

MARYLAND JUDICIARY

JUDICIAL COUNCIL'S SPECIALTY COURTS AND DOCKETS COMMITTEE

Plan for Proposed Problem-Solving Court

Office of Problem-Solving Courts
Maryland Judicial Center
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Plan for Proposed Problem-Solving Court

Section I – Court Information

Court Jurisdiction _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Administrative Judge _____

Problem-Solving Court Judge (if different) _____

Problem-Solving Court Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Section II – Problem-Solving Court Description

Type of Problem-Solving Court

Adult Drug Court DUI/Drug Court Family Recovery Court

Juvenile Drug Court Mental Health Court Re-Entry Court

Truancy Court Veterans Court

Other _____

Program Summary:

The Program Summary should provide a concise summary of the proposal and briefly describe the components of the proposed Problem-Solving Court, including the type of cases that can be accepted, the treatment strategies and modalities that will be used.

What is the proposed length of the problem-solving court? _____

Estimated projected program capacity: _____

Projected number of participants to be admitted,
During the first fiscal year: _____
During the second fiscal year: _____

Who is allowed to participate in the problem-solving court? (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Adults Males | <input type="checkbox"/> Offenders with a Mental Illness or disability |
| <input type="checkbox"/> Adult Females | <input type="checkbox"/> Juveniles |
| <input type="checkbox"/> Repeat Offenders | <input type="checkbox"/> Non-Violent Offenders |
| <input type="checkbox"/> Probation Violators | <input type="checkbox"/> First-Time Offenders |
| <input type="checkbox"/> Offenders with a Substance Addiction (Controlled or Otherwise) | <input type="checkbox"/> Parole Violators |
| | <input type="checkbox"/> Other |

If Other, please explain:

Please describe any criteria for eligibility or ineligibility for a prospective participant, including whether self-represented participants will be accepted and if so, how any right to the assistance of counsel will be protected.

Please explain how participants are identified and referred to the problem-solving court.

Will a prospective participant be expected to sign a written agreement upon entry into the problem-solving court?

No Yes (attach a copy of the written agreement)

If yes, describe how the agreement will be presented and explained to the participant and steps to be taken by the Court to determine whether the participant understands the agreement, and enters into it knowingly and voluntarily:

Please explain how participants are assessed and referred to the appropriate level of treatment and/or other essential services. Identify any screening and assessment tools that will be used and why.

Provide a description of your target population and what local data is being used to support that decision.

Does the problem-solving court have phases? No Yes (describe below)

Phase	How Long?	Phase	How Long?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe the frequency and nature of judicial involvement and interaction with the participants:

Describe the methods of supervision and monitoring that will be utilized:

Please explain how program participants may exit the problem-solving court, including criteria for graduation.

Section III - Available Services

What services are available to problem-solving court participants? (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> AA/NA/CA | <input type="checkbox"/> Intensive Outpatient |
| <input type="checkbox"/> Academic/GED/Vocational | <input type="checkbox"/> Job Training |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Methadone Treatment (Medically Supervised) |
| <input type="checkbox"/> Cognitive Behavioral/Restructuring | <input type="checkbox"/> Other Support Groups |
| <input type="checkbox"/> Co-occurring Treatment | <input type="checkbox"/> Outpatient Treatment |
| <input type="checkbox"/> Day Reporting | <input type="checkbox"/> Parenting Class |
| <input type="checkbox"/> Day Treatment | <input type="checkbox"/> Primary Health/Dental Care |
| <input type="checkbox"/> Detoxification | <input type="checkbox"/> Probation Residential Services |
| <input type="checkbox"/> Developmental Disabilities Support Services | <input type="checkbox"/> Relapse Prevention |
| <input type="checkbox"/> Early Recovery | <input type="checkbox"/> Substance Abuse Residential |
| <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Three-quarter House |
| <input type="checkbox"/> Group Counseling | <input type="checkbox"/> Other (List) |
| <input type="checkbox"/> Half-way House | _____ |
| <input type="checkbox"/> Housing | _____ |
| <input type="checkbox"/> Individual Counseling | _____ |
| <input type="checkbox"/> In-patient Treatment (up to 28 days) | _____ |
| | _____ |

Please list all treatment or service providers associated with your problem-solving court:

<u>Company/Agency</u>	<u>Type of Treatment</u>	<u>Point of Contact</u>	<u>Phone</u>
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Provide information on what partnerships are being established. Please attach documents and Memorandums of Understanding as appropriate.

Section IV – Funding

Describe the total amount of funding the court has received or anticipates receiving this fiscal year. (Fill ALL that apply, explain as needed and enter the total annual funding amount):

<u>Funding Source</u>	<u>Funding Amount</u>
A. Federal Government	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
B. State Government	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
C. Local Government	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
D. Private Sources (i.e. Grants, donations from businesses or foundations, and other charitable organizations)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
E. Other	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Describe your plan and/or goals to financially sustain the problem-solving court as a valuable and cost-effective service to the community:

Section V - Statistical Data and Evaluation

How is data to be collected and compiled?

- Automated Manually Both

Describe the method in which the problem-solving court plans to collect and then use the data and statistics to effectively determine whether the court is meeting its goals and objectives.

Section VI - Problem-Solving Court Personnel

Please list all personnel associated with your problem-solving court (i.e. judge, coordinator, prosecutor, defense counsel, probation, etc.)

<u>Name</u>	<u>Role</u>	<u>Phone</u>	<u>E-Mail Address</u>
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Has this problem-solving court judge received formal training in establishing a problem-solving court? If the answer is Yes, please list who provided the training and when it was provided.

- No Yes By Whom & When _____
By Whom & When _____
By Whom & When _____

Signing Authority

This Plan for Proposed Problem-Solving Court has been authorized for submission by:

Signature of Administrative Judge

Date

Signature of Problem-Solving Court Judge (If Different)

Date