



ROBERT M BELL
CHIEF JUDGE
COURT OF APPEALS OF MARYLAND
ROBERT C. MURPHY COURTS OF APPEAL BUILDING
361 ROWE BOULEVARD
ANNAPOLIS, MD 21401-1699

October 31, 2006

Honorable Ulysses Currie, Chair
Senate Budget & Taxation Committee
3 West, Miller Senate Building
11 Bladen Street
Annapolis, Maryland 21401

Honorable Norman H. Conway, Chair
House Appropriations Committee
Room 121, Lowe House Office Building
12 Bladen Street
Annapolis, Maryland 21401

Dear Chairmen:

In accordance with the *Joint Chairmen's Report* of April, 2006, enclosed evaluation reports are submitted in support of the effectiveness of drug treatment courts in Maryland.

The Judiciary in 2002 established the Drug Treatment Court Commission for the purpose of supporting the development of drug treatment court programs in circuit and district courts throughout Maryland. This action was taken in response to the grim reality that more than half of all individuals arrested in Maryland are alcohol or other drug dependent. The human cost associated with such addictions is inestimable, but the cost to the State in terms of crime and the collateral health care consequences is in the billions of dollars.

The Judiciary is committed to the ongoing evaluation of Maryland's drug treatment court programs. Drug courts bring together in partnership, the branches of government and numerous outside organizations. As such, evaluating drug courts can be a very difficult task. As early as 2003, the Judiciary contracted with Northwest Professional Consortium (NPC) of Portland, Oregon, to perform cost-

Honorable Ulysses Currie
Honorable Norman H. Conway
October 31, 2006
Page 2

benefit evaluations of the Anne Arundel County Adult District Drug Court, the Baltimore City Adult District Drug Court, and the Baltimore City Adult Circuit Drug Court. NPC was retained because of its extensive national experience in performing drug court program evaluations. Throughout 2003, NPC analyzed the outcome effectiveness and financial cost-beneficial efficacy of these programs. Enclosed are the *Cost Analysis of the Baltimore City, Maryland Drug Treatment Court* and the *Cost Analysis of the Anne Arundel County, Maryland Drug Court*. The final reports were submitted to the Judiciary in January, 2004.

Further, the Judiciary initiated the evaluation of five adult drug courts (Anne Arundel County District, Harford County District, Prince George's County Circuit, and Baltimore City District and Circuit Drug Courts) and nine juvenile drug courts (Anne Arundel, Baltimore, Caroline, Dorchester, Montgomery, Prince George's, St. Mary's, and Talbot counties as well as the Baltimore City Drug Court). It will process these evaluations over the next several years. These reports will be completed at various intervals on or before January 1, 2008.

The Judiciary's long-term strategy is to ensure that all drug court programs are integrated into an on-going evaluation regimen focused on program processes, outcomes, and cost-benefit performance. These assessments, and the improvements guided by them, serve as a guide for continuing project funding.

The types of evaluations to be performed on all drug courts in Maryland:

- **Process evaluations**, which are descriptive surveys of program and participant characteristics. The primary purpose of this type of evaluation is to give a "snapshot" of the drug court program and the participants enrolled in the program. Generally, simple statistical measures such as percentages, averages (mean, medium, and mode), and cross tabulation analysis are used in process evaluations.
- **Outcome evaluations**, which examine the effect of the program on the participants and the involved systems (court, treatment agencies, and community supervision). Outcome evaluations question whether drug court programs are more effective in reducing recidivism and lessening drug use than are traditional court and criminal justice dispositions for drug offenders.

Honorable Ulysses Currie
Honorable Norman H. Conway
October 31, 2006
Page 3

- **Cost-benefit analyses**, which compare the cost of drug court treatment and the costs of alternative handling of drug offenders. Cost benefit analyses may also compare the costs of treating addiction with the societal costs of neglecting addiction treatment.

Enclosed for your review, please find the *Harford County Juvenile Drug Court Performance Evaluation: Program Process, Outcome, and Cost Analyses*. This evaluation responds to the questions, "Do juvenile drug courts reduce recidivism?" and "Do juvenile drug courts result in criminal justice system cost savings to the taxpayer?" As stated in greater detail in the evaluation, the juvenile drug court program in Harford County does reduce recidivism (36% fewer juvenile and adult arrests than non-participants and 59% fewer days on juvenile and adult probation/parole) and does provide a cost savings to taxpayers (the cost for drug court participants is 60% less per juvenile than for non-program participants). Even with these outcomes, the evaluation also provides the program with recommendations to improve the future performance of the drug court.

It should be noted that, as part of this effort, the Judiciary collaborated with the Department of Legislative Services in the research design.

Very truly yours,



Robert M. Bell

Cc: Honorable James E. DeGrange
Honorable Joan Cadden

Harford County Juvenile Drug Court Performance Evaluation

FINAL REPORT



Submitted to:

**Drug Treatment Court Commission
of Maryland
Annapolis, Maryland**

Submitted by:

**NPC Research
Portland, Oregon**

Pursuant to 2006 JCR Page 6

October 2006



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

**Harford County Juvenile Drug Court
Performance Evaluation:
*Program Process, Outcome and Cost Analyses***

FINAL REPORT

Management Team

Dave Crumpton, M.P.A., Project Director and Senior Cost Analyst

Shannon M. Carey, Ph.D., Outcome Study Manager and
Consultant on Drug Court Research

Juliette R. Mackin, Ph.D., Process Study Manager

Michael W. Finigan, Ph.D., Consultant on Drug Court Research

Research Team

Kimberly Pukstas, Ph.D., Data Analyst and Outcome Study Coordinator

Judy M. Weller, B.S., & **Robert Linhares, M.A.**, Process Study Coordinators

Jodi Brekhus, M.S., Cost Study Coordinator

For questions about this report or project, please contact Dave Crumpton at
(443) 388-9151 or crumpton@npcresearch.com.

