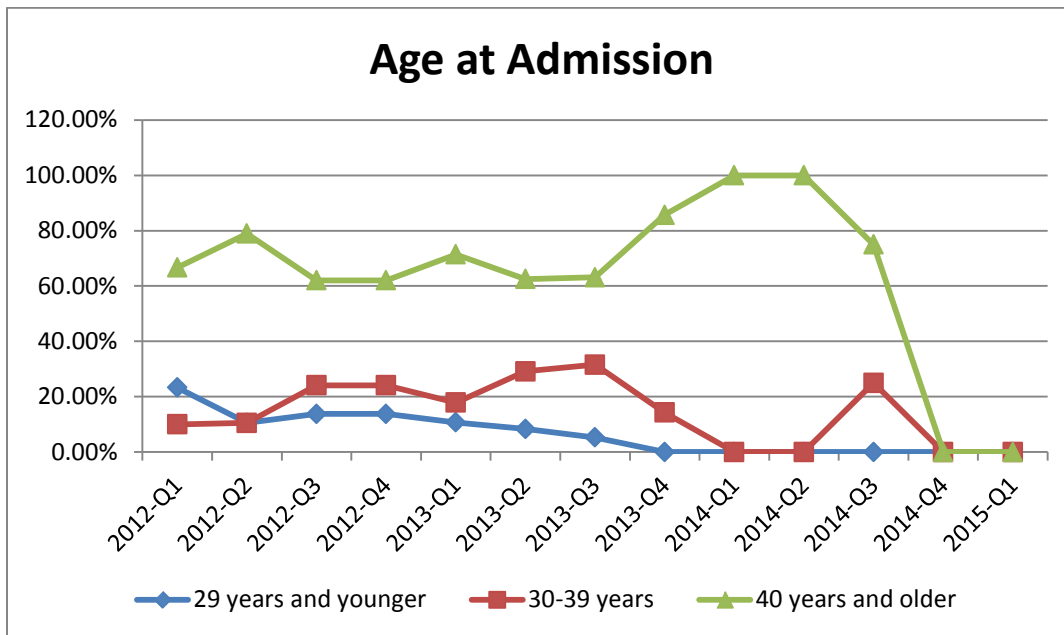
Trends over the 3 ¼ year tracking period showed the program went through substantial changes during this time, with significant declines in both the participant census and admissions. The participant census dropped from 447 in early 2012 to 281 in September of that year, a 37.1 percent decrease. Admission numbers were fairly stable and compared to later quarters, high during those quarters and into early 2013, averaging 25.4 per quarter. These seemingly inconsistent patterns are best explained by data reported later in this section, which showed there to be an inordinate number of discharges during 2012 (including 75 and 125 recorded for the first and second quarters of 2012, respectively – most likely done as a data cleaning to remove long inactive participants from active status in SMART and not an actual purge of active participants).



The program’s census leveled off to a less notable decline from late 2012 through March 2015; the most recent census showed 193 active participants. The admissions data shows a gradual decline over the first three quarters of 2013, from 28 to 24 to 19, and then a precipitous drop to 7 in the final quarter of the year. The SMART data show no admissions during the final two quarters of the period and a total of just 18 admissions from October 2013 through March 2015.

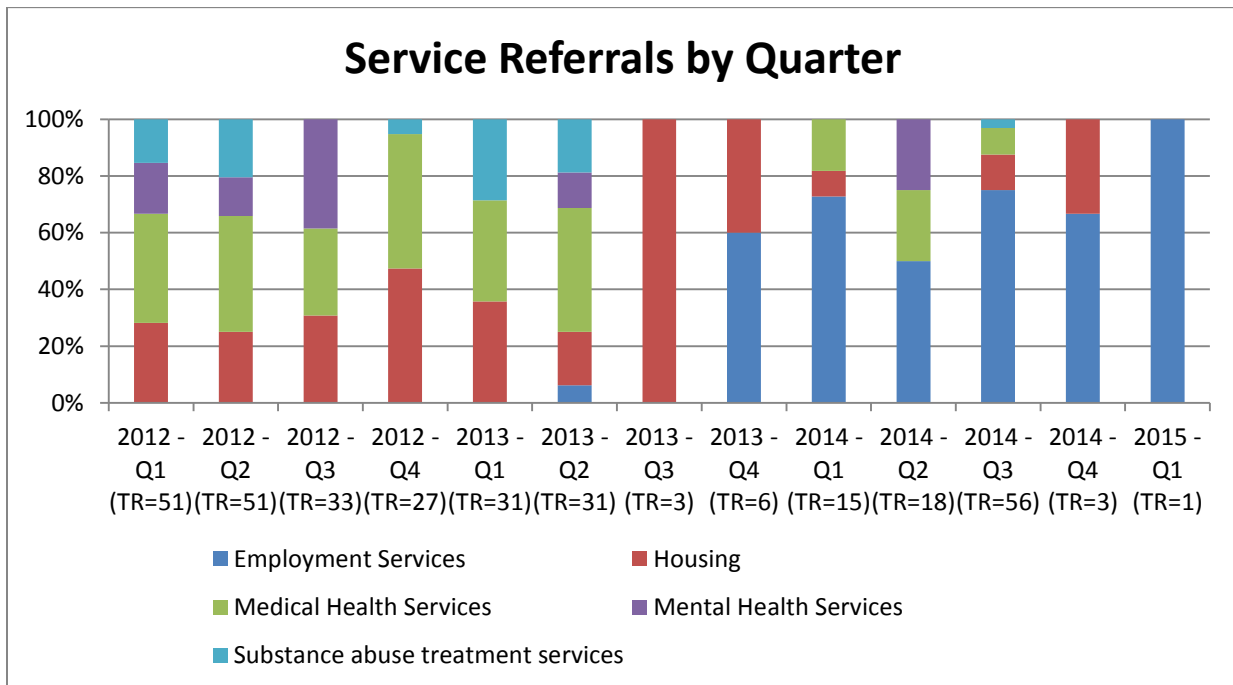


The demographic profile of admitted participants was fairly stable through the 3 ¼ years, with men comprising 73.5 percent, African Americans 79.6 percent, and persons over the age of 40 67.9 percent of all admissions over the period.

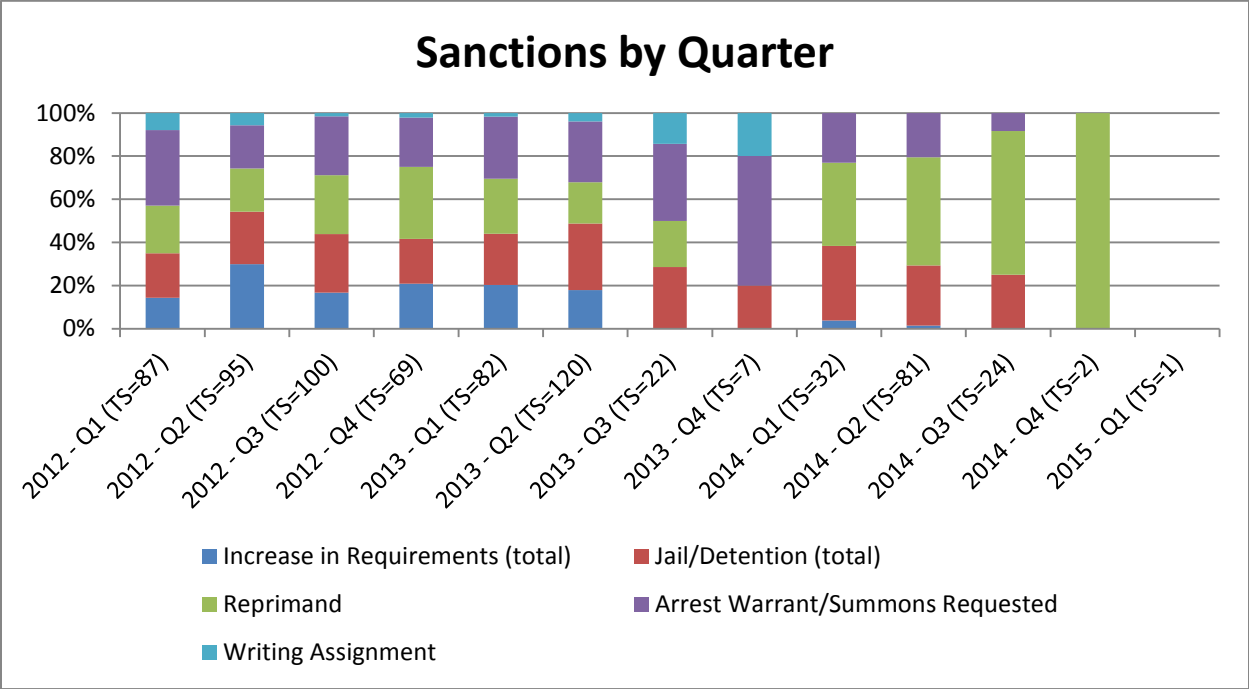


The discharge status data in SMART showed that just over half (51.3%) of Baltimore City District Drug Court discharges between January 2012 and March 2015 completed the program successfully. Given the wide fluctuations in the numbers reported as discharged each quarter – from 200 in the first six months of 2012 to four or fewer in six of the final seven quarters of the tracking period – analysis of any completion trends is questionable. With this caveat noted, the data do show an increase in the rate of successful completions, from 46.7 percent during 2012 and the first half of 2013 to 73.6 percent over the subsequent seven quarters.

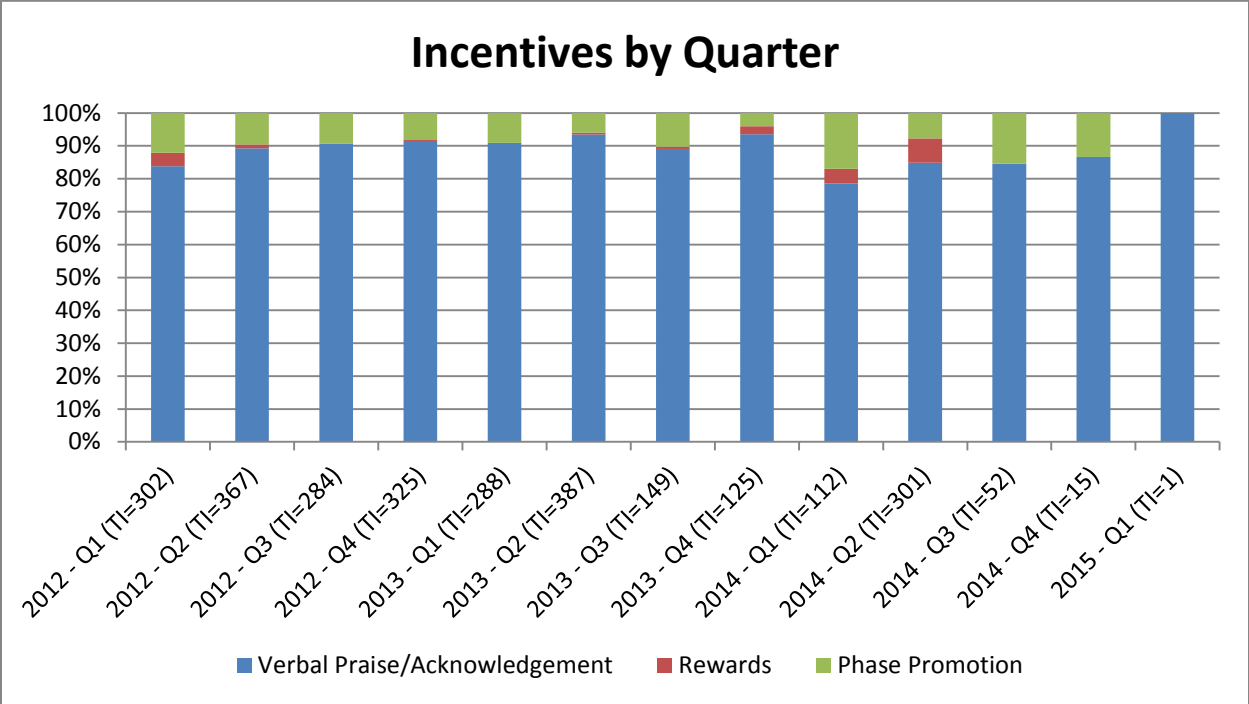
Service Referrals, Sanctions, and Incentives



Given the relatively large census of BCDDC, the 262 total service referrals entered over the tracking period in SMART represents a relatively low number and it is not clear if this reflects a lack of data entry or actual referrals. On average, just 7.0 percent of participants were shown as receiving one or more referrals per quarter and in total there were 25.1 average referrals per quarter, with wide variations from one quarter to the next. Accounting for 30.2 percent of all referrals, medical health service assistance was the most common referral type over the tracking period, however these referral types declined significantly over time and were replaced largely by employment and other vocational-related referrals, which comprised 24.9 percent of all referral types. Referrals for housing assistance was also common throughout the period, also accounting for 24.9 percent of referrals. Mental health service referrals comprised 11.6 percent of the total.



BCDDC staff recorded a large number of both sanctions and incentives in the SMART system. Sanctions totaled 722 for the 3 ¼ years, an average of 56 sanctions per quarter. Very few sanctions were reported for several quarters since late 2014 (including just 3 for the final two quarters of the period), raising questions about the reliability of these data. Prior to this period (i.e., from January 2012 through June 2014), on average 14.4 percent of participants each quarter had at least one sanction imposed on them. The most common sanction type was a verbal reprimand, which accounted for 21.7 percent of the total sanctions, followed by arrest warrant/summons requested and jail/detention, which each accounted for just under 19 percent of all sanction types. There were no clear trends in the use of different types of sanctions.



Baltimore City District court reported a very large number of incentives, totaling 2,708 and averaging 208 per quarter. Reporting of incentives appeared more stable than sanctions reporting, although the numbers for the final three quarters (52, 15, and 1) appear unreliable. For the period up to this point (January 2012 through June 2014), an average of 40.0 percent of participants each quarter were awarded at least one incentive. Verbal praise/acknowledgement was by far the most frequently used incentive, comprising 86.0 percent of all incentive types. At 8.8 percent phase promotion accounted for most of the remainder of the incentives reported, followed by a mix of other incentive types.

Dorchester County District Drug Court

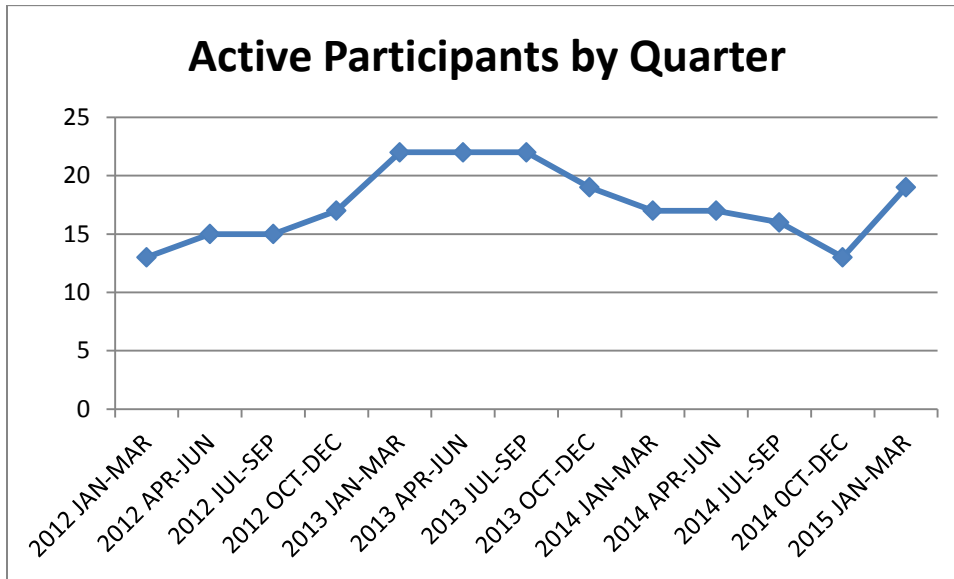
Admissions, Discharges, and Active Participants, 2014 Calendar Year

Characteristic	Active Participants		Admissions		Total Discharges		Discharge Status					
	26		14		13		Completed		Terminated		Neutral	
Totals	N	%	N	%	N	%	N	%	N	%	N	%
African- American	8	31	3	21	5	38	3	43	2	33	0	0
White	18	69	11	79	8	62	4	57	4	67	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0	0	0	0	0	0	0
Female	17	65	9	64	9	69	4	57	5	83	0	0
Age 18-29	12	46	9	64	6	46	1	14	5	83	0	0
Age 30-39	8	31	4	29	2	15	2	29	0	0	0	0
Age 40+	6	23	1	7	5	38	4	57	1	17	0	0
Veteran	0	0	0	0	0	0	0	0	0	0	0	0
< HS Education			7	50	8	62	3	43	5	83	0	0
HS/GED			7	50	5	38	4	57	1	17	0	0
Employed Full-time			3	21	0	0	0	0	0	0	0	0
Employed Part-time or Seasonally			0	0	1	8	0	0	1	17	0	0
Unemployed			10	71	11	85	6	86	5	83	0	0
Attending School or Vocational Training			0	0	0	0	0	0	0	0	0	0
< \$1,000 Monthly Income			12	86	12	92	6	86	6	100	0	0
Prior Arrest Record			13	93								

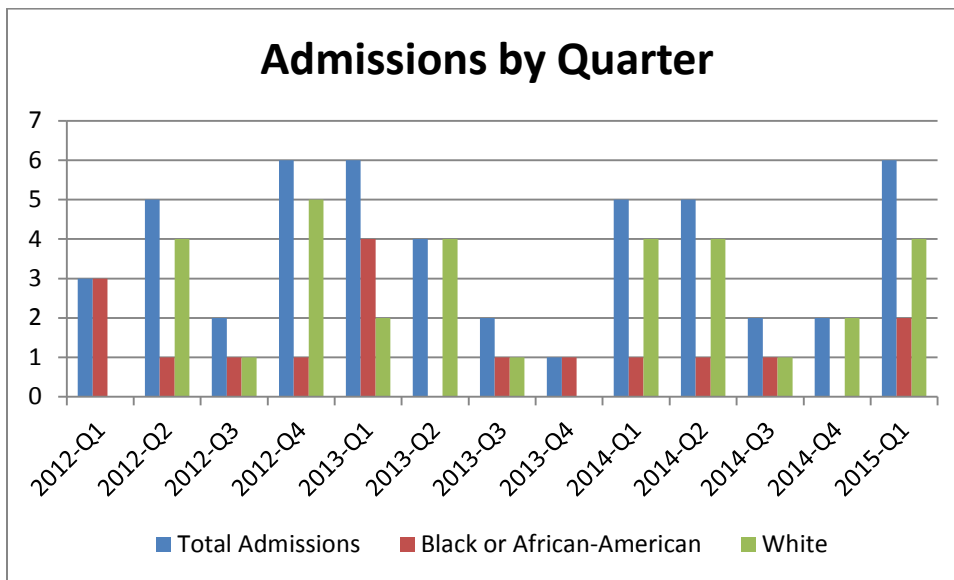
Note: SMART-generated reports do not include information for the shaded table cells. The numbers in the other cells may not add to the column total at top due to missing data.

One of the smaller drug courts in Maryland, Dorchester County District Drug Court had 14 admissions and 26 active participants during 2014. The program is unique in that the majority of its participants are women; almost two-thirds of the admissions (65%) and program census (64%) were female. African Americans comprised just under one-third (31%) of the participants and 21 percent of the admissions. The age distribution tilts toward younger participants, with 46 percent in their twenties, 31 percent in their thirties, and 23 percent forty or older. Exactly half of those admitted in 2014 had less than a high school education and 71 percent were unemployed. Of the 13 discharges in 2014, just over half (7, 53.8%) completed the program successfully and the remainder were terminated. The percentage unemployed post discharge was similar for completed and terminated participants (86% and 83% respectively).