October 2006



*Human services research designed to promote effective decision-making by
policymakers at the national, state and community levels*

ACKNOWLEDGEMENTS

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

- Frank Broccolina, Maryland State Court Administrator
- Gray Barton, Executive Director, and Jennifer Moore, Deputy Director, Maryland Drug Treatment Court Commission
- Judges Jamey H. Weitzman, Chair, Maryland Drug Treatment Court Commission, and Kathleen G. Cox, Vice Chair, Drug Treatment Court Commission, for their project feedback and support in obtaining data access
- Harford County Administrative Judge William O. Carr, presiding Judge for Harford County Juvenile Drug Court, for his generous contributions of time and input to this evaluation
- County Executive David R. Craig and the Harford County Council
- David B. Mitchell, Harford County Juvenile Drug Court Coordinator, Jennifer Brown, Assistant Coordinator/Data Manager, and the staff at the Harford County Juvenile Drug Court, including judicial/legal, juvenile justice, treatment professionals and youth services providers who participated in key stakeholder interviews in Harford County
- Harford County Juvenile Drug Court participants and family members who provided the evaluation team with their unique perspective on the program
- Maryland Department of Juvenile Services: Kenneth C. Montague, Secretary; Vicky Mitchell, Assistant Secretary for Community Justice Programs; Mary Abraham, Director, Grants and Intergovernmental Relations; John Irvine, Director, Office of Research and Planning; Lakshmi Iyengar, Lead Programmer Analyst; Henry L. Sosinski, Deputy Chief Information Officer; Robert Testudine, Community Services Supervision; and Falguni Patel, Data Program Analyst
- S. Anthony McCann, Secretary, Maryland Department of Health and Mental Hygiene; Peter F. Luongo, Director, Maryland Alcohol and Drug Abuse Administration; Gay Hutchen, DHMH; Diana Givens, DHMH; and Diana Matuszak, DHMH; for their support of our research and for expediting our access to the administrative databases
- Colonel Walter, Undersheriff, Office of the Sheriff of Baltimore City; Major Dehaven, Commander, Office of the Sheriff of Baltimore City/Harford County Detention Center
- Harford County Detention Center: Denise Thomas, Records Administrator, and Michelle Leftwich, Records Clerk
- Maryland Alcohol and Drug Abuse Administration: Chad Basham, Database Administrator; Bill Rusinko, Research Director
- Department of Public Safety and Correctional Services: Robert Gibson, Director, Planning and Statistics; Tom Stough, Chief of Statistics; Larry Chan, Administrator; and Ravi Bhayankar, DP Program Manager.
- Anton Cox, Elizabeth Autio, Holly Fussell, and Katherine Kissick of NPC's Research Staff, for their attention to detail and patience cleaning and formatting data sets
- Support staff at NPC, Charley Korn and Travis Ward

TABLE OF CONTENTS

EXECUTIVE SUMMARY	I
INTRODUCTION	1
Background.....	1
PROCESS EVALUATION	2
Methods	2
Harford County Juvenile Drug Court Process Description	3
Ten Key Components of Drug Courts and 16 Juvenile Drug Court Strategies	20
OUTCOME/IMPACT EVALUATION	31
Outcome Evaluation Methods	31
Results	35
Outcome Study Question Results	39
COST EVALUATION	55
Cost Evaluation Methodology	55
Cost Evaluation Results	57
THE HARFORD COUNTY JUVENILE DRUG COURT: A SYSTEMS FRAMEWORK.....	74
Community Level	74
Agency Level.....	75
Program Level.....	76
REFERENCES	78
APPENDIX A: DRUG COURT TYPOLOGY INTERVIEW GUIDE.....	79
APPENDIX B: PARTICIPANT AND PARENT/GUARDIAN FOCUS GROUPS	81
APPENDIX C: ADDITIONAL COST TABLES.....	86
APPENDIX D: TREATMENT UTILIZATION AND COSTS	91

LIST OF TABLES

Table 1. Administrative Data Sources	32
Table 2. Harford Admissions by Year	33
Table 3. Similarities Between the Sample and Comparison Groups	34
Table 4. Demographics of Drug Court Participants	35
Table 5. Primary Drug of Choice for New Admissions	36
Table 6. Summary of Juvenile Justice Recidivism in Year 1	41
Table 7. Summary of Juvenile Justice Recidivism in Year 2	42
Table 8. Summary of Adult Criminal Recidivism for 2 Years After Program Entry	44
Table 9. Summary of Combined Juvenile and Adult Arrest.....	45
Table 10. Number of Harford Drug Court Sample Graduates by Year	46
Table 11. Characteristics of Graduates and Non-Completers.....	47
Table 12. Primary Drug of Choice for Drug Court Participants During Year 1.....	48
Table 13. Early Treatment Experiences of the Drug Court Participants	49
Table 14. Treatment Experiences of the Drug Court Participants in Year 1	50
Table 15. Severity of Treatment Status at Admission and Discharge	51
Table 16. Graduation Rate of Chronic Offenders.....	53
Table 17. The Six Steps of TICA	57
Table 18. Average HCJDC Program Costs per Participant.....	60
Table 19. Per Day Costs of Placement Options for High-Risk Adolescents.....	61
Table 20. Average Program Cost per Participant by Agency.....	62
Table 21. Average Number of Outcome Transactions per Participant in the FIRST Year Post Drug Court Entry	66
Table 22. Average Number of Outcome Transactions per Participant in the SECOND Year Post Drug Court Entry	67
Table 23. Average Outcome Costs per Participant in the FIRST Year Post Drug Court Entry	68
Table 24. Average Outcome Costs per Participant in the SECOND Year Post Drug Court Entry.....	70

LIST OF FIGURES

Figure 1. Have You Ever Been Suspended or Expelled From School?	37
Figure 2. Percent of HCJDC Participants With Prior Arrests.....	38
Figure 3. Percent of Positive UAs Over Time in the HCJDC Program.....	39
Figure 4. Juvenile Justice Recidivism Outcomes – Year 2.....	43
Figure 5. Average Days on Juvenile Probation	43
Figure 6. Percentage of Severe Cases From Admission to Discharge.....	52
Figure 7. Admission Rates of Chronic Offenders and Drug Court Graduation Rates.....	53
Figure 8. Average Year 1, Year 2 and Cumulative Outcome Costs for the Study Groups	72

EXECUTIVE SUMMARY

Drug treatment courts are one of the fastest growing programs designed to reduce drug abuse and criminality in non-violent offenders in the United States. The first drug court was implemented in Florida in 1989. As of 2005, there were more than 1,200 drug courts operating in all 50 states, the District of Columbia, Puerto Rico, and Guam (OJP Drug Court Clearinghouse, 2003).

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

The impetus for the HCJDC began in 1999 with the Honorable William Carr, who met with the Maryland Department of Juvenile Services (DJS) and the Maryland Department of Health and Mental Hygiene (DHMH) and the Harford County Health Department (HCHD) to acquire a commitment for the implementation of a drug court as a way to address the serious drug problem in Harford County. The Harford County Juvenile Drug Court (HCJDC) first opened its doors to clients in October 2000 as an unfunded pilot project. At that time it was called, "Juvenile Accountability Court."

Initially, HCHD provided one Certified Addictions Counselor and DJS provided one probation officer to be dedicated staff for the Drug Court. The Maryland Office of the Public Defender and the Harford County State's Attorney's Office were then invited to participate in the project by Judge Carr. The Drug Court team attended a National Drug Court training in 2001, where the members discovered that federal grants were available for existing drug courts. This led to the team applying for and receiving a federal grant through the U. S. Department of Justice Drug Court Program. Following a pilot phase and receipt of the federal grant in September 2001, the Juvenile Drug Court began operation in October 2001.

In 2001, NPC Research ("NPC"), under contract with the Administrative Office of the Courts of the State of Maryland, began cost studies of adult drug courts in Baltimore City and Anne Arundel County, Maryland. These studies were completed in 2003. Subsequently, NPC was hired to perform evaluations on 4 adult and 10 juvenile drug courts in Maryland, one of which is HCJDC. This report represents the results of a cost-benefit evaluation of the HCJDC.

The original plan for the HCJDC program was to serve two groups of youth represented in the juvenile justice system: 1) those involved with drugs for the first time, and 2) those who were heavily involved with drugs and the juvenile justice system, had a significant prior treatment experience and were repeat offenders. This second group was so large that, eventually, it became the only focus of HCJDC.

The HCJDC program was designed and continues to serve 30 participants. Program staff members report that they would like to see capacity increased to 50 individuals in the next fiscal year. As of October 3, 2006, 214 individuals have been referred to the program, with 169 of them becoming participants. On average across the years, approximately half (47%) of the Drug Court participants graduate from the program. The graduation rate has decreased steadily each year from a high of 64% in the first year to a recent low of 32%. This decrease correlates with the steady increase of chronic offender admissions into the program. In addition, this decrease corre-

lates with programmatic changes, including a tightening of graduation requirements, that have occurred as the program matured.

Since the program's inception, 43 or approximately 25% of the adolescents entering Drug Court have been female and 26, or about 15%, have been minorities, including African American, Asian, Hispanic, and American Indian participants. Drugs of choice for individuals entering the HCJDC program are marijuana, cocaine, heroin, and alcohol. Alcohol and marijuana are used most often by this group (see Outcome section of this report for a breakdown of the substances of choice).

Drug Court Goals

According to HCJDC team members, the program's goals are for youth to:

- Abstain from drugs and alcohol, and develop and maintain the necessary tools to stay drug-free
- Have no further arrests (decrease recidivism)
- Achieve in school (including public/private education, part-time/full-time programs, alternative education, ABE/GED classes, college, etc), earn a GED or high school diploma
- Improve relationships with family, including working toward reconciling with family members as needed
- Secure and maintain employment (at least part-time), if not in school full-time
- Understand addiction and its consequences
- Learn how to make healthy decisions, deal with triggers and decrease negative/destructive behaviors
- Set goals related to Drug Court (and life in general) and achieve them; seek out and secure appropriate assistance to meet those goals (e.g., through treatment planning)
- Maintain self-discipline and responsible behavior
- Develop and maintain an interest in a new support group (e.g., through NA/AA or other self-help groups)

Methods

Information was acquired for this evaluation from many sources, including key stakeholder interviews, on site observations, participant and parent/guardian focus groups, agency budgets/financial documents, and administrative databases. A sample of Drug Court participants was identified who entered the program from January 1, 2001, through December 31, 2004. A comparison group of individuals who were eligible for the program but did not participate was selected from records kept by the Department of Juvenile Services. The two groups were matched on juvenile justice history, age, gender, and race/ethnicity. Both groups were examined through existing administrative databases for a period up to 24 months from the date of drug court entry.

Process Results

Using the Ten Key Components of Drug Courts (as described by the National Association of Drug Court Professionals in 1997) and the 16 juvenile drug court strategies (described by the National Drug Court Institute in 2003) as a framework, NPC examined the practices of the HCJDC program.

The Harford County Juvenile Drug Court fulfills many of the 10 key components and 16 strategies through its current policies and structure. The program has an integrated Drug Court Team, good collaboration among agency representatives regarding the identification of prospective participants, a non-adversarial approach, random and frequent drug testing, a coordinated plan regarding sanctions, a well-trained team, and good community connections.

There are several areas in which the HCJDC should and can make program improvements.

- Ensure that all partner agencies are fully engaged in the program.
- Collaborate to shorten the time between arrest and program intake.
- Review treatment intensity.
- Keep in mind that sanctions should be a learning experience to create positive behavior change and that the sanctions do not interfere with the ability of participants to comply with the program.
- Review the current level of judicial contact with participants and determine if augmenting it would be feasible and/or beneficial.
- Make optimum use of the State's new SMART data system as soon as it becomes available. Strengthening partner agency commitments to ongoing training and professional development will help staff understand the crucial elements of successful drug courts.
- The program should identify new community partners, connections, and/or resources that could be interested in supporting the program.
- The HCJDC is serving an increasingly high-risk group of juveniles. The program should ensure that it has the service capacity to meet the needs of these participants. It is recommended that the program increase the intensity of services to participants who need additional support and supervision, particularly of juveniles who are referred to residential treatment.
- The program should examine their goals (with evaluator assistance) to determine the necessary information that will support the ability of future evaluations to assess each of their goals. We recommend that the program then begin to gather this data and enter it regularly into the database.