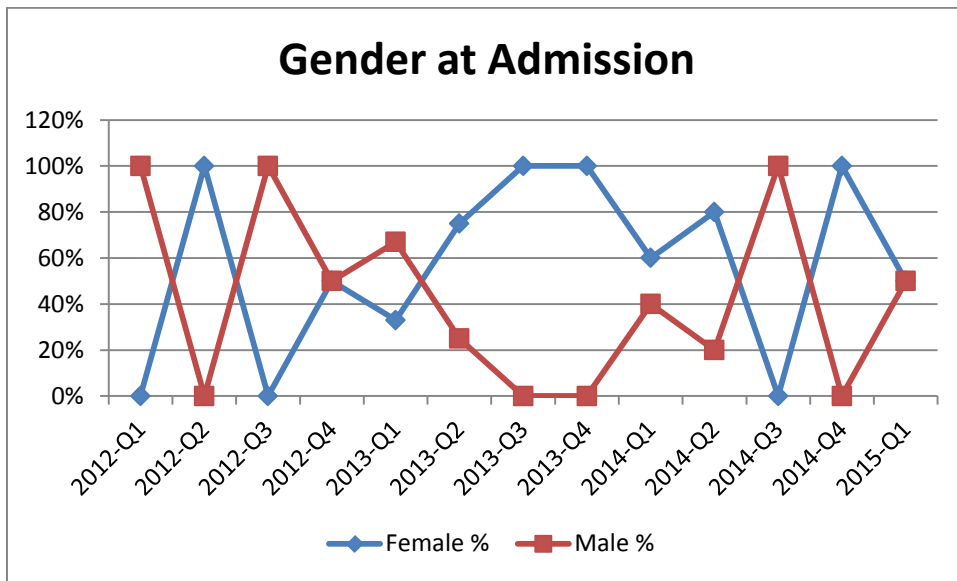
Trends in Participant Admissions, Census, and Discharges



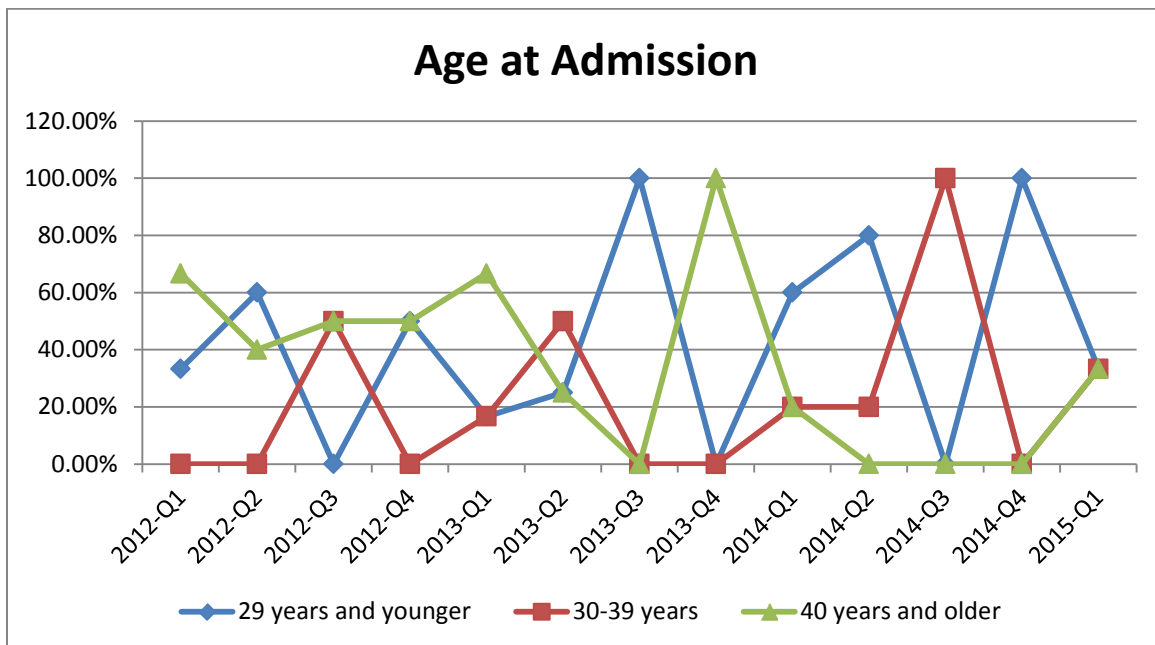
The small size of the DCDDC is reflected in the program census throughout the 3 ¼ year tracking period. On average, there were 17.5 active participants per quarter, with as few as 13 in two quarters and a high of 22 participants in three quarters. In the most recent quarter there were 19 active participants. The participant census was been relatively stable over the period.

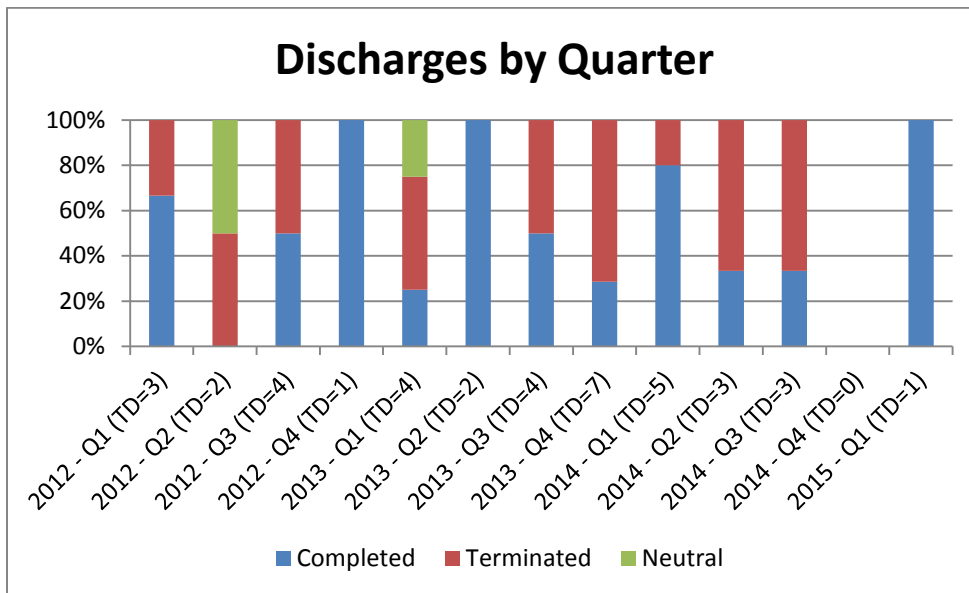


Quarterly admissions figures varied somewhat, ranging from one or two in four quarters over the 3 ¼ years, to five or six in six of the quarters. On average Dorchester County District Court had four admissions each quarter. The racial profile of admitted participants changed little across the period, with African Americans accounting for 40.5 percent of the quarterly admissions on average.



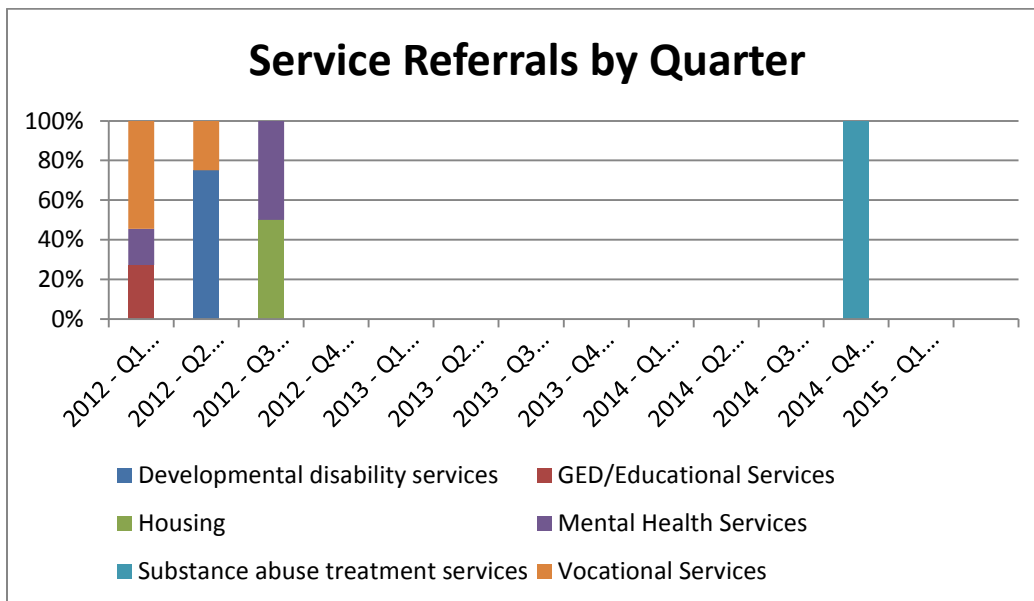
With the small number of admissions each quarter, the graphical displays of gender and age figures tend to exaggerate fluctuations in the data. Thus, while males equaled or outnumbered females in five of the 13 quarters of the tracking period, consistent with the 2014 census data, females accounted for 57.5 percent of admissions each quarter on average. As with gender composition, the age distribution of admissions varied widely over the period, without any discernable pattern. Participants aged 29 and younger made up the largest percentage of total admissions with 44.9 percent, followed by participants aged 40 and over (34.7%) and those in their thirties (20.4%).



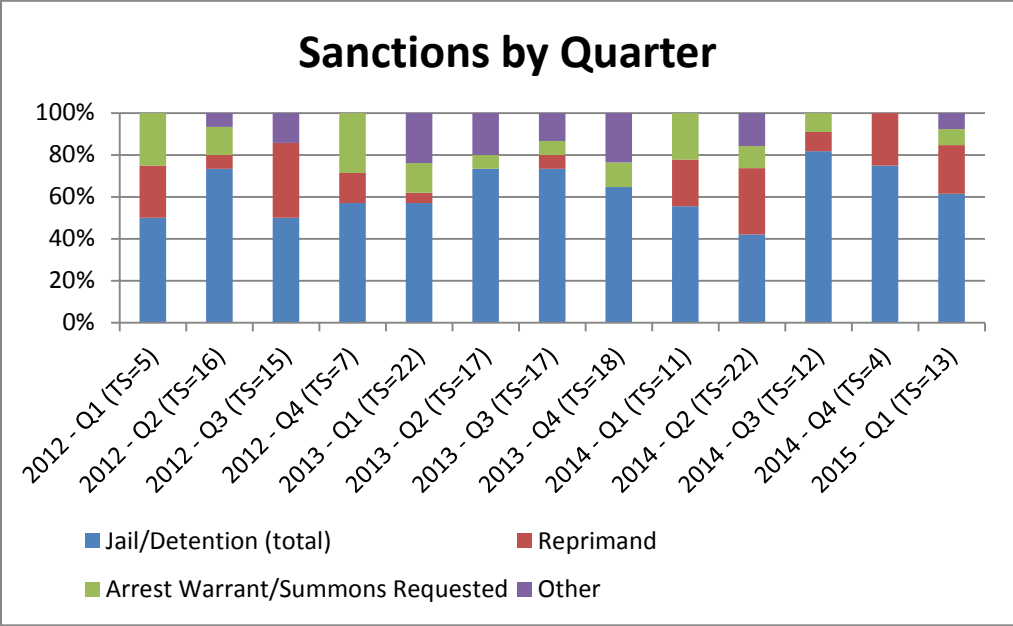


Over the 3 ¼ year period, 48.7 percent of discharged participants completed the program successfully and the quarterly average of successful completions was exactly 50 percent. Just two neutral terminations were reported during the tracking period, thus terminations accounted for the balance. With so few discharges each quarter, it is difficult to discern any trend patterns in the success rate of this court.

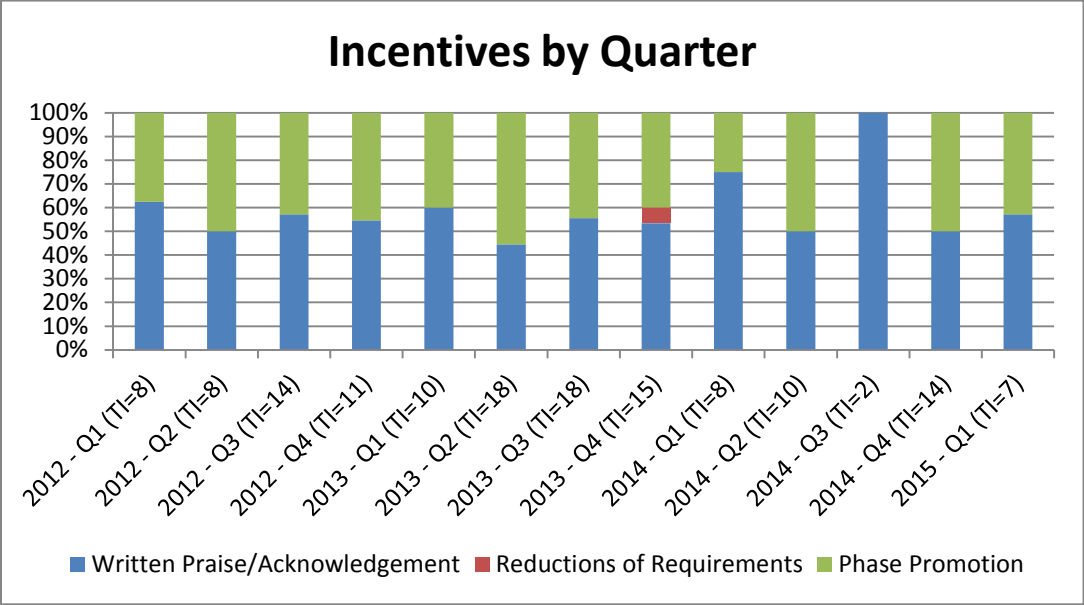
Service Referrals, Sanctions, and Incentives



There were just 24 service referrals recorded in the SMART data for the DCDDC, likely reflecting a data entry issue and not a lack of actual referrals made by court staff. Given the virtual absence of referrals appearing in recent years in the data, interpretation of the available data is of little value.



The SMART data showed that 179 sanctions were imposed over the 3 ¼ year period, an average of 13.8 sanctions per quarter. On average, nearly half (46.1%) of the participants each quarter had one or more sanctions imposed. The most commonly used sanction was jail/detention with 57.0 percent of the total sanctions, followed by reprimand (either verbal or written) with 12.8 percent and arrest warrant/summons requested with 10.0 percent of the total. Most of the other sanctions reported in the data were simply terminations of the participant.



The SMART data indicate that Incentives were used less frequently than sanctions in the DCDDC, with a total of 143 incentives awarded over the tracking period, an average 11 incentives per quarter.

On average, a little under one in three participants (30.6%) were given at least one incentive each quarter.

As with sanctions, the types of incentives used by the program remained relatively stable over the 3 ¼ years. Just two types of incentives were employed by the DCDDC, with written praise/acknowledgment accounting for a little over half (55.2% of all incentives) and phase promotion the balance (44.1%).

Montgomery County Circuit Drug Court

Admissions, Discharges, and Active Participants, 2014 Calendar Year

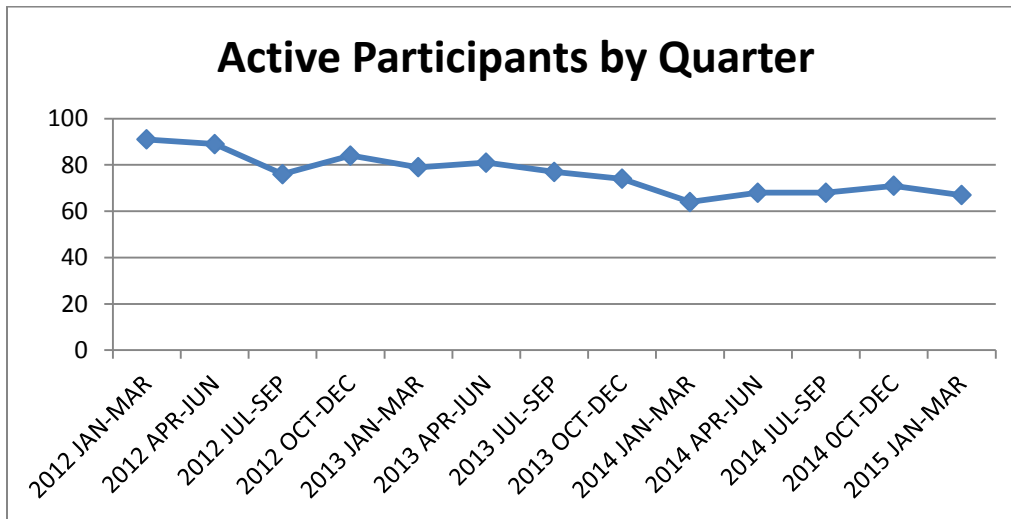
Characteristic	Active Participants		Admissions		Total Discharges		Discharge Status					
	82		26		21		Completed		Terminated		Neutral	
Totals	N	%	N	%	N	%	N	%	N	%	N	%
African- American	34	41	7	27	12	57	8	73	1	13	0	0
White	39	48	15	58	6	29	3	27	2	25	1	100
Other	9	11	4	15	2	10	0	0	2	25	0	0
Hispanic	7	9	3	12	1	5	0	0	1	13	0	0
Female	20	24	10	38	3	14	2	18	1	13	0	0
Age 18-29	34	41	13	50	4	19	3	27	0	0	1	100
Age 30-39	24	29	5	19	8	38	5	45	3	38	0	0
Age 40+	24	29	8	31	8	38	3	27	5	63	0	0
Veteran	1	1	0	0	0	0	0	0	0	0	0	0
< HS Education			8	31	4	19	3	27	1	13	0	0
HS/GED			18	69	16	76	8	73	7	88	1	100
Employed Full-time			3	12	10	48	9	82	8	100	1	100
Employed Part-time or Seasonally			1	4	1	5	1	9	0	0	0	0
Unemployed			17	65	0	0	0	0	0	0	0	0
Attending School or Vocational Training			0	0	1	5	1	9	0	0	0	0
< \$1,000 Monthly Income			23	88	6	29	0	0	5	63	1	100
Prior Arrest Record			19	73								

Note: SMART-generated reports do not include information for the shaded table cells. The numbers in the other cells may not add to the column total at top due to missing data.

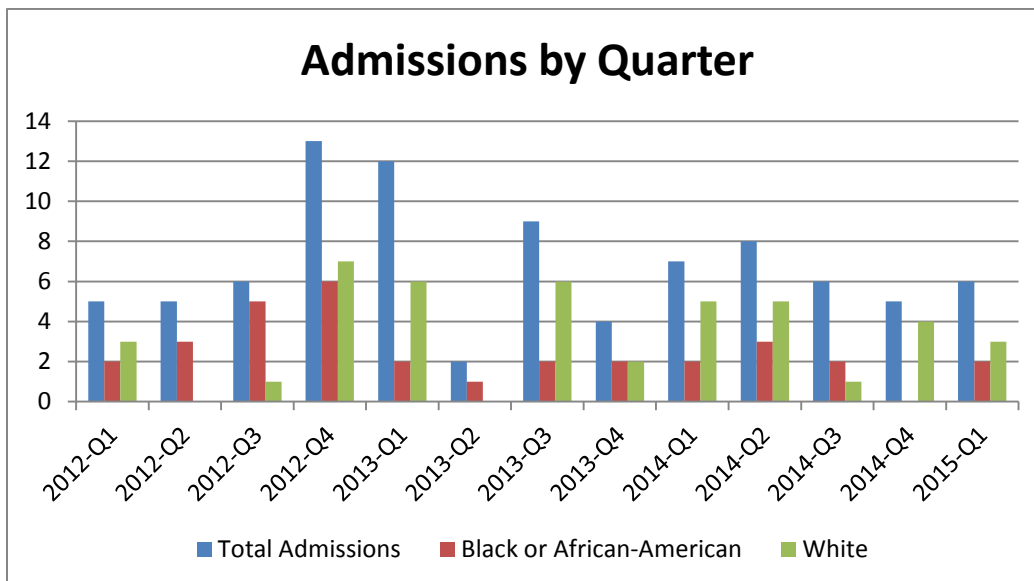
Given the population size and prominence of Montgomery County in Maryland, the Montgomery County Circuit Drug Court (MCCDC) is notably moderate in size, with 26 admissions in 2014 and 82 participants active during that year. The gender makeup of the Montgomery court was similar to other drug courts in the state, with females making up about a quarter (24%) of the participants; women comprised a somewhat higher proportion of the 2014 admissions (38%). With regard to race and ethnicity, the MCCDC court has perhaps the most diverse drug court in Maryland, with 48 percent of active participants White, 41 percent African American, 9 percent Hispanic, and 11 percent reported as “Other” (most of whom were of mixed race/ethnicity). Among 2014 admissions, Whites were somewhat more prevalent (58%) and with fewer African Americans represented (27%). While 69 percent of admissions had a high school diploma, almost two-thirds (65%) were unemployed at the time

of admission. Of the 21 total discharges in 2014, 52 percent completed the program, one participant received a neutral discharge, and the remaining were terminated unsuccessfully. As expected, most (82%) of those completing successfully were employed at discharge; somewhat surprisingly, all of the terminated participants were also employed at discharge from the program.