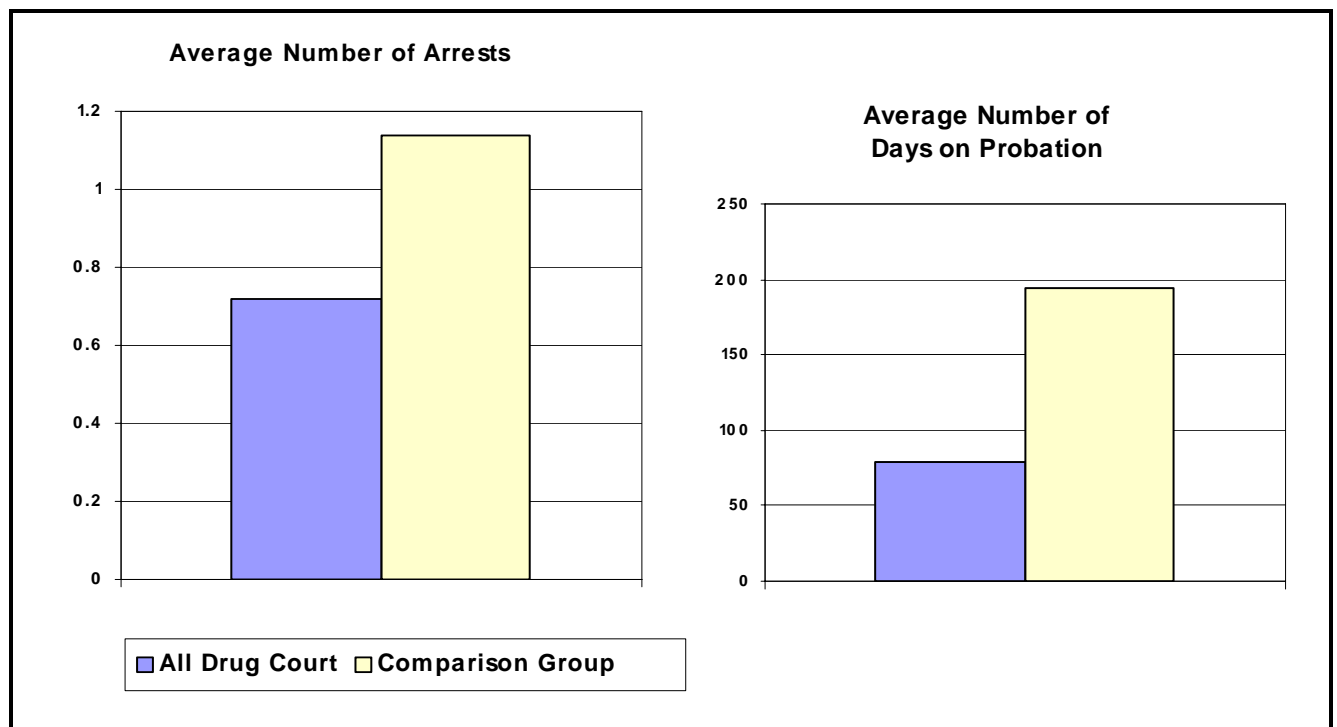
Program Outcomes and Cost Results

There are two significant policy questions about juvenile drug courts of particular interest to policy-makers, program practitioners, and researchers. This evaluation answers the following two key questions:

1. Do juvenile drug courts reduce recidivism?

YES. HCJDC participants had significantly fewer re-arrests and fewer days on probation than juveniles who were eligible for the program but did not participate.

Following involvement in the program, HCJDC participants (including both graduates and non-completers) had 36% fewer juvenile and adult arrests than non-participants and 59% fewer days on juvenile and adult probation/parole. These differences are statistically significant.



- The trends for all other measures are also positive (although not statistically significant) for Drug Court participants. HCJDC participants had fewer adjudicated hearings, and fewer days in secure detention, community detention and shelter care.
- HCJDC participants had substantially more days in residential treatment in the two years after program entry, demonstrating that the Drug Court program is successful in accomplishing its key goal of getting its participants into the treatment they need. This difference is statistically significant.

2. Do juvenile drug courts result in criminal justice system cost savings to the taxpayer?

YES. HCJDC participant outcomes cost 60% *less* per juvenile than for non-participants.

The average cost of criminal justice system outcomes (e.g., re-arrests, incarceration, probation) for the Drug Court group in the year following program involvement was \$5,072 (60%) *less* than the cost for individuals who were eligible for the program but did not participate (\$3,409 vs. \$8,481).

Outcome costs for Drug Court participants as compared to non-participants largely demonstrate what supporters of the drug court approach predict and hope for – a notable difference in cost impact on the juvenile/adult criminal justice systems.

Similar to many of the drug court studies in which NPC has been involved, greater outcome savings associated with Drug Court participants accrue to some agencies than others:

- 72% in outcome costs savings was demonstrated for the Maryland Division of Corrections;
- Harford County Sheriff's Office was shown to experience a 44% savings in outcome costs; and,
- 24% in outcome cost savings was shown for Maryland Division of Probation and Parole.

It is notable that the incarceration services provided by the Maryland Division of Corrections and the Harford County Sheriff's Office/Detention center are among the most expensive in the state and local criminal justice system.

Analytic Framework

Interpretation of the findings of the process evaluation is provided in an analytic framework that distinguishes among community, agency, and program level issues. Understanding the needs of Harford County and the impacts of a young person's environment on her/his behavior is crucial to establishing a program that best serves the population in need of HCJDC's services. Bringing the partner agencies to the table and reconciling misunderstandings and role confusion will enhance program quality. Finally, establishing consistent operational guidelines will provide a more efficient and effective structure for HCJDC service delivery.

SUMMARY OF COMMUNITY LEVEL RECOMMENDATIONS

- The Drug Court Team should develop a strategic vision through which it can identify program needs, ways to meet those needs, and the specific resources that would be needed. For example, the program could benefit from a local halfway house or supported independent living program.
- HCJDC should create a policy (or steering) committee made of up Drug Court Team members and representatives from public and private community organizations. This committee could be responsible for advising partner agencies on program design and ensuring that the program is meeting community needs.
- The program should identify new community partners, connections, and/or resources that could be interested in supporting the program. It should also strengthen relationships/ties with existing agency partners.

SUMMARY OF AGENCY LEVEL RECOMMENDATIONS

- To locate bottlenecks or structural barriers, and points in the process where more efficient procedures may be implemented, the HCJDC should consider performing a review and analysis of the case flow from referral to eligibility determination to Drug Court entry. The Judge and Coordinator should use the Drug Court Team to brainstorm—and test—possible solutions to issues that are identified. A goal should be set for how many days it should take to get participants into the program. Strategies for reaching this goal should be pursued.
- The program should focus on enhancing the participation of the Harford County State’s Attorney’s Office in the HCJDC. Including the State’s Attorney’s Office in decision-making, such as selecting sanctions, could reinforce the importance of this agency’s role in the Drug Court. In addition, the HCJDC team should encourage interagency communication and each agency’s commitment to its participation in the program, as demonstrated by participation in Drug Court Team, Policy, and Steering Committee meetings.
- In collaboration with its partner agencies, the program should ensure that all Team members receive initial and then continuing drug court training. There should be an expectation of and encouragement for staff taking advantage of ongoing learning opportunities (both locally and nationally). To support this goal, a training plan and log system should be established, the results of which should be reviewed by program administrators. These tools will be useful in keeping track of training activities and in reinforcing the importance of professional development.
- Develop interagency communication or provide in-service training to partner agency representatives to clarify the purpose and philosophy behind juvenile drug courts, and to clarify respective agency roles in the program.

SUMMARY OF PROGRAM LEVEL RECOMMENDATIONS

- The program’s leadership should review the program’s treatment intensity and consider whether to increase the level of services provided in Phase I. The Team should also review the findings from the outcome study to determine if, in light of community needs, the program is reaching the population most in need with the most effective array of services.
- It is important that sanctions are learning experiences for program participants and do not interfere with their opportunities for success in the program. Incentives and sanctions should be designed to reinforce or modify the behavior of youth and their families. Therefore, sanctions such as removing transportation services should be imposed with caution. If a juvenile is sanctioned for missing court or treatment sessions, for example, removing transportation may have the unintended effect of increasing rather than decreasing missed sessions.
- It is clear that the development of a relationship between a Drug Court participant and the Judge impacts the participant’s behavior, engagement, and success in the program. It is important for the Judge to establish uniform rules and follow through with incentives and sanctions consistently among participants for compliant and non-compliant behavior while still utilizing discretion that takes into account individual participant circumstances. Participants must understand the connection between program (particularly judicial) expectations, their behavior, and subsequent sanctions and rewards - they need to feel as though they are being treated

fairly. The appearance of special treatment for some program participants over others can undermine participant commitment to participation and trust of authority.

- HCJDC staff should be trained to use the new State SMART Management Information System (MIS), both in terms of consistent data entry and extraction of information to use for program review and planning. This will allow the program to consistently collect data necessary to evaluate how well they are reaching all their program goals. The Drug Court Team should initiate and continue analysis of data about the Drug Court and its participants and use it to inform the Team about program participants and their programmatic needs.

INTRODUCTION

Background

In the past 17 years, one of the most dramatic developments in the movement to reduce substance abuse among the U.S. criminal justice population has been the spread of drug courts across the country. The first drug court was implemented in Florida in 1989. There are now well over 1,200 drug courts operating in all 50 states, the District of Columbia, Puerto Rico, and Guam. The purpose of drug courts is to guide offenders identified as drug-addicted into treatment that will reduce drug dependence and improve the quality of life for offenders and their families. In the typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives who operate outside their traditional roles. The team typically includes addiction treatment providers, district/state's attorneys, public defenders, law enforcement officers, parole and probation officers, and a drug court coordinator who work together to provide needed services to drug court participants.

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

In 2001, NPC Research ("NPC"), under contract with the Administrative Office of the Courts of the State of Maryland, began a cost study of adult drug courts in Baltimore City and Anne Arundel County, Maryland. That study was completed in 2003. Subsequently, NPC was hired to perform evaluations on 4 adult and 10 juvenile drug courts in Maryland, one of which is Harford County's Juvenile Drug Court (HCJDC).

This report contains process, outcomes/impacts and cost evaluations of the HCJDC performed by NPC. For each section and, as warranted, for important findings within each section, analyses, discussions and recommendations are offered.

PROCESS EVALUATION

Methods

Information was acquired for the process evaluation from several sources, including observations of court sessions and team meetings during site visits, key informant interviews, focus groups and the Harford County Juvenile Drug Court's database. The methods used to gather information from each source are described below.

SITE VISITS

NPC evaluation staff members traveled to Harford County on three occasions. They observed Juvenile Drug Court sessions and Drug Court team meetings; interviewed key Drug Court staff; and facilitated focus groups with Drug Court participants (current and former) and their parents/guardians. These observations, interviews, and focus groups provided information about the structure, procedures, and routines used in the Drug Court.

KEY INFORMANT INTERVIEWS

Key informant interviews, conducted in person or by telephone, were a critical component of the HCJDC process study. NPC staff interviewed 10 individuals involved in the administration of the Drug Court, including the Harford County Juvenile Drug Court Coordinator; Circuit Court Judge; Assistant Public Defender; Assistant State's Attorney; Maryland Department of Health and Mental Hygiene (DHMH) Addictions Counselor; Maryland Department of Juvenile Services (DJS) Case Management Specialist (Probation Officer); Harford County School District Student Services Division, Drug Prevention Education Assistant Supervisor; Office of Drug Control Policy (ODCP) Budget Manager; the Life Skills Specialist (formerly titled the Youth Specialist and the Alliance, Inc., representative); and the Assistant Coordinator/Data Manager, who is also an Addictions Counselor Trainee.

NPC has designed a Drug Court Typology Interview Guide¹, which provides a consistent method for collecting structure and process information from drug courts. In the interest of making this evaluation reflect local circumstances, this guide was modified to fit the purposes of this evaluation and this particular Drug Court. The information gathered through the use of this guide assisted the evaluation team in focusing on the most important and unique characteristics of the Harford County Juvenile Drug Court.

For the process interviews, key individuals involved with HCJDC administration were asked many of the questions in the Typology Guide during telephone calls, site visits and multiple follow-up telephone calls. This approach allowed us to keep track of changes that occurred in the Drug Court process from the beginning of the project to the end.

FOCUS GROUPS AND PARTICIPANT INTERVIEWS

NPC conducted two focus groups in the offices of the Harford County Juvenile Drug Court in April 2006. Current Drug Court participants and graduates were included in one of these groups,

¹ Under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. See Appendix A for typology description.

and parents were included in another. Also in April 2006 an interview was conducted with a former drug court participant whose participation had been revoked.