Trends in Participant Admissions, Census, and Discharges

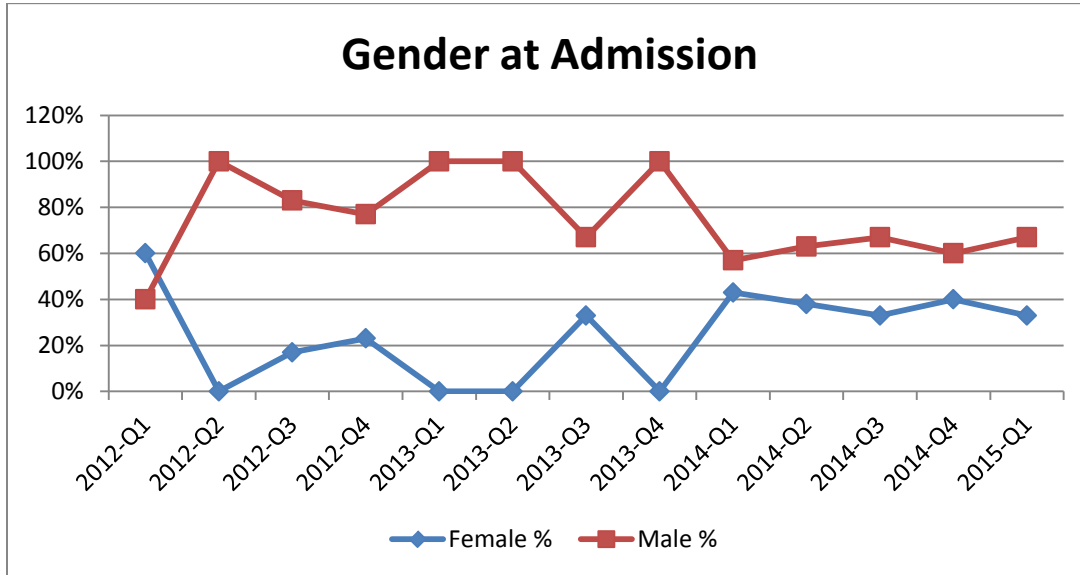


The program’s census averaged 76 participants per quarter over the 3 ¼ year tracking period, with evidence of a slight downward trend during this time. In 2012 the census averaged 85 participants per quarter while during the final five quarters of the period (January 2014-March 2015) there was an average of 67.6 participants per quarter. The most recent quarter had 67 participants.

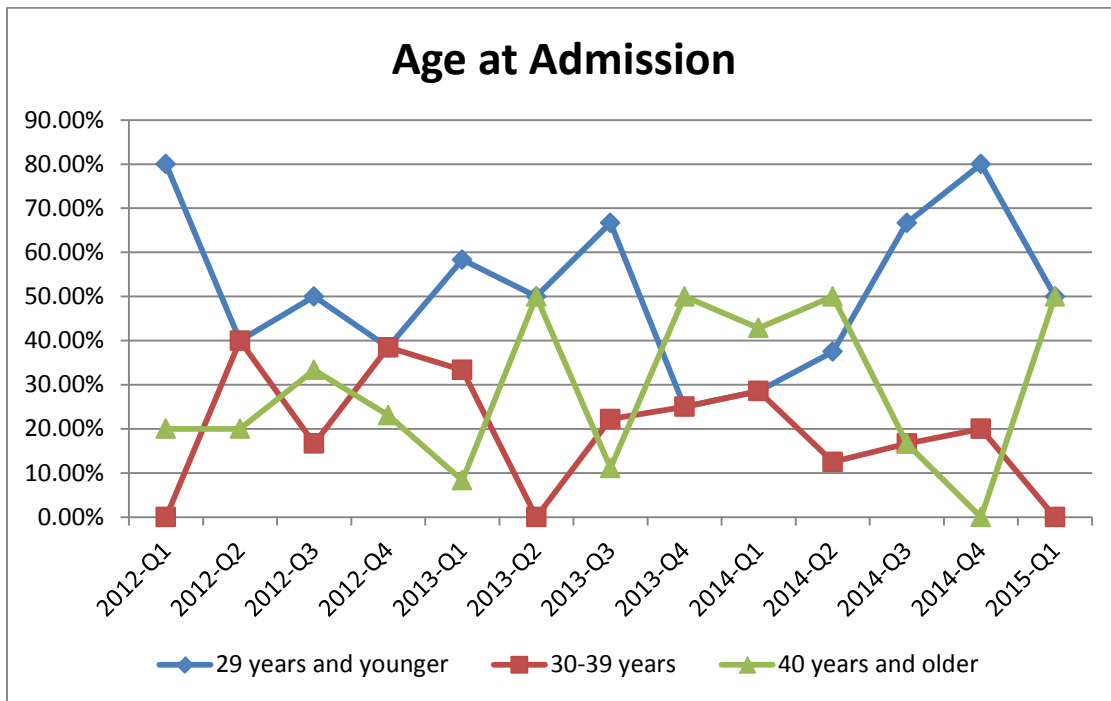


Quarterly admissions numbers varied between 2012 and March 2015, ranging from two to 13; on average there were seven admissions each quarter. The trend data showed a small spike in the last

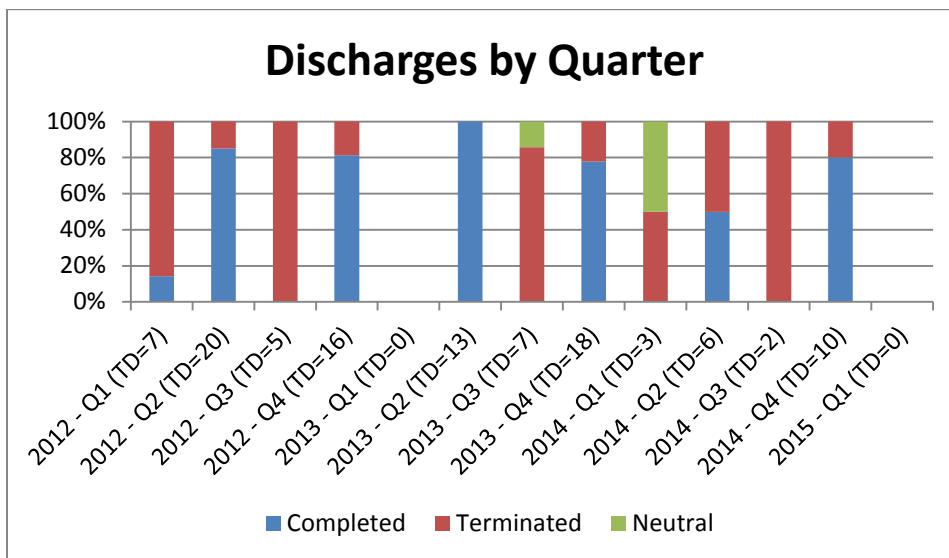
quarter of 2012 and first quarter of 2013, a significant decline in the second quarter of 2013, and then fairly stable admissions numbers around the quarterly average (7) during the remaining portion of the tracking period. Quarterly racial profiles were fairly consistent, with Whites comprising an average of 44.4 percent of admissions and African Americans 38.6 percent of admissions each quarter.



Viewed over the entire tracking period, males comprised a quarter (75.0%) of all admissions and an average of 75.5 percent of admissions each quarter, however the trend data showed an increase in the proportion of admissions that were female. On average during 2012 and 2013, women accounted for just 10 percent of quarterly admissions, while this increased to 37 percent of the quarterly admissions from January 2014 through March 2015.



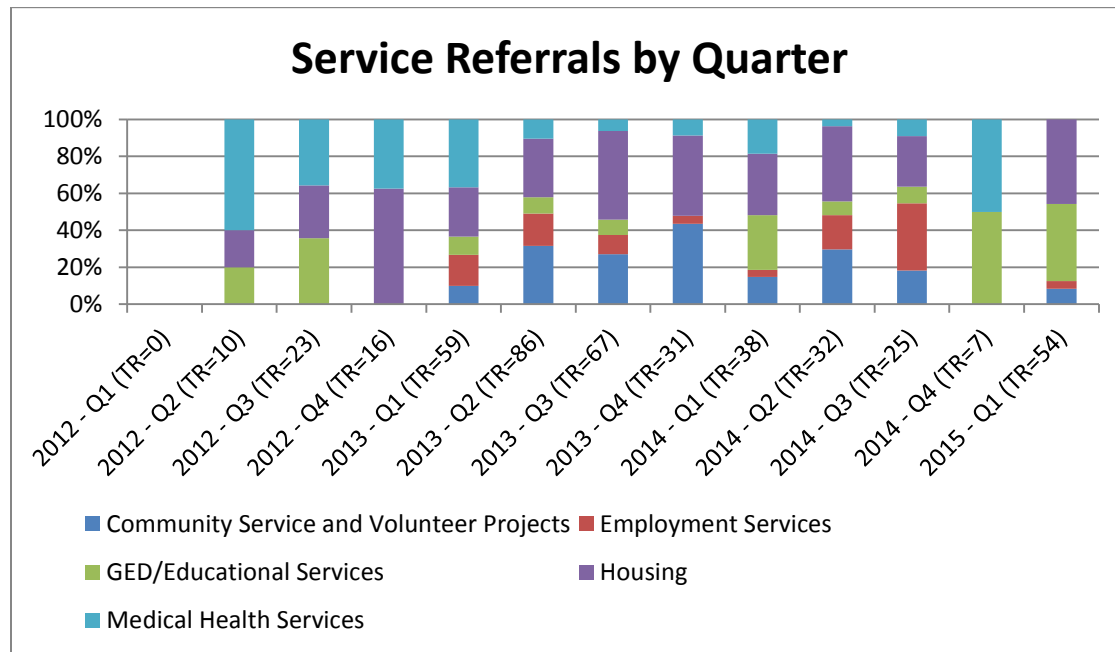
Montgomery serves a somewhat younger population with just over half (51.1%) of admissions being 29 or younger. Roughly equal proportions of the remaining admissions were in their thirties (22.7%) or forties (26.1%). The trend data on age composition for the Montgomery court varied considerably from one quarter to the next, with no discernable pattern.



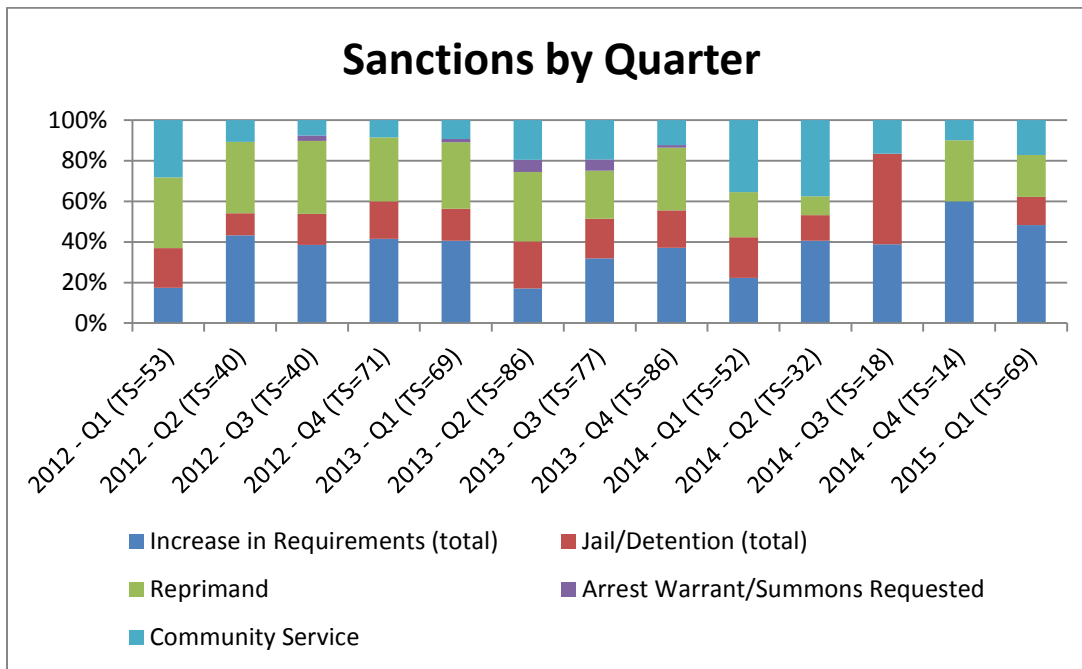
A total of 107 participants were discharged over the 3 ¼ year tracking period and almost two in three of these (69) completed successfully, totaling a success rate of 64.5 percent. There were just two neutral discharges reported, so the balance of discharges were unsuccessful terminations. Variations

were observed in the quarterly discharge status figures, however no clear pattern of increase or decrease were evident in these outcome results.

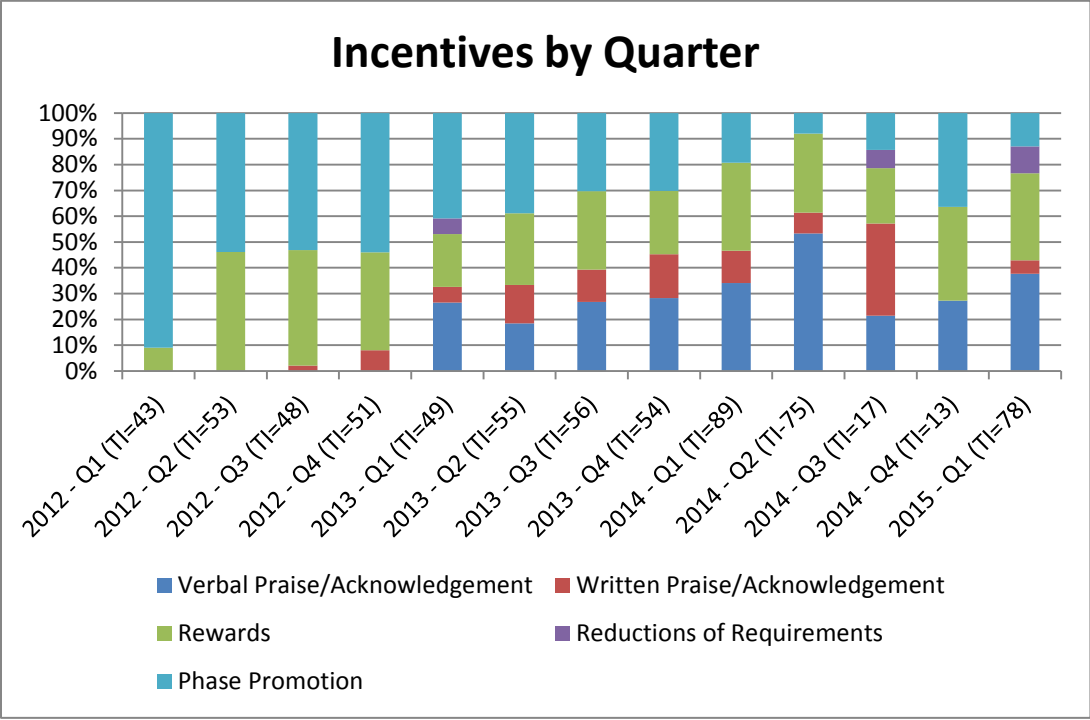
Service Referrals, Sanctions, and Incentives



The SMART data showed a total of 448 service referrals were made by the MCCDC staff over the tracking period, an average of 34.5 per quarter. Among active participants, 61.3 percent received one or more referrals each quarter on average. Referral numbers varied considerably over the 3 ¼ years. In 2012, just 12.2 referrals per quarter were reported; this increased dramatically in 2013 to an average of 60.8 referrals per quarter, and then saw a decline in the following quarters, to an average of 31.2 referrals. MCCDC was distinguished by the diversity of referral types made by staff working with participants. Housing was the most common type of referral, accounting for 23.0 percent of all referrals. Other relatively common referral types involved community service (13.3%), employment and other vocational services (12.6%), medical health services (9.2%), and GED/educational services (8.9%).



The SMART data showed a total of 707 sanctions were imposed by the MCCDC over the 3 ¼ years, amounting to an average of 54.3 sanctions per quarter. On average, 27.5 percent of participants each quarter had one or more drug court sanctions imposed on them. Overall use of sanctions showed a varied pattern during the tracking period, as the average number of sanctions imposed each quarter increased from 51 in 2012 to 79.5 in 2013, and then fell to a low of 37 per quarter for the final five quarters of the period. As with service referrals, the program used a diversity of sanction types, with increase in requirements (31.8% of all sanctions) and verbal reprimands (25.8%) accounting for the majority of the sanctions. Jail/detention (16.8%) and community service (16.1%) were also fairly commonly used by the MCCDC as sanctions.



With a total of 681 incentives recorded in SMART, MCCDC used just about the same number of incentives as sanctions. On average 52.4 incentives were awarded per quarter, and 40.0 percent of the participants each quarter were given one or more incentives. With the exception of the small number of incentives reported during the last two quarters of 2014 (which may be a reporting anomaly, given the relatively high incentive figures reported for the periods just prior to and following these quarters), use of incentives were fairly stable across the tracking period. With regard to types of incentives, there was a clear trend toward more use of verbal and written praise/acknowledgements and a decline in the using (or at least reporting of) phase promotions as incentives. Overall during the 3 ¼ years, incentive types split roughly evenly between the use of phase promotion (32.7%), praise/acknowledgement (31.7%) and tangible rewards (30.5%). Notably, MCCDC made more use of these latter reward types, which include gift cards and movie tickets, than any other drug court in the state.