The focus groups and interview gave the current and former participants and parents/guardians opportunities to share their experiences and express their perceptions about the Drug Court process with the evaluation staff.

DOCUMENT REVIEW

In order to better understand the operations and practices of the Drug Court, the evaluation team reviewed the Harford County Juvenile Drug Court Policy and Procedures Manual, the Harford County Juvenile Drug Court Program Participant Handbook, and the screen fields included in the Juvenile Drug Court Entry Information Document.

Harford County Juvenile Drug Court Process Description

The following information was gathered from interviews, focus groups, drug court observations, and document reviews. Most of the information was collected from one-on-one key stakeholder interviews and, as much as possible, the evaluators have attempted to represent the information as it was provided by Drug Court staff.

IMPLEMENTATION

Harford County's Juvenile Drug Court first opened its doors to clients in October 2000 as an unfunded pilot project. At that time it was called, "Juvenile Accountability Court." Following the pilot phase, and after receipt of a grant from the U. S. Department of Justice, Office of Justice Programs, in September 2001, the Juvenile Drug Court began operations in October 2001.

The impetus for the HCJDC began in 1999 with the Honorable William Carr. Judge Carr met with the Maryland Department of Juvenile Services (DJS), the Maryland Department of Health and Mental Hygiene (DHMH) and the Harford County Health Department (HCHD) to acquire commitments for the implementation of a drug court as a way to address Harford County's serious drug problem. Initially, HCJDC operated with one Certified Addictions Counselor from HCHD and one Probation Officer provided by DJS. The Maryland Office of the Public Defender and the Harford County State's Attorney's Office were also invited to participate in the program.

The original plan for HCJDC was to serve two classes of adolescents represented in the juvenile justice system: 1) those involved with drugs for the first time, and 2) those who were heavily involved with drugs and the juvenile justice system, had a significant prior treatment experience and were repeat offenders. This second group was so large that, eventually, it became the only focus of HCJDC.

The Drug Court Team attended a National Drug Court training in 2001, where they discovered that federal grants were available for existing drug courts such as theirs. As a result the Team applied for, and received, a federal grant.

CAPACITY AND ENROLLMENT

The HCJDC program was designed and continues to serve 30 participants. According to HCJDC staff members, in the next fiscal year they would like to expand the program to include 50 participants. As of October 3, 2006, 214 individuals have been referred to the program, with 169 of them becoming participants.

Since the program's inception, approximately 25% of youth entering Drug Court (43 individuals) have been female, and a total of 26 (about 15%) have been minorities (including African American, Asian, Hispanic, and American Indian participants). Drugs of choice for individuals entering the HCJDC program in order of most used are marijuana, cocaine, heroin, and alcohol.

DRUG COURT GOALS

According to HCJDC team members, the program's goals are for participants to:

- Abstain from drugs and alcohol, and develop and maintain the necessary tools to stay drug-free.
- Have no further arrests.
- Achieve in school (including public/private education, part-time/full-time programs, alternative education, ABE/GED classes, college, etc), earn a GED or high school diploma.
- Improve relationships with family, including working toward reconciling with family members as needed.
- Secure and maintain employment (at least part-time), if not in school full-time.
- Understand addiction and its consequences.
- Learn how to make healthy decisions, deal with triggers and decrease negative/destructive behaviors.
- Set goals related to Drug Court (and life in general) and achieve them; seek out and secure appropriate assistance to meet those goals (e.g., through treatment planning).
- Maintain self-discipline and responsible behavior.
- Develop and maintain an interest in a new support group (e.g., through NA/AA or other self-help groups).

The goals related to drug use and recidivism are measured in the outcome section of the report. Other goals could not be measured in this evaluation because data related to these goals were not available. We recommend that the program examine their goals (with evaluator assistance) and begin to gather consistent information that will allow future evaluations to assess these goals.

HCJDC PROGRAM ELIGIBILITY

To be eligible for HCJDC, the prospective participant must have been charged with a crime and must be using alcohol or other drugs. The individual's charge(s) does not have to be drug-related; for example, individuals committing second-degree assault or theft are often accepted into the program. Violent offenders (first degree assault or weapons charges) and sex offenders who may be a danger to others are excluded from the program. On occasion, identified gang members have been allowed into the program, as long as they are not seen as a danger to those already involved in Drug Court. (The clinical supervisor will see these individuals separately in counseling.)

Every potential participant receives a psychological assessment to help determine whether he/she is an appropriate candidate for Drug Court. The assessment looks for learning disabilities, whether the individual will function in a group setting, if he/she will be able to grasp the pro-

gram, and motivational factors. Originally, Drug Court was offered to offenders as an option. Over time, it was presented as a requirement associated with probation. For instance, the Juvenile Master may order an adolescent to enter into Drug Court. However, HCJDC is technically still a voluntary program.

An adolescent entering the HCJDC must meet the following criteria:

- Adjudicated as a delinquent (in relation to the case that qualified them for Drug Court)
- On probation
- A resident of Harford County
- Aged 13-17
- Have adult/family support
- A repeat offender (one charge constitutes a history of offense)
- Use alcohol or other drugs
- Dual diagnosis permissible. A potential participant is not screened out due to mental health issues. If such issues are beyond the capacity of the program to address, the individual under consideration is referred out to other agencies. The decision to refer an adolescent to a service provider outside of the program is made by the program's DJS and treatment provider representatives, and the Juvenile Drug Court Coordinator, with the Coordinator exercising the final authority for the decision.
- Have no violent offenses on his/her record
- Have no sexual offenses on his/her record—unless it is determined that the prospective participant would not be a danger to others in the program

Entry into Drug Court begins with a referral to the program by a variety of individuals and agencies. Referrals may come from DJS caseworkers (who send the majority of the referrals), Assistant Public Defenders, Assistant State's Attorneys, or a Juvenile Master.² Regarding sources of referrals, one Drug Court Team member commented, "Everybody in the juvenile justice system is looking for good candidates for Drug Court." However, another interviewee reported, "Probation is really the gatekeeper, because they are the ones who recommend that the kids try the Drug Court program." All referrals go through Community Services Supervision (Juvenile Probation) initially.