St. Mary's County Circuit Drug Court

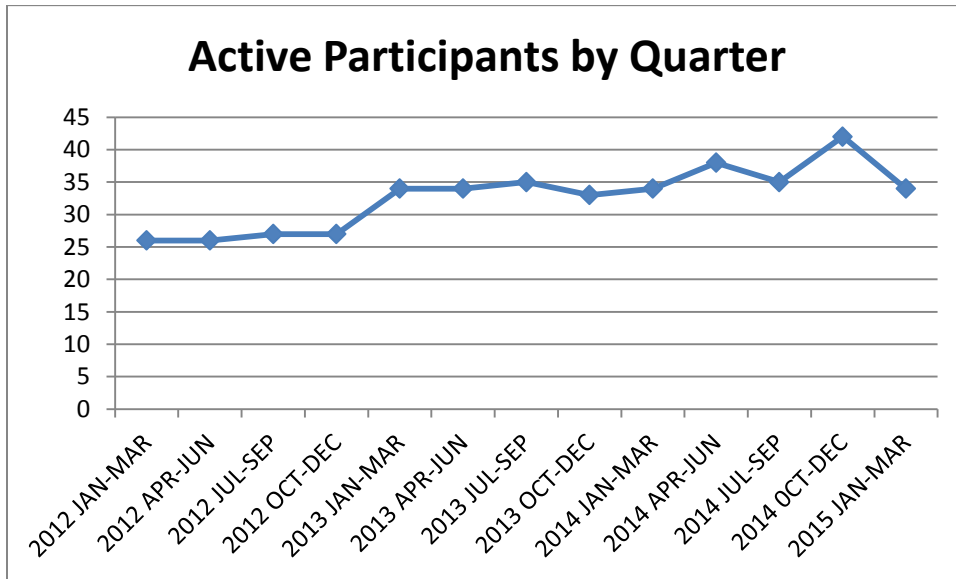
Admissions, Discharges, and Active Participants, 2014 Calendar Year

Characteristic	Active Participants		Admissions		Total Discharges		Discharge Status					
	55		27		25		Completed		Terminated		Neutral	
Totals	N	%	N	%	N	%	N	%	N	%	N	%
African- American	8	15	5	19	4	16	3	23	1	9	0	0
White	40	73	16	59	18	72	10	77	7	64	1	100
Other	2	4	1	4	2	8	0	0	2	18	0	0
Hispanic	3	5	0	0	2	8	1	8	1	9	0	0
Female	27	49	13	48	13	52	4	31	8	73	1	100
Age 18-29	29	53	19	70	15	60	8	62	7	64	0	0
Age 30-39	15	27	5	19	4	16	2	15	1	14	1	100
Age 40+	11	20	3	11	6	24	3	23	3	27	0	0
Veteran	2	4	0	0	1	4	1	8	0	0	0	0
< HS Education			10	37	6	24	2	15	4	36	0	0
HS/GED			17	63	19	76	11	85	7	64	1	100
Employed Full-time			6	22	7	28	7	54	0	0	0	0
Employed Part-time or Seasonally			7	26	2	8	2	15	0	0	0	0
Unemployed			11	41	8	32	1	8	7	64	0	0
Attending School or Vocational Training			1	4	1	4	1	8	0	0	0	0
< \$1,000 Monthly Income			12	44	11	44	2	15	8	73	1	100
Prior Arrest Record			8	30								

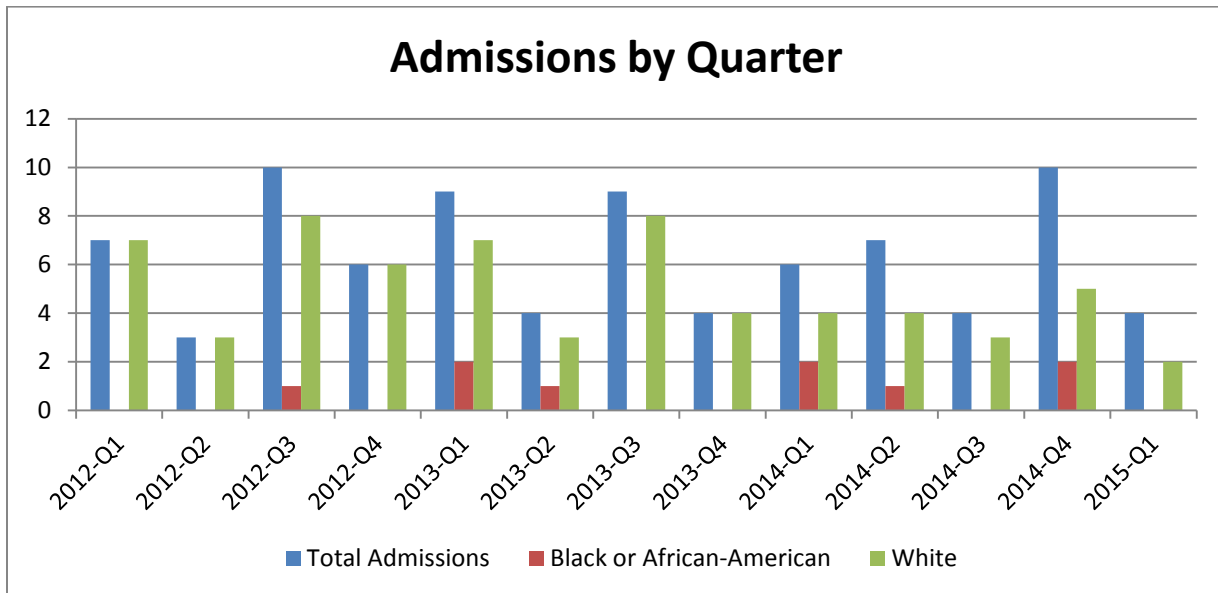
Note: SMART-generated reports do not include information for the shaded table cells. The numbers in the other cells may not add to the column total at top due to missing data.

St. Mary's County Circuit Drug Court had 27 admissions and 55 participants during 2014. Compared to other drug courts, SMCCDC serves a disproportionate number of women, as just under half (49%) of the active participants (49%) and admissions (48%) in the year were female. Typical of many drug courts in the state, about three-fourths of the program census (73%) is White, with African Americans comprising most of the remainder of participants. The program serves a relatively young clientele, with a little over half (53%) under the age of 30; 27 percent were between 30 and 39 and 20 percent were 40 or older. Of the 25 participants discharged during the year, 52 percent completed the program, one person had a neutral discharge and the remainder were terminated unsuccessfully. The available data on discharges shows that, as to be expected, a much higher rate of terminated discharges was unemployed (64%) compared to those who completed the program (8%).

Trends in Participant Admissions, Census, and Discharges

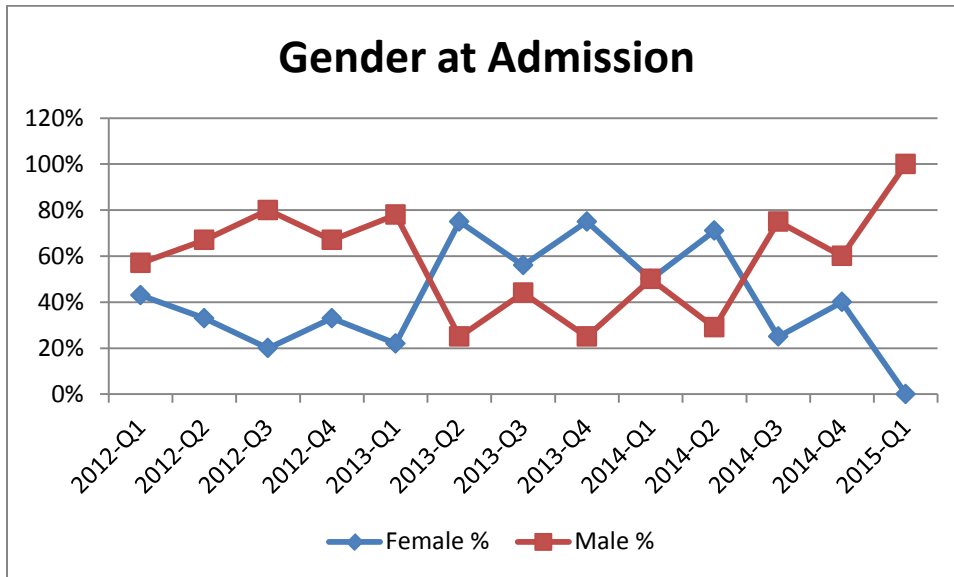


The quarterly census for SMCDC averaged 33 participants over the 3 ¼ years and in the most recent quarter, January-March 2015, there were 34 participants active in the program. The census grew somewhat over this period, increasing from an average of 27 participants per quarter during 2012 to 35 participants per quarter during the following 2 ¼ years.

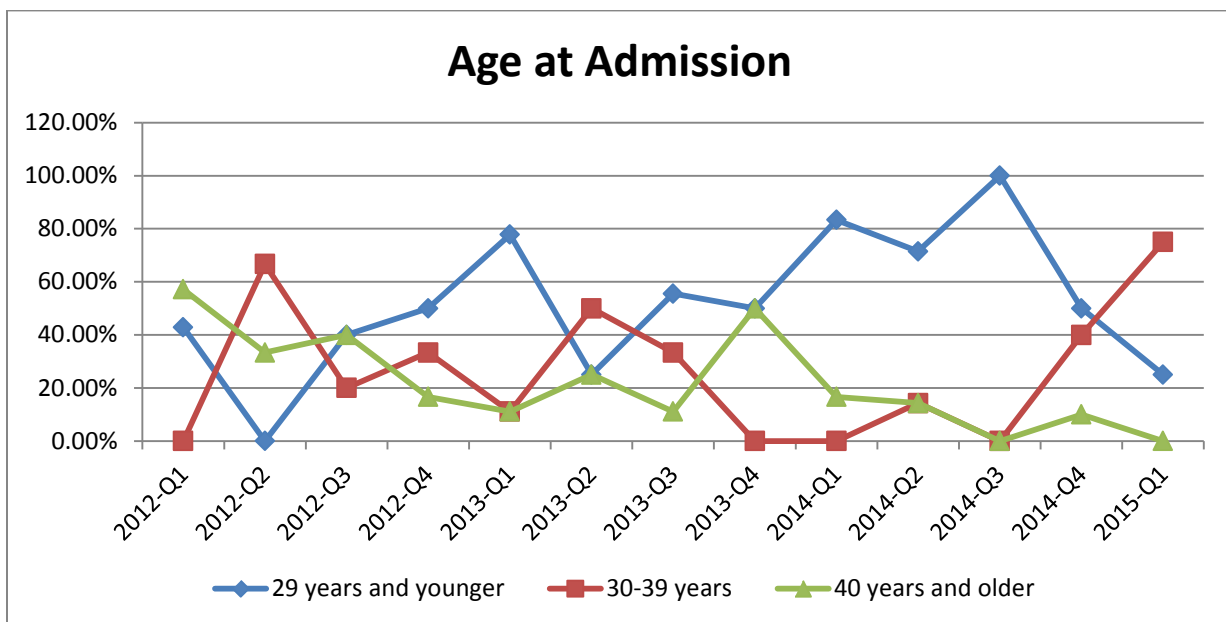


St. Mary's County Circuit Drug Court averaged six admissions per quarter over the tracking period. Admission figures remained relatively stable during the 3 ¼ years, ranging from a low of three to a high of 10 admissions in two of the quarters. There was no apparent pattern of increases or decreases over this time. The racial profile of admissions was also stable throughout the period, with Whites

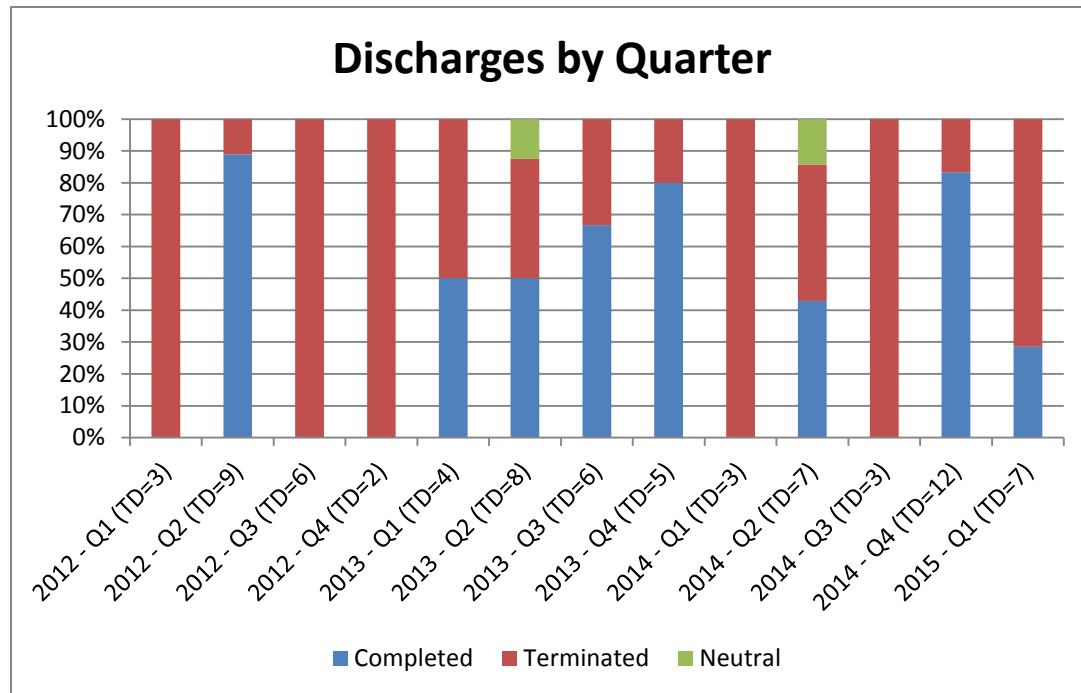
comprising an average of 76.7 percent of the quarterly admissions and African Americans 10 percent (race data were not reported on 8.4 percent of the admissions).



With the low number of admissions per quarter, assessment of gender and age trends are problematic since just two or three participants can significantly change the quarterly demographic profile. With this caveat noted, the data show a somewhat higher representation of females among admissions from the spring of 2013 through the spring of 2014. Over the full period, women accounted for 41.0 percent of all admissions.

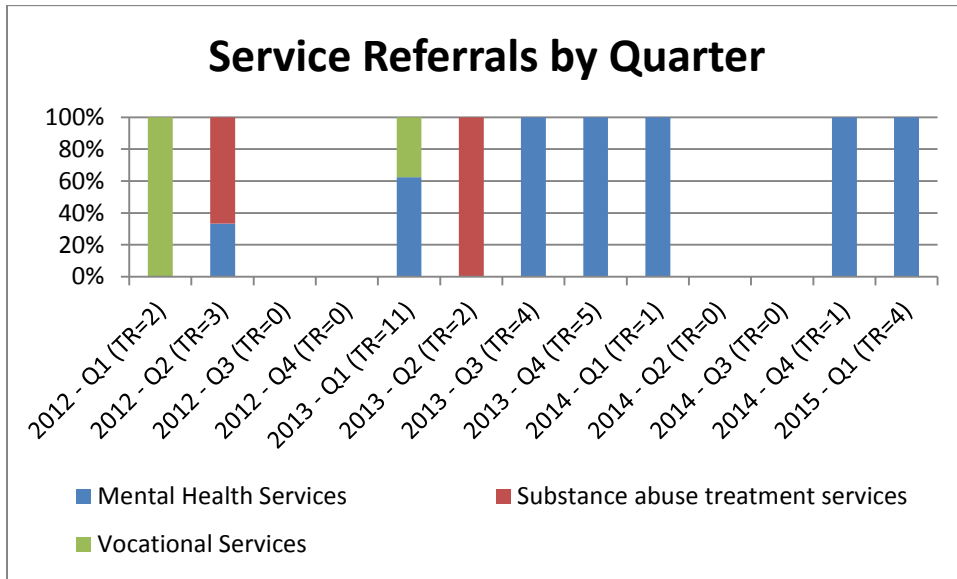


Participants between the age of 18 and 29 comprised 54.2 percent of admissions over the 3 ¼ year period, while 24.1 percent were in their thirties and 21.7 percent were in their forties. The age composition of this court varied considerably from quarter to quarter, with no discernable pattern.

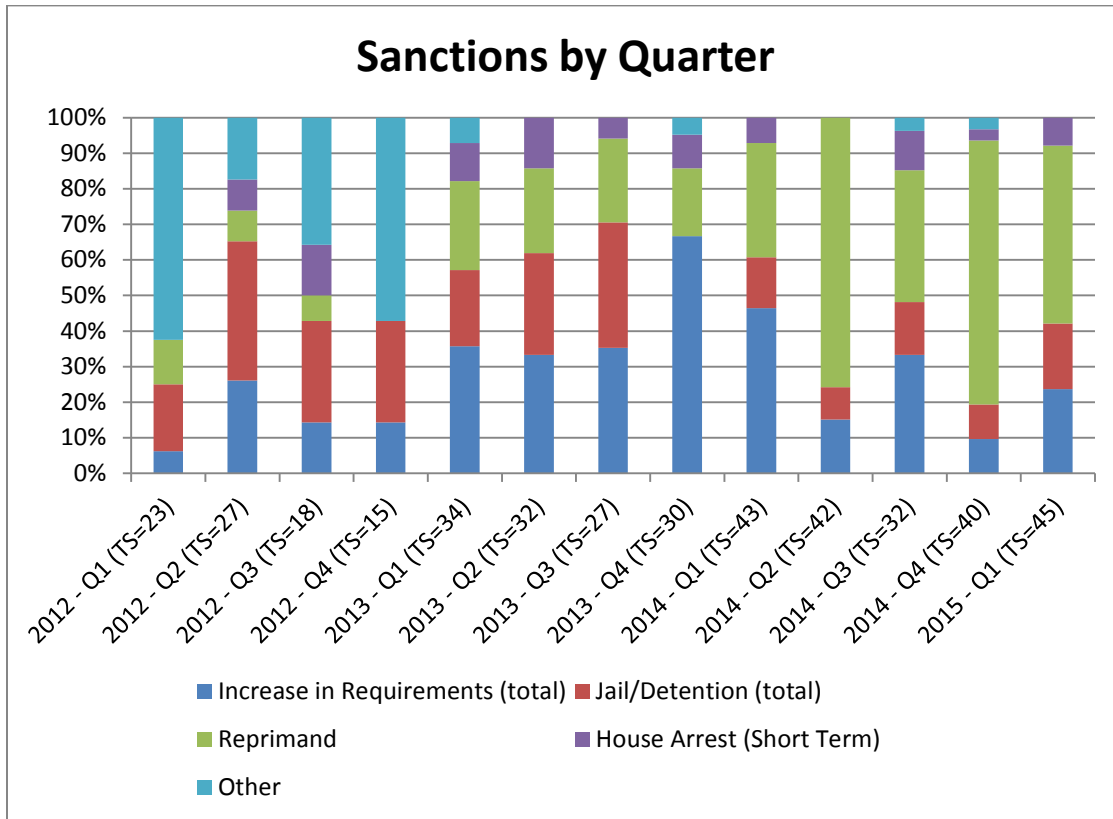


Status at discharge was almost equally split between persons who successfully completed (37, 49.2% of all discharges) and those terminated (36, 48.0%); two participants had neutral discharges. While discharge status figures showed wide quarterly fluctuations, the overall rates showed a slight increase in successful completions after 2012, going from 40 percent in that year to 52.7 percent of all discharges between January 2013 and March 2015; 2013 was a particularly good year in regards to this outcome, with 60.9 percent showing successful completions.

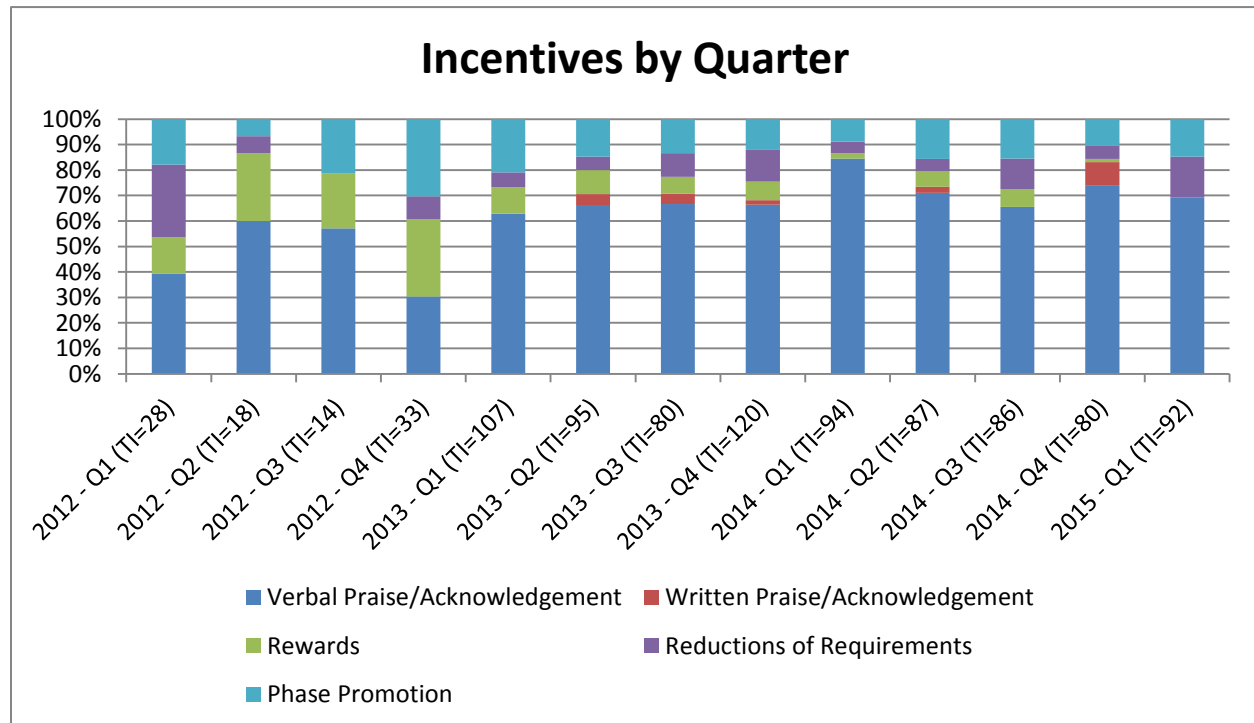
Service Referrals, Sanctions, and Incentives



As with other courts in the state, SMCDC had few service referrals reported in SMART, suggesting a lack of data entry rather than use of service referrals. The SMART referral numbers are too small to bear discussion of referral types.