If an individual decides to accept court-ordered probation rather than Drug Court, he/she may eventually be referred to Drug Court if he/she does not meet the terms of probation. If the prospective participant does not have a prior record other than the charge associated with the proximate arrest, and the charge is possession, he/her can opt to go to Harford County Health Department/Adolescent Services and enter its version of counseling on a 90-day contract. If the young person is unable to meet the terms of that contract, he/she may be directed to Drug Court.

The chronology of events leading to HCJDC are as follows:

- A young person is arrested.

² The Master is a circuit court appointed administrative judge.

- Juvenile Probation at DJS receives the police report regarding the proximate arrest.
- The adolescent is declared delinquent by the Juvenile Master.
- He/she is placed on probation by the Juvenile Master.
- The DJS intake worker, the initial contact, conducts an interview with the offender. In addition to criminal history from the court system indicating that there is drug involvement and that the individual has been adjudicated, the DJS representative collects his/her substance use history.
- If it is discovered during the initial evaluation at intake that there is a history of substance use, the individual may be referred to Drug Court. The young person has the right to decline consideration for Drug Court, and is given an opportunity to do so. However, if the Master orders Drug Court for the adolescent, then he/she is required to enter the program.
- If the prospective participant has a serious charge along with drug use, that person is referred to the Case Management Specialist (Juvenile Probation Officer), who also conducts an assessment.
- The Drug Court's Case Management Specialist (Probation Officer) refers the individual to treatment for a substance abuse and psychosocial assessment (ASAM³, POSIT⁴). The psychological assessment is conducted by a psychologist and takes place in the Drug Court office. A potential participant is not screened out due to mental health issues. However, if the mental health issues are greater than the program's ability to address them, the individual under consideration is referred to another agency for mental health related services. As a result of a review of the individual's criminal history, if the DJS Intake Counselor assesses that the youth is at high risk to re-offend without intensive supervision, and there are substance abuse issues present, he/she will refer the adolescent to Drug Court. If the youth has a notable drug problem and a prior record showing other drug charges, the process for program entry begins immediately, with the young person being sent directly to a Drug Court Treatment Counselor. If crisis intervention is involved, and an individual has a severe substance problem, then he/she will be referred to inpatient treatment. Even in crisis situations, treatment is usually not readily available. Typically, the adolescent is placed on a waiting list to enter inpatient care.
- The Drug Court's Addictions Counselor explains the Drug Court program, and the prospective participant makes the decision to be considered for the program or not.
- The Drug Court Team members decide by consensus whether to admit the youth to Drug Court, and they sign off on the admission (the Juvenile Drug Court Agreement)
- The prospective participant attends Drug Court and is called before the Drug Court Judge. The Judge asks whether he/she understands the program, has any questions, and wants to participate. The Judge makes the final determination for program entry. If the prospective participant is approved by the Judge, he/she signs the Juvenile Drug Court Agreement during the first Drug Court session appearance.

³ The ASAM (American Society of Addiction Medicine) is an assessment instrument for addiction

⁴ The POSIT (Problem Oriented Screening Instrument for Teenagers) is a brief screening tool for young people age 12 to 18 that helps to identify problems needing in-depth assessment and treatment

- The Juvenile Drug Court Agreement signed by the young person is a legal contract (petition of the court), wherein he/she agrees to comply with the requirements of Drug Court. The adolescent's parent/guardian signs a separate contract, which is also a petition of the court. This agreement specifies the program's no alcohol/drug policy. The participant and parent/guardian are not released from the contracts unless the Judge sanctions such release as the result of his belief that the program has nothing more to offer to the individual.
- The Judge signs the contracts during the initial Drug Court session and after the rest of the Drug Court Team has signed the documents. The time from intake to when the adolescent first appears in Drug Court for disposition is 30 to 45 days. If the young person stipulates to the facts during the arraignment, is found delinquent, and is put on probation; and if everyone is agreeable, the individual may be in Drug Court in about 40 days (though entry could be as short as 15 to 20 days). Because this is a post-adjudication court, it takes a little more time from initial contact to signing the Drug Court contract because it is necessary to wait for adjudication to occur.

INCENTIVES FOR OFFENDERS TO ENTER AND COMPLETE THE HCJDC PROGRAM

The HCJDC is a post-adjudication program. Upon a participant's successful completion of the program, the charge that led to participation in Drug Court (and all other charges associated with the proximate arrest) is stricken from the record and the individual is found "non-delinquent." Although a juvenile can petition the court to expunge the records at age 18, there is not a guarantee of expungement. If the charge that brought an individual into Drug Court is a felony, and he/she is 18 or over upon graduation, then the felony charge is stricken from the record. If the graduate is under 18, the case is placed on administrative hold. When the graduate turns 18, if he/she has not received any additional charges, then the felony charge is modified (i.e., the delinquency finding is stricken from the record and the case is dismissed).

Additional incentives for offenders to enter and complete the Drug Court program include:

- Free transportation to groups and to court
- Free substance abuse treatment
- At the Drug Court office, there is an on-site Life Skills Specialist available to help with education and employment issues
- Praise from the Judge
- Material rewards for doing well and progressing through the phases of the program, including: gift cards, food coupons, opportunities to participate in group outings, and a wristwatch upon graduation from the program

DRUG COURT PROGRAM PHASES

The HCJDC program has three phases of 90 days each. Each phase has its own treatment and probation requirements. The amount of time spent in each phase is somewhat flexible depending upon when each participant satisfies the phase requirements. An individual who is clean throughout the entire program period can complete Phase II at 60 days. However, Team members report that no participant has completed Phase II that quickly. The program is designed for 9 months, and the average time in the program is 9.7 months, with graduates taking on average

over 11 months (see Outcomes/Impact Evaluation section). Phase III can also be completed in 60 days (if the participant stays clean). Program participants very rarely complete phases in 60 days (maintaining a clean, blemish-free record).

Parents/guardians are required to attend the first Drug Court session with their children and to sign the contract agreeing that their children will participate in the Drug Court program. Parents/guardians do not have any additional requirements associated with the program. The majority of the parents/guardians attend court sessions with their children, but others do not attend any but the required initial session.