The number of sanctions imposed on participants in the SMCCDC totaled 408 over the 3 ¼ years, an average of 31 sanctions per quarter. On average, about half the participants (47.9%) were given one or more sanctions each quarter. A mix of sanction types were employed in the program, with reprimands (either verbal or written) imposed with slightly greater frequency (27.2%) than increase in requirements (21.3%) or jail/detention (14.5%). A variety of other sanction types were used with less frequency (five percent or less of all sanctions), including short-term house arrest, writing assignments, and mandated meetings with treatment provider staff. Reprimands became more common over time as a sanction, accounting for nearly half (48.4%) of the sanctions imposed during the last year of the tracking period.



The SMART data indicated that the use of incentives by the St. Mary’s CCDC greatly outnumbered their use of sanctions, with the incentive total (934) more than twice that of sanctions (408). Averaged over the 3 ¼ years, there were 72 incentives awarded per quarter and nearly three in four participants (73.1%) were given at least one incentive each quarter. Incentive use increased according to the SMART data, from an average of 23.3 incentives per quarter in 2012 to 93.4 incentives per quarter over the following 2 ¼ years. During this latter period, an average of 86.6 percent of participants each quarter were awarded one or more incentives. Verbal praise/acknowledgement was by far the most commonly used incentive, accounting for two-thirds of the total. Other incentive types employed with some frequency were phase promotion (14.1%), tangible rewards (7.9%), and reduction of requirements (7.1%). The trend data showed an increase in the use of praise/acknowledgement as the main incentive type after 2012, with somewhat reduced use of rewards and phase promotions.

Worcester County Circuit Drug Court

Admissions, Discharges, and Active Participants, 2014 Calendar Year

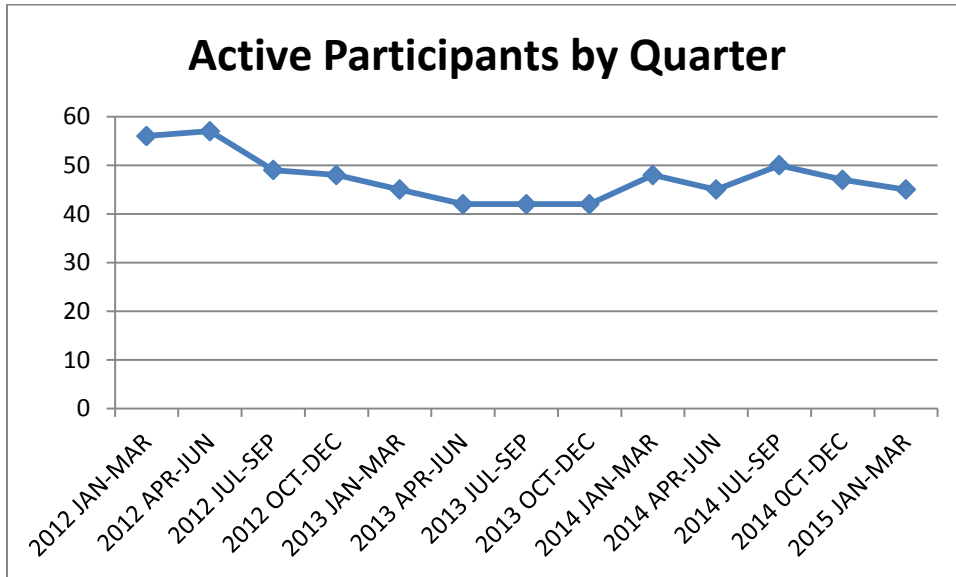
Characteristic	Active Participants		Admissions		Total Discharges		Discharge Status					
	72		35		38		Completed		Terminated		Neutral	
Totals	N	%	N	%	N	%	N	%	N	%	N	%
African- American	7	10	3	9	5	13	3	20	2	11	0	0
White	62	86	31	89	31	82	11	73	16	84	4	100
Other	3	4	1	3	2	5	1	7	1	5	0	0
Hispanic	2	3	0	0	1	3	1	7	0	0	0	0
Female	27	38	15	43	15	39	6	40	6	32	3	75
Age 18-29	42	58	22	63	24	63	8	53	13	68	3	75
Age 30-39	22	31	11	31	8	21	3	20	5	26	0	0
Age 40+	8	11	2	6	6	16	4	27	1	5	1	25
Veteran	1	1	0	0	1	3	1	7	0	0	0	0
< HS Education			5	14	6	16	1	7	3	16	2	50
HS/GED			30	86	32	84	14	93	16	84	2	50
Employed Full-time			9	26	8	21	6	40	2	11	0	0
Employed Part-time or Seasonally			3	9	12	32	6	40	4	21	2	50
Unemployed			9	26	8	21	0	0	7	37	1	25
Attending School or Vocational Training			0	0	1	3	0	0	0	0	1	25
< \$1,000 Monthly Income			12	34	22	58	5	33	14	74	3	75
Prior Arrest Record			28	80								

Note: SMART-generated reports do not include information for the shaded table cells. The numbers in the other cells may not add to the column total at top due to missing data.

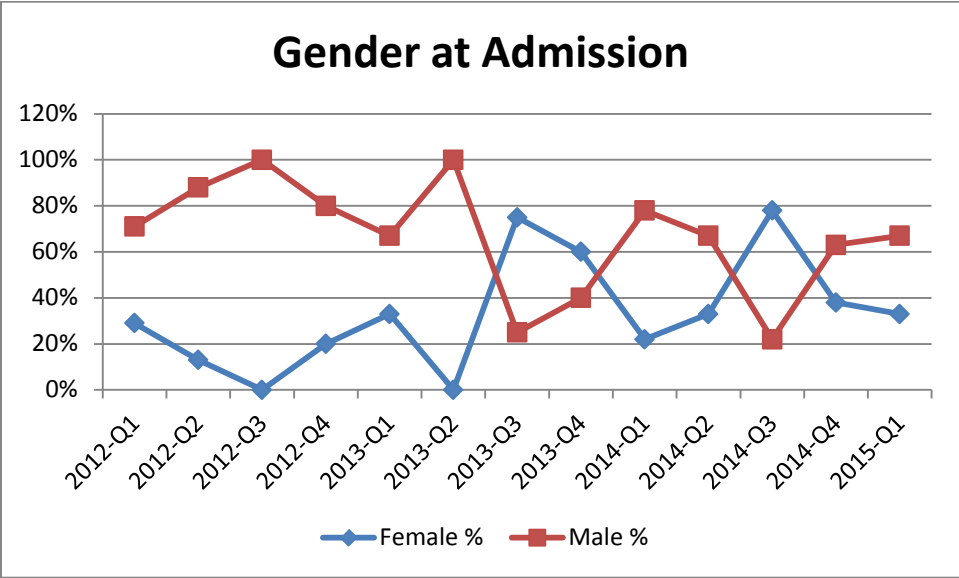
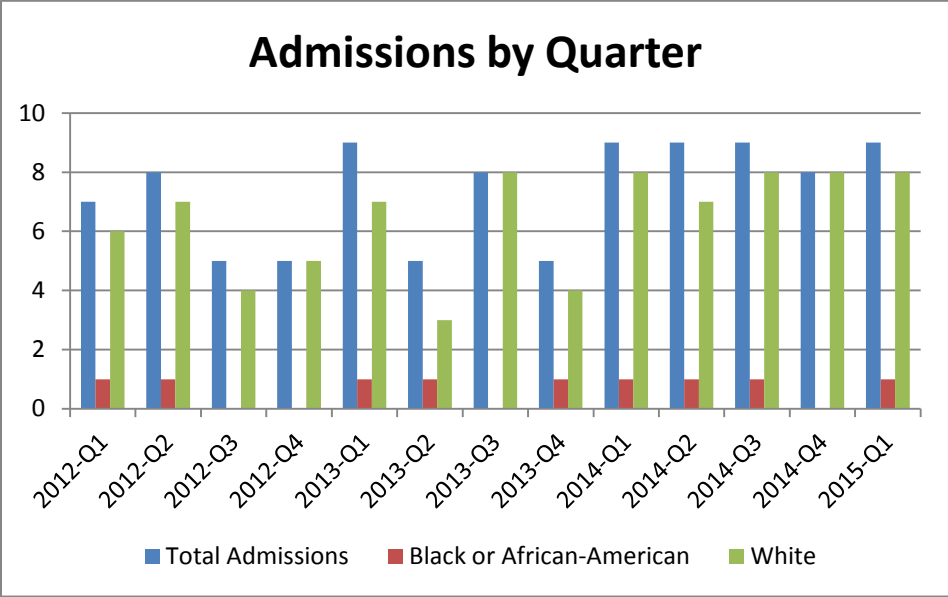
The Worcester County Circuit Drug Court had 35 admissions in 2014 and 72 participants during the year. Similar to other Maryland drug courts, the majority of the participants were White (86%) and young (89% were younger than 40). Additionally, females comprised 38 percent of participants, a slightly higher percentage than comparable Maryland drug courts. Of the admissions, 86 percent had a high school diploma. Worcester Circuit Court had a relatively low success rate as only 39 percent of all discharges successfully completed the program, half (50%) were terminated unsuccessfully and 11 percent had neutral discharges.

Trends in Participant Admissions, Census, and Discharges

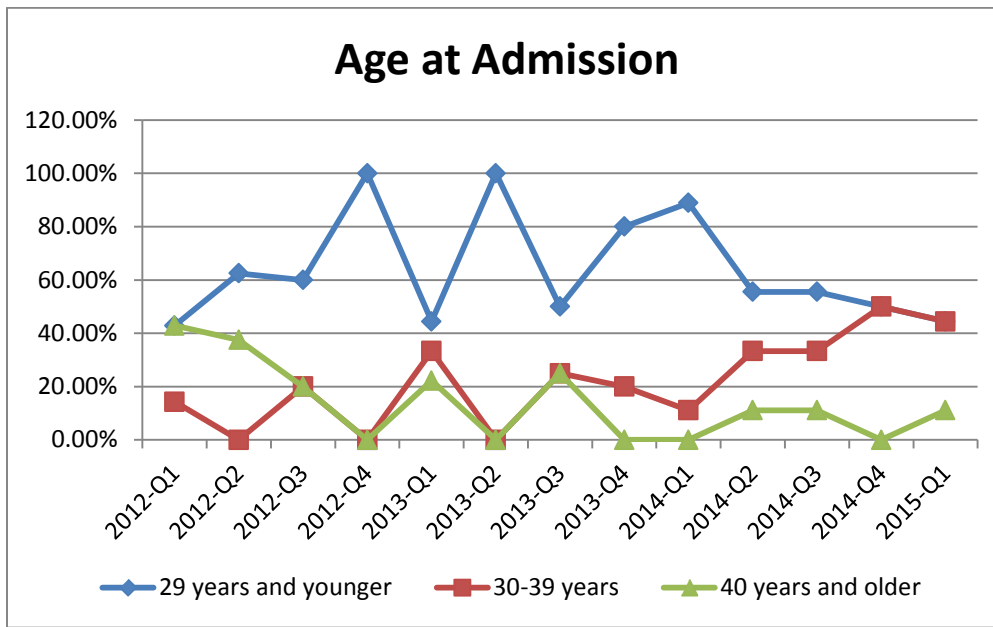
Over the 3 ¼ year tracking period the WCCDC averaged 47 active participants and seven admissions each quarter. Following a high of 57 participants in early 2012, the program census stabilized at just under 50 later that year and remained near that figure over the remaining quarters. The most recent census during the first quarter of 2015 was 45.



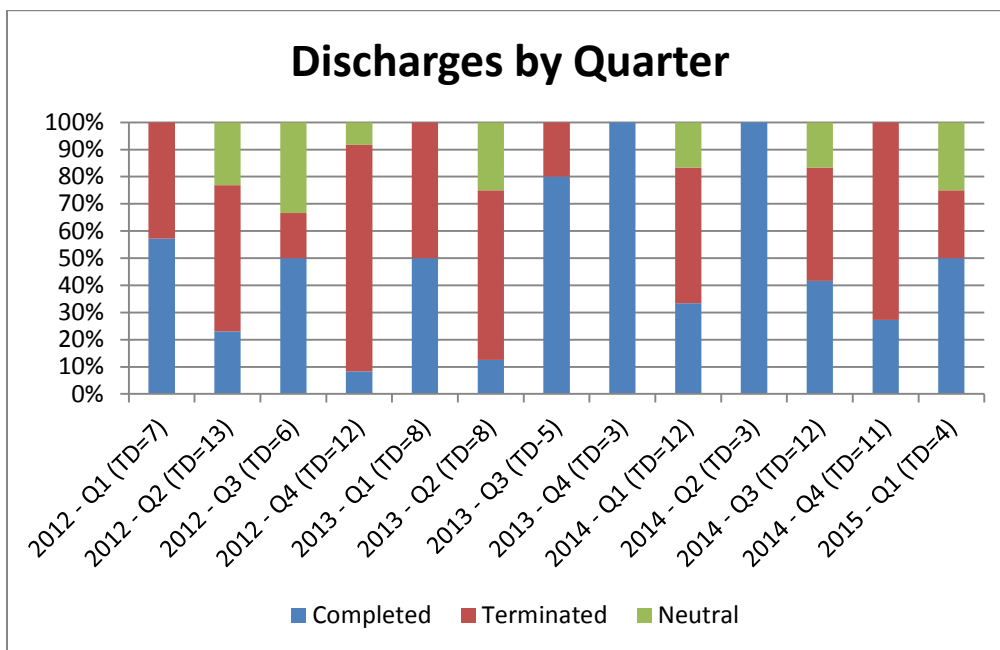
Admission numbers also varied little from quarter to quarter, with 8 to 9 admissions for all but two of the quarters since January 2013. The admission figures were somewhat higher during this period compared to 2012, when there was an average of 6.3 admissions each quarter. The admissions racial profile has remained steady over the tracking period, with Whites consistently accounting for about 85 percent, and African Americans 10 percent of all admissions.



While caution must be used in interpreting trends in gender and age profiles due to the small number of quarterly admissions, there was a fairly clear pattern of a proportional increase in female admissions from the middle of 2013 onward. Before July 2013, females accounted for just 17.9 percent of admissions compared with just under half (47.4 percent) of admissions since this date. Over the full period, women comprised 35.4 percent of all admissions.

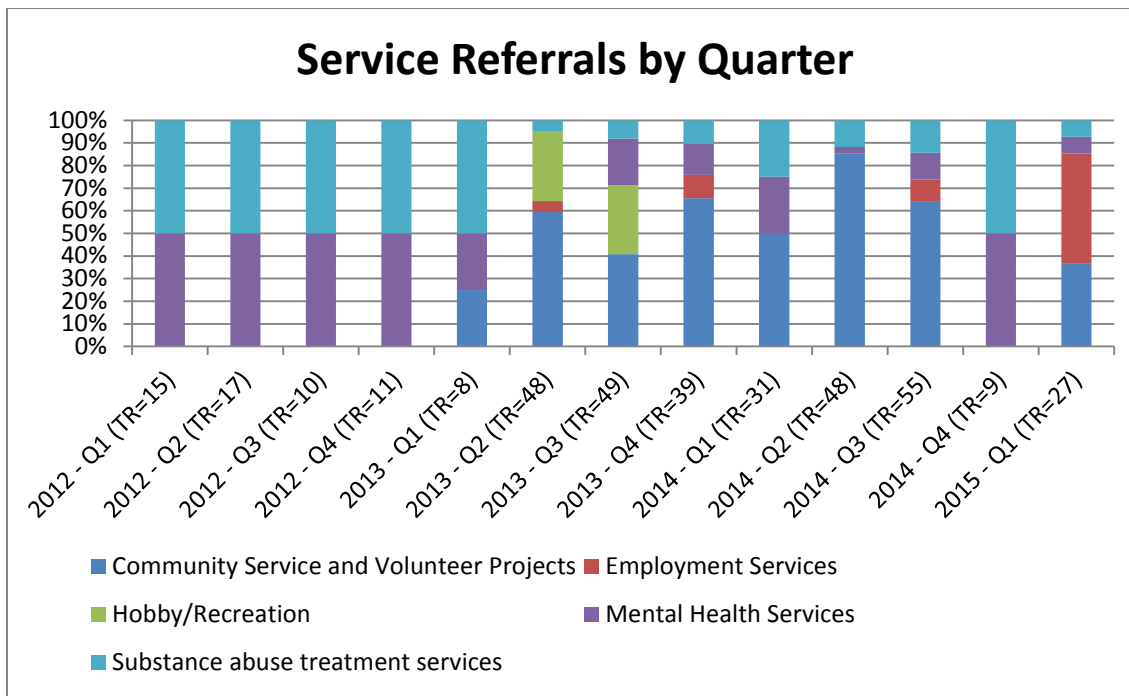


The program serves a fairly young clientele, with 61.5 percent of admissions over the tracking period aged 29 years or less; this figure includes a relatively high number of participants (10, 10.4% of all admissions) who were between the ages of 18 and 20. About one-fourth (24.0%) of admissions were in their thirties and 14.6% were in their 40s. Age trends appeared quite stable throughout the 3 ¼ years.

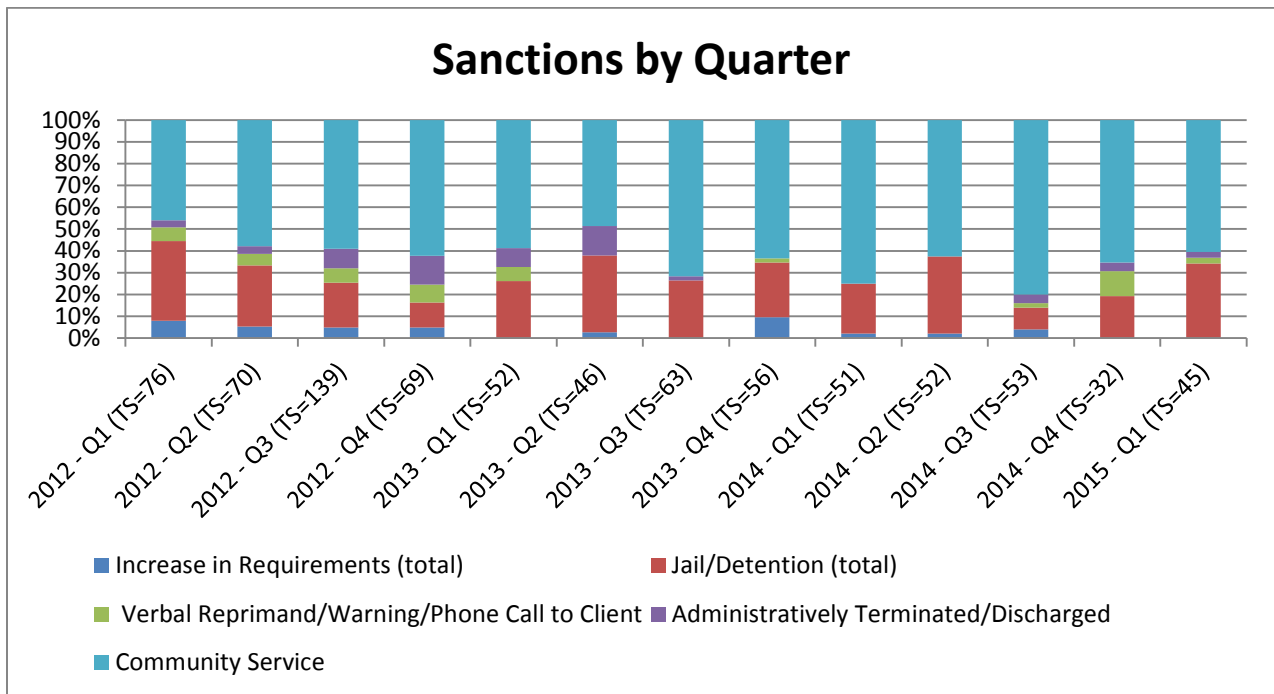


The WCCDC had a relatively low rate of successful completions, with 40 of the 104 (38.5%) discharged over the 3 ¼ year period completing the program. Neutral discharges were high compared to other sites, totaling 13 (12.5%) during this time. The balance, about half (49.0%) were terminated at discharge.

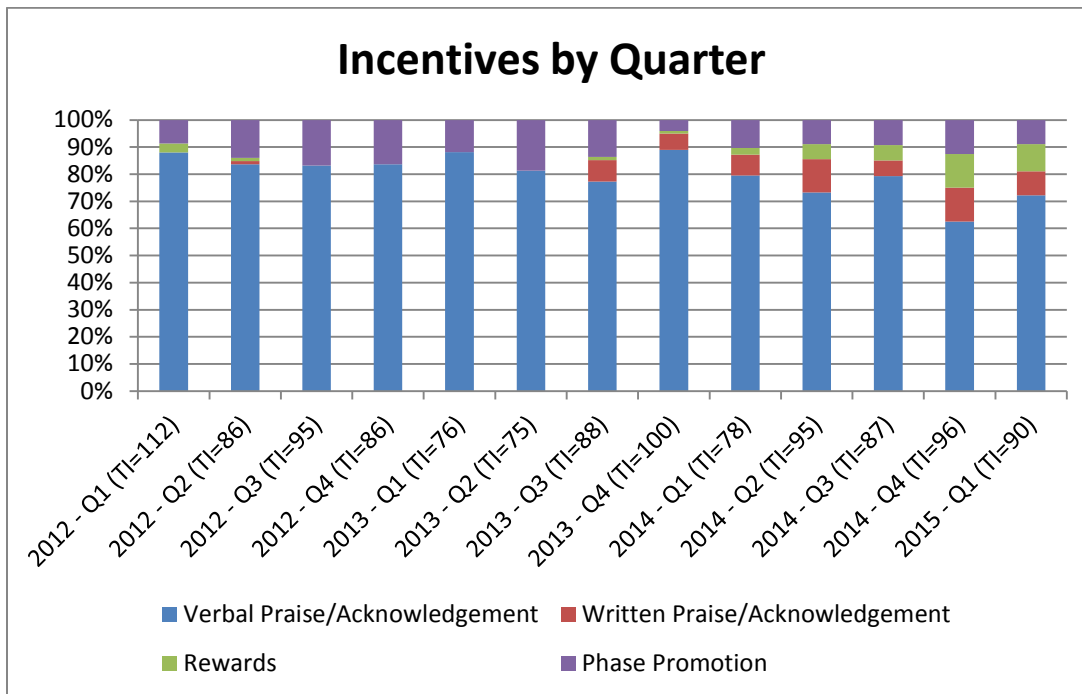
Service Referrals, Sanctions, and Incentives



The SMART data showed a total of 393 service referrals over the tracking period, and on average, 37.2 percent of the participants were given at least one referral per quarter. The referral figures increased significantly after the first quarter of 2012. From April 2012 through March 2015, the data show an average of 41.5 referrals per quarter, up from an average of just 12.2 during the previous five quarters. It is unclear if this reflects a change in recording of these data or in actual referrals made. A wide variety of referral types were reported, with community service and other volunteer programs the most common type, accounting for a little over one-third (35.2%) of all referrals. Other frequently occurring referral types included substance abuse treatment services and mental health services, each at 13.5 percent, followed by anger management/conflict resolution (10.7%), and employment services and hobby/recreation with about seven percent each.



The program imposed a substantial number of sanction, totaling 804 over the tracking period and an average of 61 sanctions per quarter. Averaged across the period, 55.8 percent of the participants had at least one sanction imposed each quarter. The SMART data indicate that use of sanctions declined somewhat over time. During 2012 and 2013 the program averaged 1.5 sanctions for each participant, while this fell to about 1 per person in the subsequent 1 ¼ years covered in the data. Community service was the most common sanction imposed, accounting for over half (54.0%) of all the sanction types. Short jail/detention stays were also used frequently, comprising 21.6 percent of the sanctions. Other sanctions used by the program included reprimands, increase in requirements, writing assignments, and termination from the program.



Although there were an inordinate number of sanctions imposed in the WCCDC, these were still out numbered by incentives rewarded to participants by staff, which totaled 1,164 for the 3 ¼ years and an average of 89.5 incentives per quarter. About two in three (65.4%) of the participants were given at least one incentive each quarter, and the use of incentives varied little from quarter to quarter. Praise/acknowledgement was by far the most common type of incentive used by the program, accounting for 83.1 percent of all incentives reported. At 11.4 percent of all incentives, phase promotion was the only other type reported with any frequency in the data. Tangible rewards comprised just 3.4 percent of the incentives during the tracking period, however their use grew, increasing to an average of 10 per quarter during the last half year of the data, up from 3 per quarter in the prior year and none prior to that.

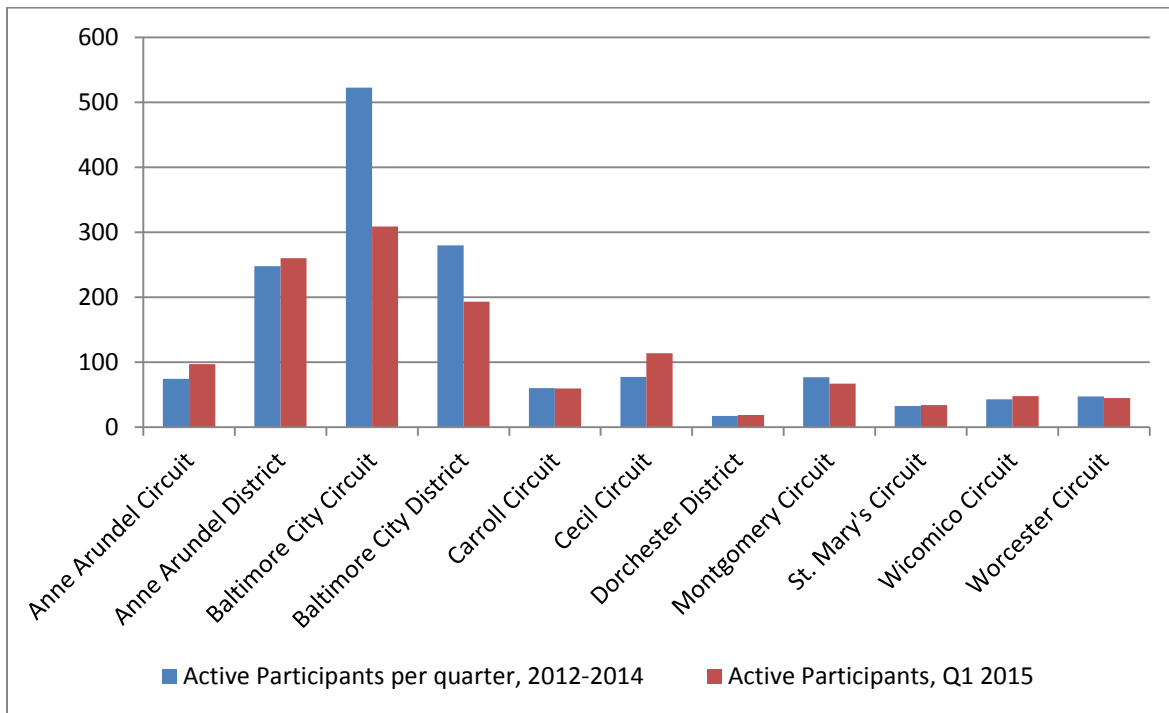
Comparisons among Courts

Active Participants, Admissions, and Participant Characteristics

Active Participants

The 11 adult drug courts examined in this study had a total of 1,246 active participants during the first quarter of 2015. Their sizes ranged from 19 active participants in the Dorchester County District Court to a total of 309 active participants in the two tracks of Baltimore City Circuit Court and 260 in Anne Arundel District. The average participant census across all 11 courts was 130. For most of the courts, the number of participants during the first quarter of 2015 was at or above the quarterly average number of participants over the previous three years. The exceptions were the District and Circuit Courts in Baltimore City, where the first quarter 2015 counts represented sizeable declines from the quarterly averages for 2012-2014.

Active Participants per Quarter, 2012-2014 and First Quarter of 2015

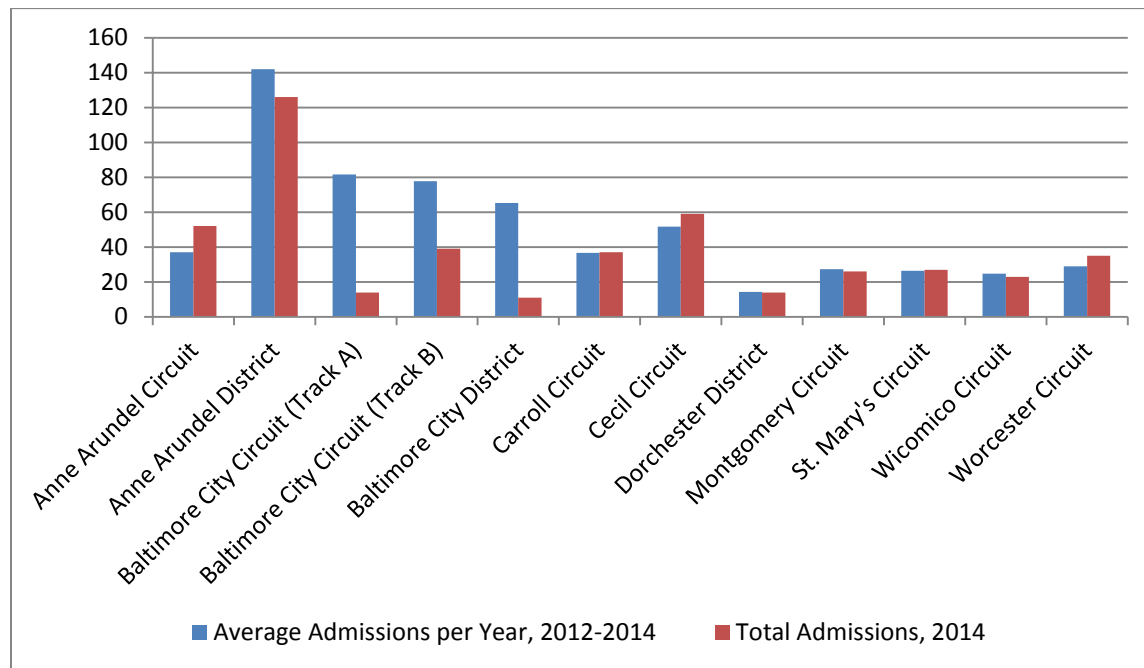


Admissions

A total of 463 participants were admitted to the 11 drug courts during 2014. Annual admissions ranged from 11 in Baltimore City District Court to 126 in Anne Arundel District Court. Over the three-year period ending in 2014, the 11 courts admitted 1,841 participants or an average of 614 per year. The

decline in the number of admissions from 2012 to 2014 was largely due to reductions in the Baltimore City drug courts, where admissions to the District Court program fell 90 percent and admissions to the Circuit Court tracks fell 80 percent. Admissions to Anne Arundel District and Dorchester District each dropped 13 percent in 2014 compared to 2012, and admissions to Montgomery Circuit dropped 10 percent. The other six courts experienced increased admissions, led by Worcester County, which had 40 percent more admissions in 2014 than in 2012.

Admissions in 2014 Compared to 3-Year Average (2012-2014)

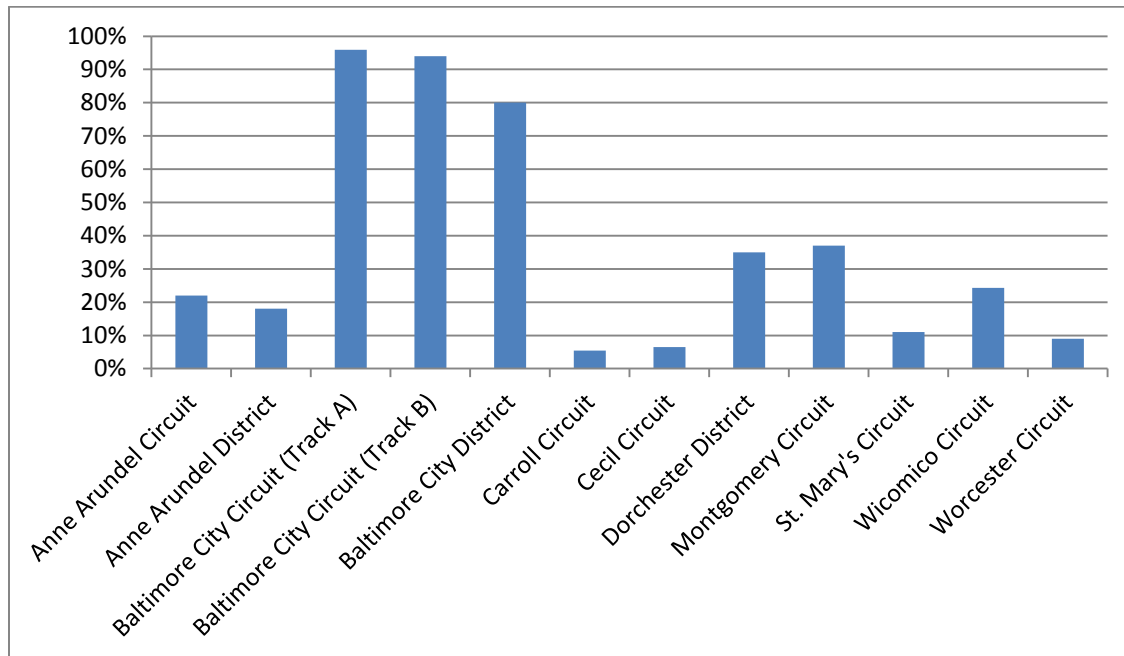


Participant Characteristics

Race and Ethnicity

The racial composition of participants varies widely across the 11 drug courts, reflecting differences in demographics across the state. In four of the suburban and rural courts (Anne Arundel District, St. Mary's Circuit, Worcester Circuit, Carroll Circuit, and Cecil Circuit), between 80 percent and 94 percent of participants are White. In the Baltimore City drug courts, between 80 percent and 96 percent of participants are African American. Caseloads in the remaining courts (Anne Arundel Circuit, Dorchester, Montgomery Circuit, and Wicomico Circuit) are more racially mixed. Montgomery Circuit had the highest proportion of Hispanic participants (11%), reflecting the sizeable Hispanic population in the county.

Percentage of Admissions Who Were African American, 2012-2014

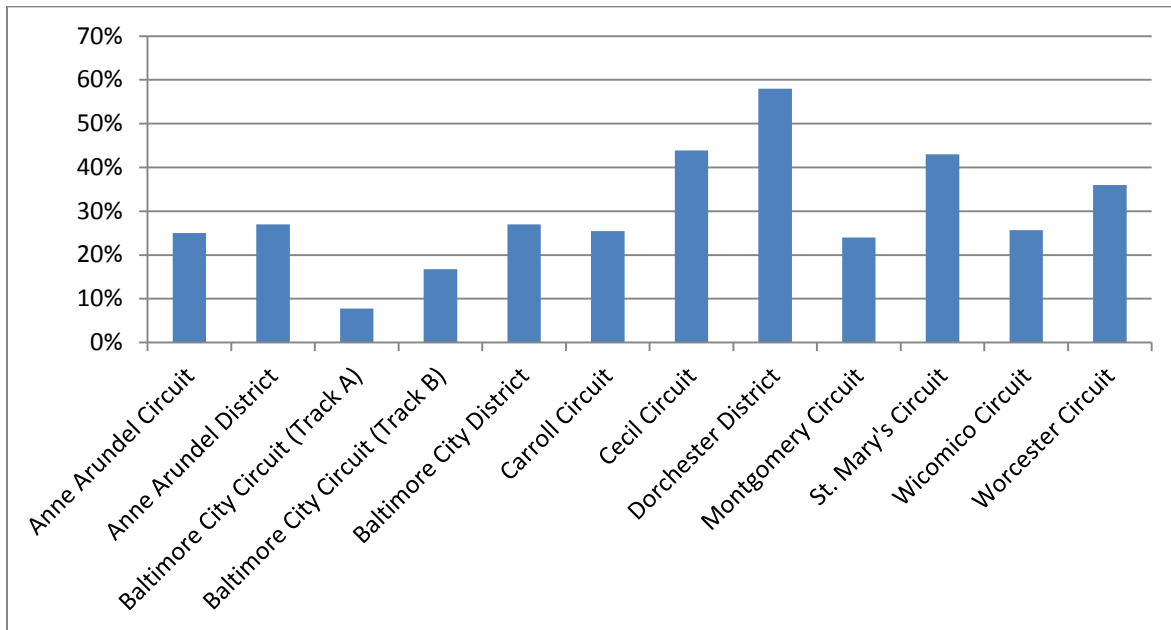


In nine of the courts, African Americans represented a greater percentage of drug court participants admitted during 2012-2014 than their representation in the local population (based on 2010 census data; St. Mary's Circuit and Worcester Circuit are the only exceptions). This is consistent with the over-representation of African Americans in the criminal justice system. Participation in these drug court by Hispanics during 2012-2014 was generally at or below their representation in the local population (based on 2010 census data).

Gender

Females represented roughly half of drug court admissions during 2012-2014 in three small relatively rural courts, Dorchester District (58%), St. Mary's Circuit (43%), and Wicomico Circuit (44%). The lowest percentage of female admissions was in a large urban drug court, Baltimore City Circuit (8% in Track A and 17% in Track B). In the majority of the drug courts (6 of 11), women accounted for about one-fourth of the admissions (24% to 27%). Comparison of the gender profiles in 2014 and 2012 showed that most courts experienced increases in the percentage of female admissions, ranging from 2 percent in Baltimore City Circuit to 27 percent in Worcester Circuit. The percentage of participants admitted who were female declined by 9 percent in Baltimore City District, the only court with a decrease of more than 2 percent.

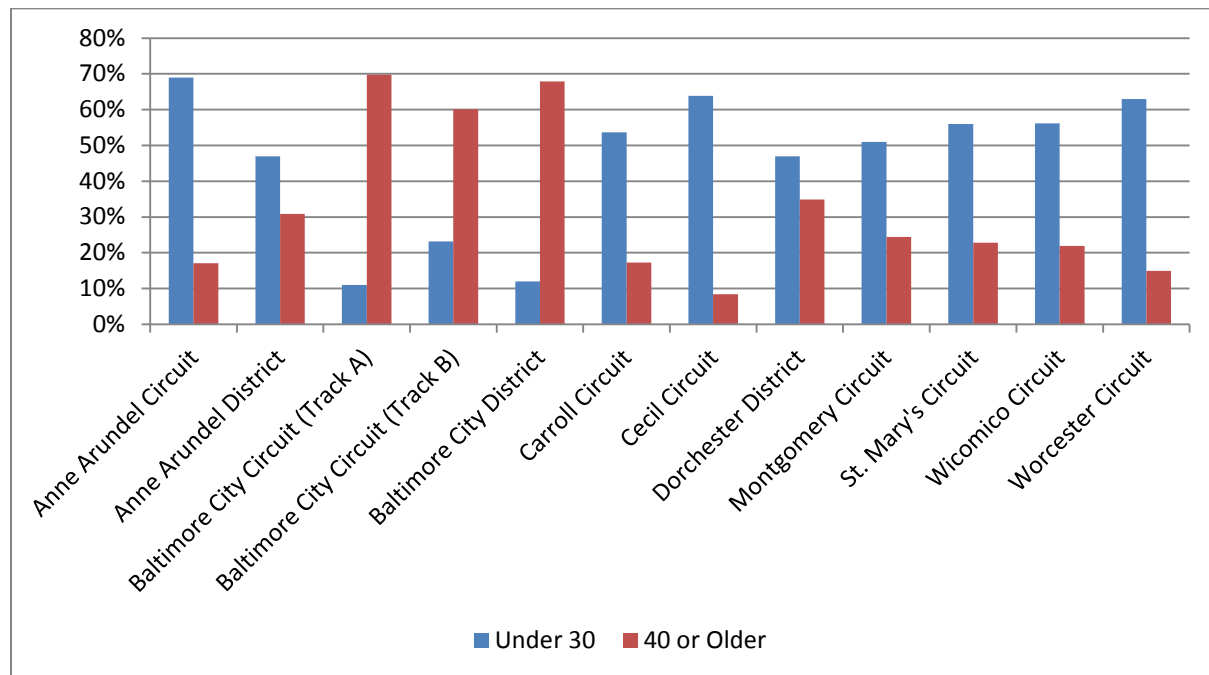
Percentage of Admissions Who Were Female, 2012-2014



Age

In the majority of courts, about half (47% to 56%) of participants admitted during 2012-2014 were under 30. The Baltimore City District and Circuit courts serve an older clientele, with relatively small percentages of admissions (11% to 23%) in the under-30 age group and high percentages of admissions (60% to 70%) in the 40-and-older age group during 2012-2014. The reverse was true for Anne Arundel Circuit, Worcester Circuit, and Cecil Circuit, which had admission percentages skewed toward the under-30 age group (63% to 69%) and away from the 40-and-older age group (8% to 17%). The courts were about evenly split between those experiencing increases and those experiencing decreases in the percentage of participants admitted who were under age 30. St. Mary's Circuit experienced the largest increase (32%), while Cecil Circuit experienced the largest decrease (20%).

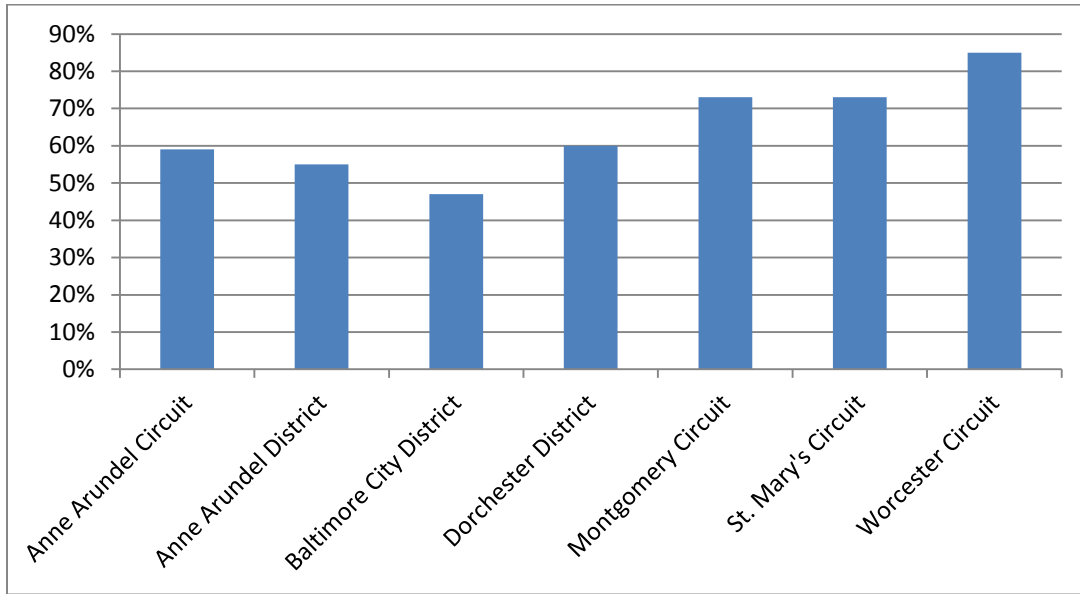
Percentage of Admissions under 30 Years of Age or 40 or Older, 2012-2014



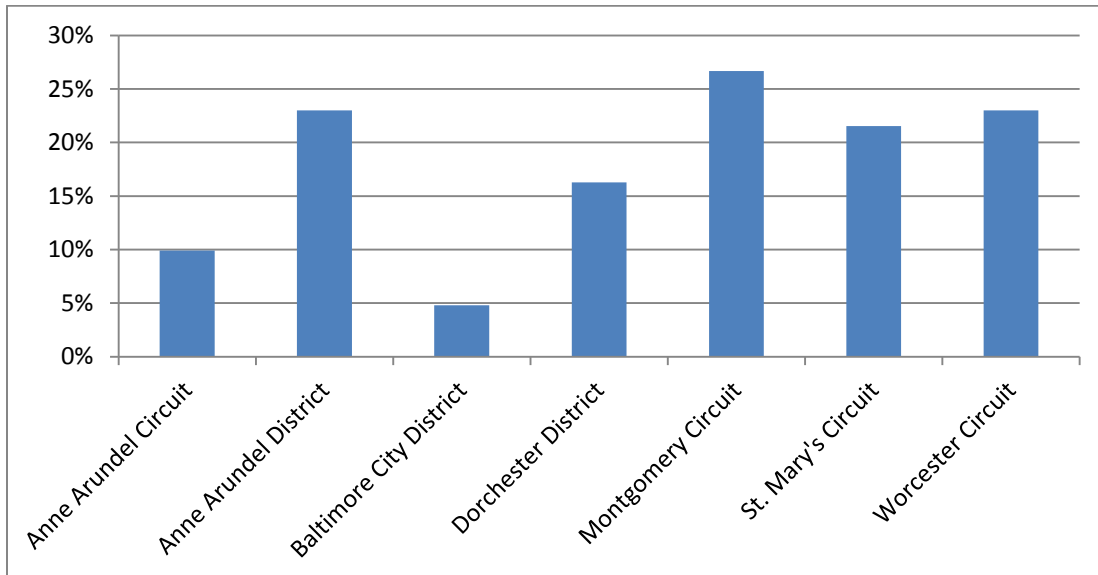
Education and Employment

Information on education and employment at admission was available for seven of the eleven drug courts. On average, just under two-thirds (65%) of admitted participants had a high school diploma or GED certificate or higher education. Baltimore City District was the one court in which fewer than half (47%) of admissions had at least a diploma/GED, and the highest percentage with this level of education was in Worcester County (85%). The percentage with a high school or higher education level ranged from 55 percent to 73 percent of participants admitted to the other five drug courts. The percentages of participants employed full-time at admission to drug court were low, averaging 18 percent and ranging from 5 percent in Baltimore City District to 27 percent in Montgomery Circuit.

Percentage of Admissions with a High School Diploma/GED, 2012-2014



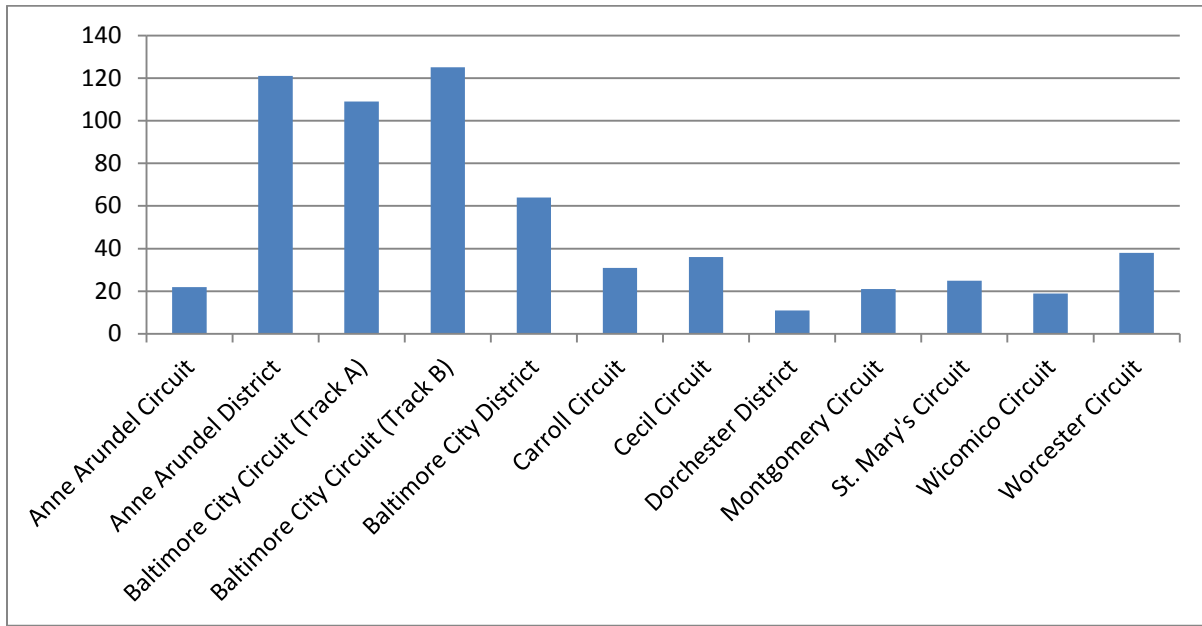
Percentage of Admissions Employed Full-time, 2012-2014



Discharges

During 2014, 622 participants were discharged from the 11 courts. Anne Arundel District (121) and Baltimore City Circuit (234) combined for more than half of these discharges.

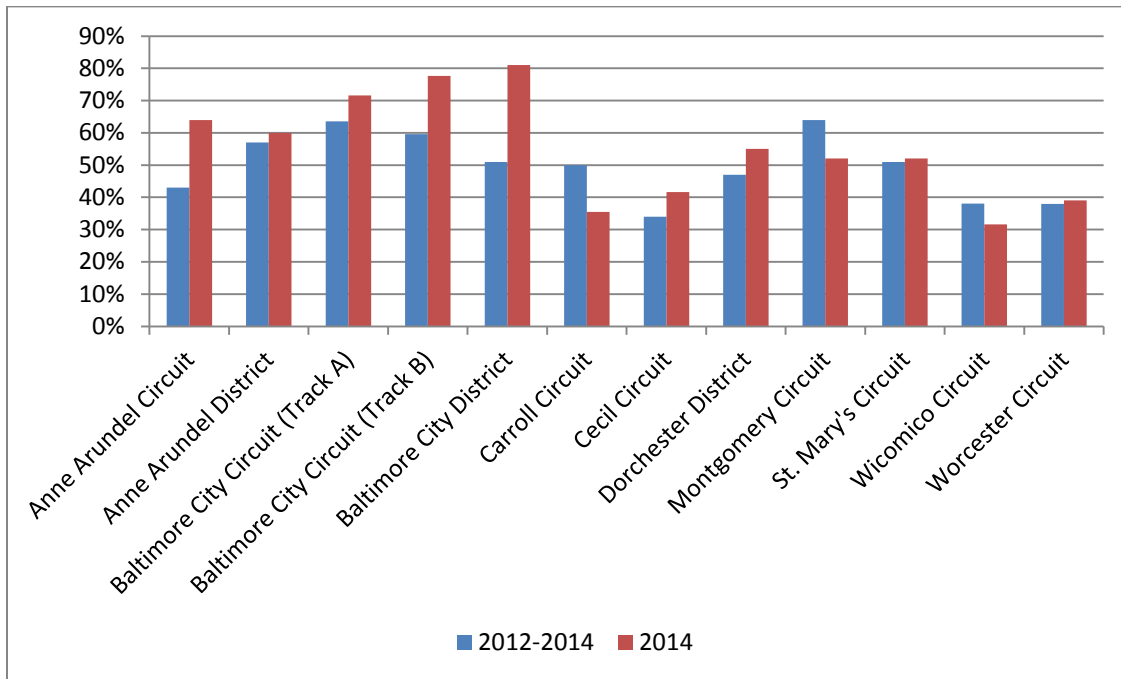
Participant Discharges, 2014



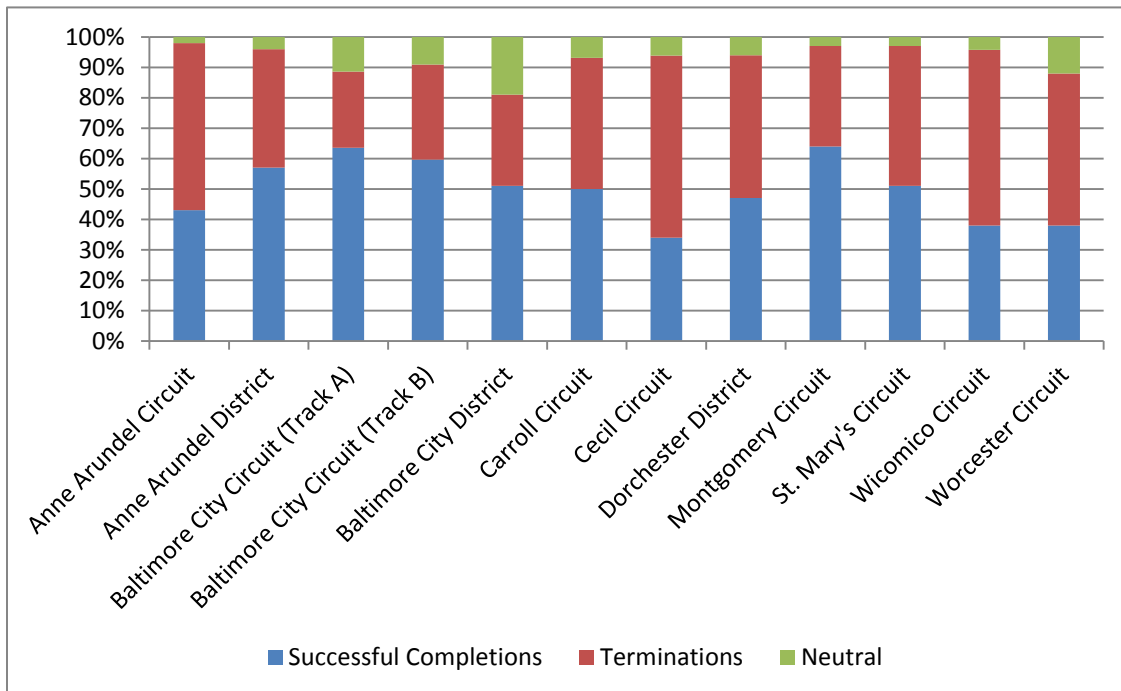
Completion Rates

Across the 11 drug courts in 2014 the average rate of successful completions was 56 percent. This represented a slight improvement over the average of 49 percent for the full three year period (2012-2014). Baltimore City District had the highest percentage of successful completions (81%) in 2014, followed by Baltimore City Circuit Track B (78%) and Track A (72%). The four courts with completion rates below 50 percent (Worcester Circuit, Carroll Circuit, Cecil Circuit, and Wicomico Circuit) were small to moderate-sized courts in relatively rural areas. Over the three years from 2012 through 2014, Montgomery Circuit and Baltimore City Circuit Track A had the highest rate of successful completions (64%) followed by Baltimore City Circuit Track B (60%). Five drug courts had completion rates below 50 percent for the three-year period, including Dorchester District (47%) and Anne Arundel Circuit (43%) and three drug courts with rates below 40 percent (Cecil Circuit, Wicomico Circuit and Worcester Circuit).

Percentage of Discharges Completing Successfully, 2012-2014 and 2014



Discharges by Disposition, 2012-2014



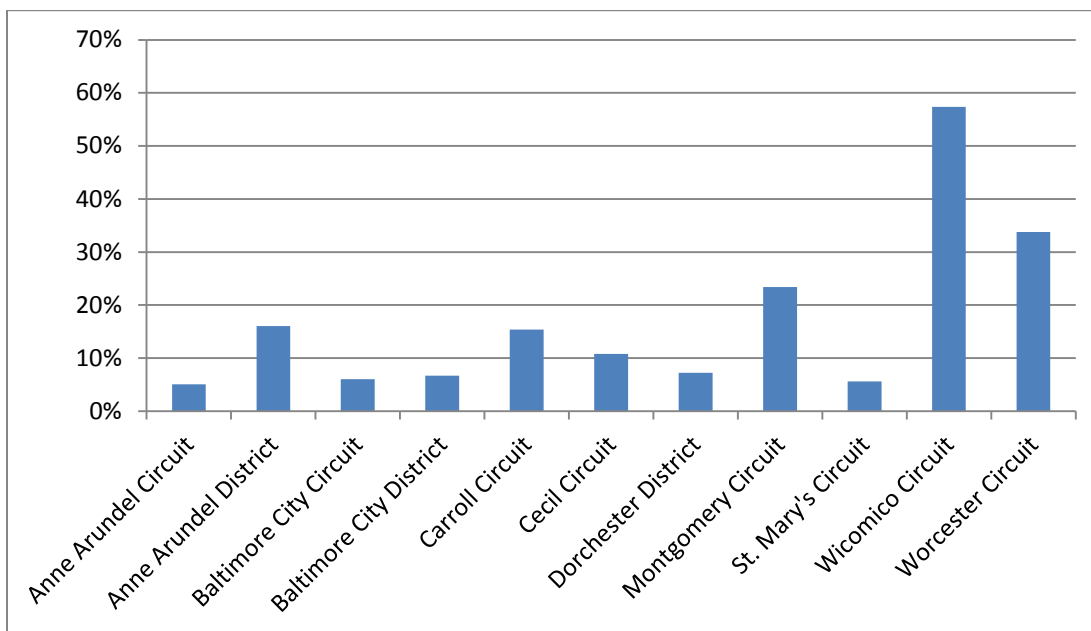
Service Referrals, Sanctions, and Incentives

Service Referrals

As noted in the individual program reports, the drug courts varied widely in the amount of service referral data that was recorded in the SMART system and it was not possible to determine where low numbers were a valid representation of actual referrals by program staff or deficient data entry. This caveat must be considered in reviewing the service referral results reported here.

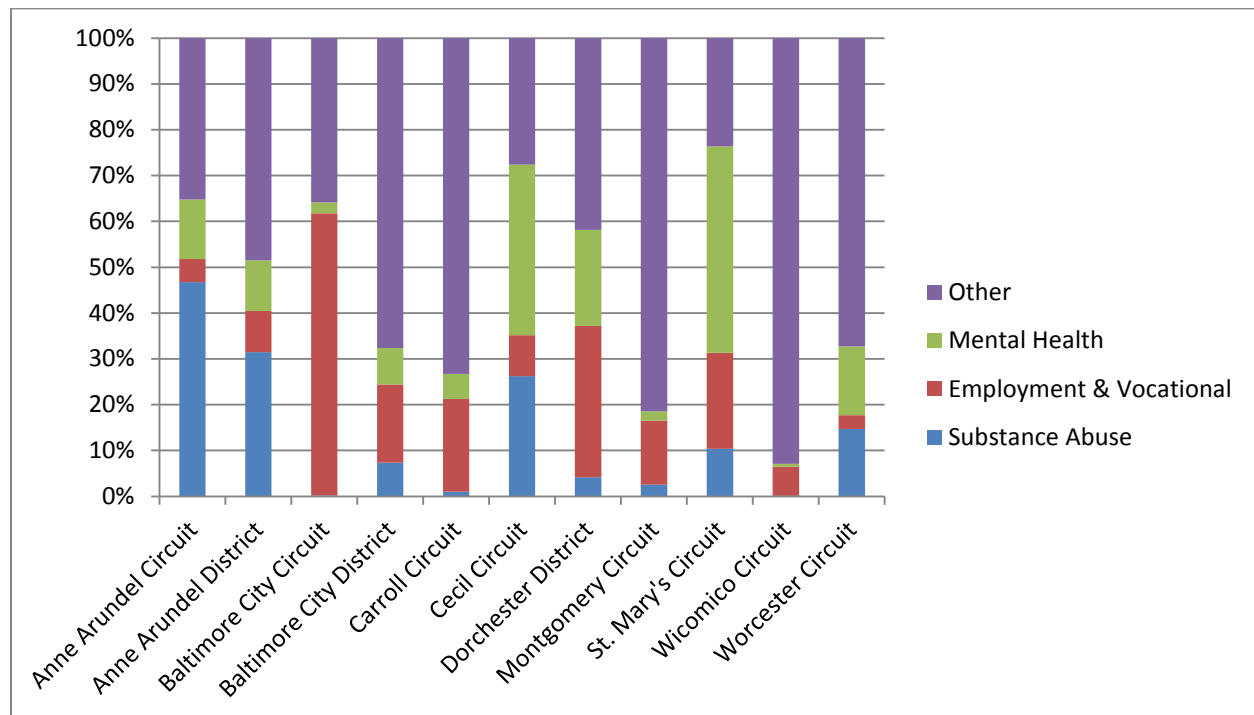
Wicomico Circuit was the only drug court in which a service referral was reported for more than half (57%) of participants during 2012-2014. Service referrals were reported for roughly one-third (34%) of Worcester Circuit participants and one-quarter (24%) of Montgomery Circuit participants. In the other eight courts, the SMART data showed that fewer than one in six participants received a service referral. The percentage of total referrals that were to employment and vocational services was highest in Baltimore City Circuit (62%) and ranged from 3 percent to 33 percent in the other courts.

Percentage of Participants with One or More Service Referral, 2012-2014



Referrals to substance abuse services represented one-quarter to one-half of total referrals in Anne Arundel Circuit (47%), Anne Arundel District (31%), and Cecil Circuit (26%). In the majority of courts, however, substance abuse service referrals represented 10 percent or less of total referrals. Employment and vocational referrals were common in Baltimore City Circuit, where they represented 62 percent of referrals, Baltimore City District (17%), Carroll Circuit (20%), Dorchester District (33%), Montgomery Circuit (14%), and St. Mary's Circuit (21%). In most of the courts, more than 10 percent of referrals were for mental health services, led by St. Mary's Circuit with 45 percent and Cecil Circuit with 37 percent.

Percentage of Service Referrals by Type, 2012-2014

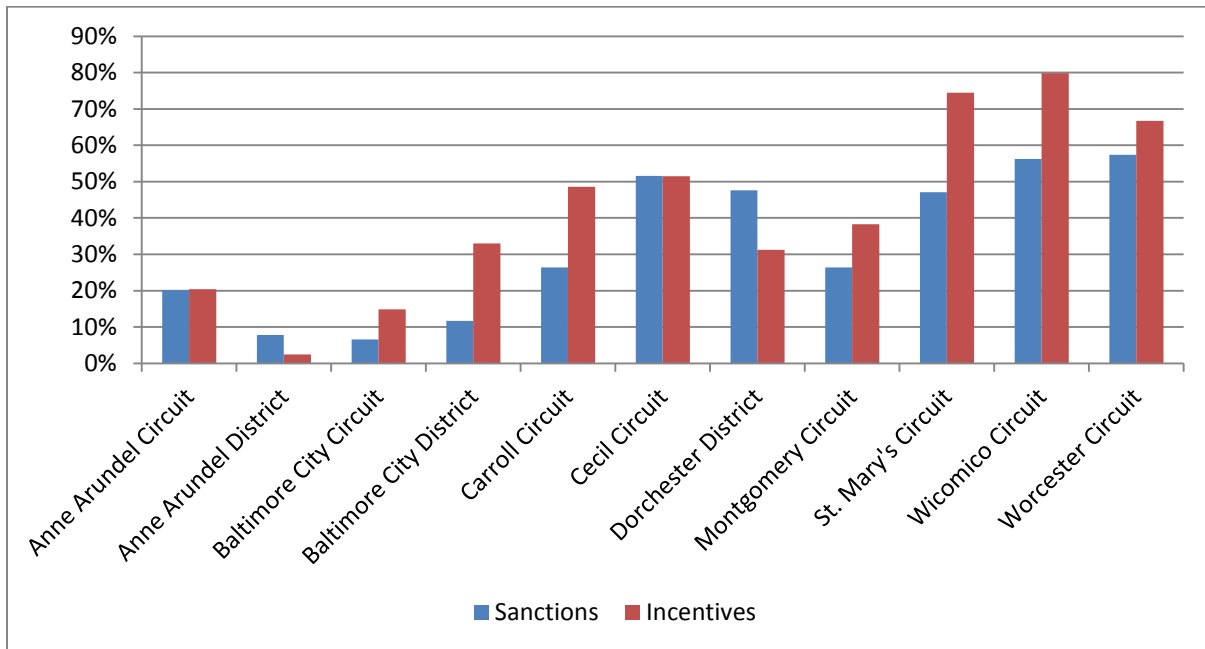


Sanctions and Incentives

Roughly half or more of participants received sanctions during 2012-2014 in five drug courts, including Worcester Circuit (57%), Wicomico Circuit (56%), Cecil Circuit (52%), Dorchester District (48%), and St. Mary's Circuit (47%). With the exception of St. Mary's, these were four of the five programs which reported successful completion rates below 50% for 2012 to 2014. The use of sanctions by these relatively rural courts contrasted with that found in the urban and suburban drug courts, where just 7 percent to 26 percent of participants receiving sanctions during the same period.

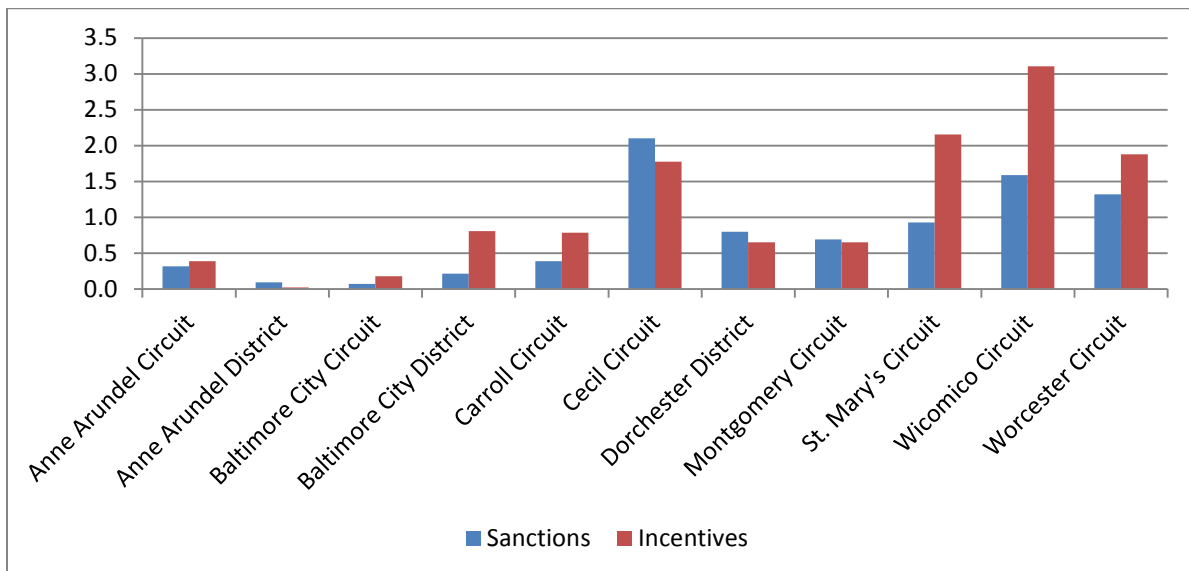
In general, higher portions of participants were given incentives than sanctions. Notably, these same courts that made liberal use of sanctions also rewarded participants with incentives at relatively high rates. Wicomico Circuit led with 80 percent of participants receiving incentives during 2012-2014. Roughly half to three-quarters of participants received incentives in St. Mary's Circuit (74%), Worcester Circuit (67%), Carroll Circuit (49%), and Cecil Circuit (51%). The biggest increases in 2014 compared to 2012 in the percentage of participants given incentives were in St. Mary's Circuit (36%) and Anne Arundel Circuit (30%).

Percentage of Participants Receiving Sanctions or Incentives, 2012-2014



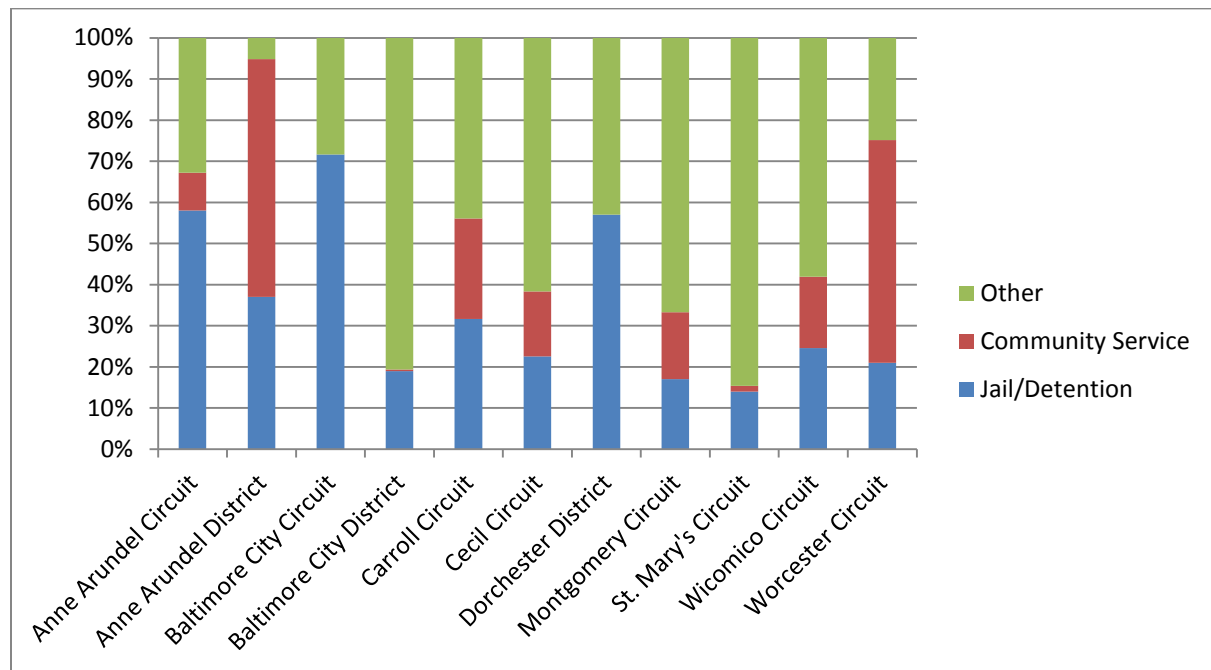
The numbers of sanctions and incentives issued per active participant were higher in the rural courts than in the urban and suburban courts. Cecil Circuit had the highest number of sanctions per participant (2.1), followed by Wicomico Circuit (1.6) and Worcester Circuit (1.3). Wicomico Circuit had the highest number of incentives per participant (3.1), followed by St. Mary's Circuit (2.2), Worcester Circuit (1.9), and Cecil Circuit (1.8). Baltimore City Circuit and Anne Arundel District each reported less than 0.1 sanctions per participant, and Anne Arundel District had less than 0.1 incentives per participant.

Sanctions and Incentives per Active Participant, 2012-2014



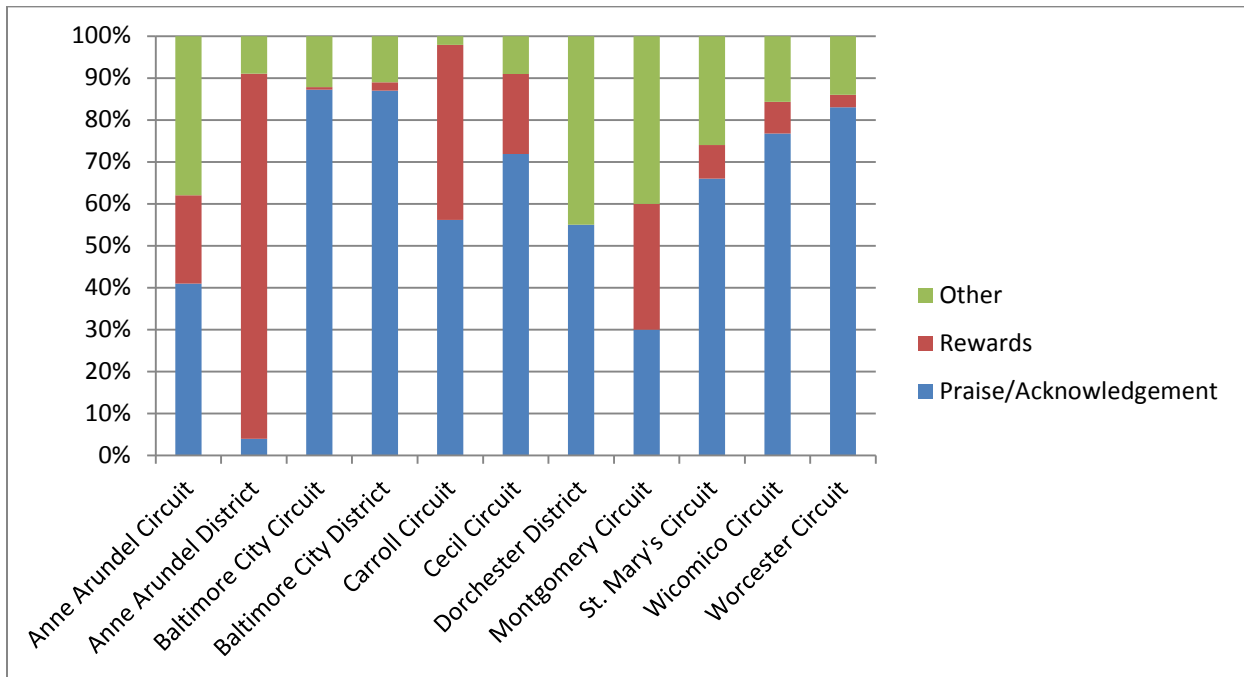
With regard to types of sanctions, jail/detention was most commonly imposed, accounting for nearly three-quarters of all sanctions used in Baltimore City Circuit (72%), and more than one-half in Anne Arundel Circuit (58%) and Dorchester District (57%). In the other eight courts, jail/detention sanctions ranged from 14 percent to 37 percent of all sanctions. Community service represented more than half the sanctions imposed in Anne Arundel District (58%) and Worcester Circuit (54%), but from none to 24 percent of sanctions in the other courts.

Percentage of Sanctions by Type, 2012-2014



Regarding types of incentives, praise/acknowledgement represented more than half those awarded in eight of the courts. While used much less frequently, tangible rewards such as movie tickets and gift cards were the second most common type of incentive across all courts. Carroll Circuit Drug Court stood out in its use of tangible rewards. Almost half (49%) the participants in Carroll Circuit received incentives between 2012 and 2014, and 42 percent of these were tangible rewards. Montgomery Circuit and Cecil Circuit also awarded incentives to an appreciable percentage of their participants (38% and 51%, respectively) and tangible rewards accounted for a relatively high portion of these incentives (30% and 19%). In Anne Arundel District Drug Court, tangible rewards represented 87 percent of all incentives, however, the SMART data showed only 2 percent of participants in this program received incentives of any kind during 2012-2014.

Percentage of Incentives by Type, 2012-2014



Appendix: Data Tables

Admissions and Discharges

	Anne Arundel Circuit	Anne Arundel District	Baltimore City Circuit Track A	Baltimore City Circuit Track B	Baltimore City District	Carroll Circuit	Cecil Circuit	Dorchester District	Montgomery Circuit	St. Mary's Circuit	Wicomico Circuit	Worcester Circuit
Admissions												
Total admissions, 2014	52	126	14	39	11	37	59	14	26	27	23	35
Total admissions, 2012-2014	111	426	245	233	196	110	155	43	82	79	74	87
Change in total admissions, 2012 vs. 2014	+18%	-13%	-90%	-68%	-90%	+3%	+18%	-13%	-10%	+4%	+5%	40%
Discharges												
Number of participants discharged, 2014	22	121	109	125	64	31	36	11	21	25	19	38
Discharges successfully completed, 2014, as % of total discharges	64%	60%	72%	78%	81%	35%	42%	55%	52%	52%	32%	39%
Discharges successfully completed, 2012-2014, as % of total discharges	43%	57%	64%	60%	51%	50%	34%	47%	64%	51%	38%	38%
Discharges terminated, 2012-2014, as % of total discharges	55%	39%	25%	31%	30%	43%	60%	47%	33%	46%	58%	50%
Change in % successful completions, 2012 vs. 2014	+25%	+3%	+16%	+31%	+33%	-25%	+12%	+5%	-12%	+12%	-3%	+11%

Participant Characteristics

	Anne Arundel Circuit	Anne Arundel District	Baltimore City Circuit Track A	Baltimore City Circuit Track B	Baltimore City District	Carroll Circuit	Cecil Circuit	Dorchester District	Montgomery Circuit	St. Mary's Circuit	Wicomico Circuit	Worcester Circuit
Admissions of African Americans, 2012-2014, as % of total admissions	22%	18%	96%	94%	80%	5%	6%	35%	37%	11%	24%	9%
Change in % African Americans admitted, 2012 vs. 2014	-20%	-2%	+3%	-1%	+8%	+11%	-8%	-16%	-28%	+15%	+17%	+1%
Admissions of Hispanics, 2012-2014, as % of total admissions	1%	2%	1%	0%	0%	2%	4%	0%	11%	4%	4%	2%
Admissions of females, 2012-2014, as % of total admissions	25%	27%	8%	17%	27%	25%	44%	58%	24%	43%	26%	36%
Change in % females admitted, 2012 vs. 2014	0%	-1%	+14%	-7%	-9%	-1%	+6%	+14%	+14%	+17%	+12%	+27%
Admissions of participants under age 30, 2012-2014, as % of total admissions	69%	47%	11%	23%	12%	54%	64%	47%	51%	56%	56%	63%
Admissions of participants 40 years of age or older, 2012-2014, as % of total admissions	17%	31%	70%	60%	68%	17%	8%	35%	24%	23%	22%	15%
Change in % of participants under age 30 admitted, 2012 vs. 2014	+3%	+6%	+2%	+18%	-16%	-13%	-20%	+21%	+2%	+32%	-9%	-1%
Admissions of participants with high school diploma/GED or higher, 2012-2014, as % of total admissions	59%	55%	N/A	N/A	47%	N/A	N/A	60%	73%	73%	N/A	85%
Admissions of participants employed full time, 2012-2014, as % of total admissions	10%	23%	N/A	N/A	5%	N/A	N/A	16%	27%	22%	N/A	23%

Program Census and Service Referrals

	Anne Arundel Circuit	Anne Arundel District	Baltimore City Circuit	Baltimore City District	Carroll Circuit	Cecil Circuit	Dorchester District	Montgomery Circuit	St. Mary's Circuit	Wicomico Circuit	Worcester Circuit
Program Census											
Number of active participants, first quarter 2015	97	260	309	193	60	114	19	67	34	48	45
Average number of active participants per quarter, 2012-2014	74	248	522	280	60	77	17	77	33	43	48
Service Referrals											
% of active participants with one or more referral reported, 2012-2014	5%	16%	6%	7%	15%	11%	7%	23%	6%	57%	34%
Ratio of total referrals to active participants, 2012-2014	0.09	0.28	0.10	0.10	0.28	0.16	0.12	0.43	0.07	1.77	0.60
Change in % of active participants with one or more referral, 2012 vs. 2014	+7%	+2%	-6%	-5%	+23%	-13%	-22%	+15%	-3%	-11%	+32%
Employment & vocational service referrals, 2012-2014, as % of total referrals	5%	9%	62%	17%	20%	9%	33%	14%	21%	6%	3%
Substance abuse service referrals, 2012-2014, as % of total referrals	47%	31%	0%	7%	N/A	26%	4%	3%	10%	0%	15%
Mental health service referrals, 2012-2014, as % of total referrals	13%	11%	2%	8%	5%	37%	21%	2%	45%	1%	15%

Sanctions

	Anne Arundel Circuit	Anne Arundel District	Baltimore City Circuit	Baltimore City District	Carroll Circuit	Cecil Circuit	Dorchester District	Montgomery Circuit	St. Mary's Circuit	Wicomico Circuit	Worcester Circuit
% of active participants with one or more sanction reported, 2012-2014	20%	8%	7%	12%	26%	52%	48%	26%	47%	56%	57%
Ratio of total sanctions to active participants, 2012-2014	0.32	0.09	0.07	0.21	0.39	2.10	0.80	0.69	0.93	1.59	1.32
Change in % of active participants with one or more sanction, 2012-2014	+17%	-1%	+7%	-8%	-3%	+2%	+3%	-4%	+3%	+1%	-16%
Jail/detention sanctions imposed, 2012-2014, as % of total sanctions	58%	37%	72%	19%	32%	23%	57%	17%	14%	25%	21%
Change in % jail/detention sanctions imposed, 2012 vs. 2014	-13%	-6%	-37%	+8%	+5%	-10%	-5%	+2%	-15%	+4%	0%
Community service sanctions imposed, 2012-2014, as % of total sanctions	9%	58%	N/A	0%	24%	16%	0%	16%	1%	17%	54%

Incentives

	Anne Arundel Circuit	Anne Arundel District	Baltimore City Circuit	Baltimore City District	Carroll Circuit	Cecil Circuit	Dorchester District	Montgomery Circuit	St. Mary's Circuit	Wicomico Circuit	Worcester Circuit
% of active participants with one or more incentive reported, 2012-2014	20%	2%	15%	33%	49%	51%	31%	38%	74%	80%	67%
Ratio of total incentives to active participants, 2012-2014	0.39	0.03	0.18	0.81	0.79	1.78	0.65	0.65	2.15	3.10	1.88
Change in % of active participants with one or more incentive, 2012 vs. 2014	+30%	-1%	+17%	-19%	+7%	+7%	-8%	-15%	+36%	+4%	-8%
Praise/acknowledgement used, 2012-2014, as % of total incentives	41%	4%	87%	87%	56%	72%	55%	30%	66%	77%	83%
Rewards used, 2012-2014, as % of total incentives	21%	87%	1%	2%	42%	19%	0%	30%	8%	8%	3%
Change in % rewards used, 2012 vs. 2014	-5%	+4%	0%	+4%	+19%	+12%	0%	-3%	-19%	-4%	+6%



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