Phase I (60-90 days, or more, total time, with at least the last 60 days drug-free)

Requirements

- Call in nightly (Sunday through Thursday) to find out if participant will receive a random drug screen the next day.
- Participate in random screens (urinalyses), usually two to three times per week.
- Attend treatment group twice per week (includes Life Skills training). Depending on which program the individual is in (60 or 90 days), he/she must attend 16-24 group sessions before moving on to the next phase.
- Attend all Drug Court sessions as scheduled (twice per month).
- Enroll in an education program and/or be employed.
- Attend two Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) meetings before transitioning into Phase II.

Phase II (60-90 days total time, or more, with at least the last 60 days drug-free)

Requirements

- Attend treatment group once per week. Must attend a total of 8-12 groups before moving on to the next phase, depending on which program the individual is in (60 or 90 days).
- Call in nightly (Sunday through Thursday) to find out if will have drug screen the following day.
- Participate in one to three drug screens per week.
- Be enrolled and attending some form of education program OR be employed full time.
- Find employment, unless already working (unless too young or doing poorly in school).
- Report to court once per month.
- Attend four AA or NA meetings before transitioning to Phase III.

Phase III (60-90 days total, or more, with the last 60 days drug-free - by this time, participants should have at least 120 consecutive days drug-free).

Requirements

- Meet individually with the assigned treatment counselor and probation officer, once per week for the first month (minimum of four contacts with each), every other week the second month, one final discharge session during third month, for a total of seven sessions.
- Call in nightly, Sunday through Thursday, regarding drug screens.
- Participate in one to three drug screens per week (usually one).
- Be enrolled and attending some form of education program AND be employed. Participants are required to be employed either full- or part-time and to be in school full- or part-time. Younger participants (under age 16) are not expected to be employed if they are full time students. During Phases II and III, the program encourages the 16 or 17 year olds who are in school to work on the weekends in order to gain a feel for what it is like to bring in some income. The program requires participants who are working on a GED (going to class perhaps 2 nights a week) to also be employed.
- Report to court once per month.
- Attend six AA or NA meetings before graduating. Participants must have a sponsor in order to graduate.⁵
- Participate in an “exit interview” with the treatment provider or probation officer (prior to leaving the program).

⁵ An exception to this would be a very young participant (such as the 12-year-old currently in the program), for whom NA or AA meetings would not be appropriate.

Aftercare

Since there is minimal contact between participants and program elements and few required UAs, Phase III of HCJDC's program is considered to be aftercare.

There is no formal aftercare program following completion of the Drug Court program. However, although it is hoped by the program leadership that, by requiring attendance at NA or AA meetings during the program, participation in one of those groups and the relationship with a sponsor will continue following participation in Drug Court. Once Drug Court participants graduate from the program, they are released from probation and their charges are expunged. Therefore, the Drug Court has minimal subsequent official influence over them, and cannot enforce consequences for their behavior.

REQUIREMENTS FOR PHASE ADVANCEMENT

Program participants may move from one phase to the next when they have met all the requirements of the phase in question. The time spent in each phase varies according to how quickly those requirements are completed. Although all members of the Drug Court Team track which participants are clean throughout the program, the Coordinator brings drug test information to the pre-court meeting for group discussion when it is time for a participant to move up a phase. Any Team member can ask the Team if a participant should be moved back a phase or to add 60 days to the current phase.

TREATMENT OVERVIEW

Prior to entry into the HCJDC, potential participants are referred to a psychologist for a psychological assessment. In the assessment the psychologist determines whether there are mental health-related problems that could potentially interfere with program success. These issues include ADD/ADHD, anxiety, depression (including bipolar), anger management, learning disability, and mood swings. Assessment instruments used include: Kaufman Brief Intelligence Test II; House, Tree, Person Assessment; clinical interview; Personal Problem Checklist; and Sentence Completion List.

The Drug Court has one full-time treatment counselor and one full-time counselor trainee who work directly with Drug Court participants. The trainee, who is not a certified counselor, is the Assistant Coordinator/Data Manager, and carries a small caseload. The Drug Court Coordinator also works with participants as a backup counselor.

Participants attend group sessions during Phases I and II, and have individual counseling during Phase III. Group sessions not only address drug-related issues, but also consider other areas of the participants' lives (e.g., life skills classes). Treatment is tailored to the needs of the participant. Unless a problem arises that uncovers a need for mental health counseling, most interventions are educational and skills oriented. If mental health issues are identified, the participant is referred to mental health services. During the mental health intervention the participant remains in the program. A family therapist is also available (through DJS) to families on an as-needed basis.

Group session content covers a variety of topics, such as general life skills, NA and AA related information (i.e., how a typical 12-step program works; NA/AA speakers tell their stories) and utilizing coping skills. If a participant is struggling with a specific problem or issue, and it is appropriate to do so, it may be presented to the group for feedback. The groups also cover job readiness, interview skills, anger management, and stress management. Groups are run by the

addictions counselors, though the Clinical Supervisor has facilitated groups as needed in response to staff shortages. Group content is based on a curriculum that is appropriate to each phase, for example:

Phase I Introduction to Drug Court. Education on marijuana because it (along with alcohol) is one of the most commonly used drugs in the group

Phase 2 Relapse triggers

Phase 3 Relapse prevention

Other group content, such as life skills development, is interspersed through all phases of Drug Court. Specific group content topics are dependant upon the needs of the group, and content may be an evolving process, with group leaders using tools such as worksheets, workbooks, or videotapes to facilitate the discussion. The focus may be on coping-oriented approaches to dealing with anger management or stress, or on more challenging issues such as addressing loss, lifestyle, attitude and behavior change. Substantial group attention is directed at identifying triggers and relapse prevention. Some groups may deal with values clarification, which ties in with the emphasis on loss (of their own value system and morality) or health education (e.g., preventing STDs and HIV). Participants may also voluntarily have blood drawn to check for STDs. HIV testing is also available.

Communication among group participants outside of Drug Court is strongly discouraged. However, many participants attend the same school and take the same classes - a reality that makes this rule difficult to monitor and enforce. In order to form new peer groups, participants are encouraged to participate in other organized groups, such as self-help or church groups.

Acupuncture and Acu-detox are available treatment options that have decreased in use by the program as it has matured. Acu-detox is derived from acupuncture, and is used to help relieve withdrawal and craving symptoms for alcohol and other drug addictions.

OTHER DRUG COURT SERVICES

The Harford County Juvenile Drug Court appears to have a favorable presence in the community. The program has created strong lines of communication with organizations that provide community work opportunities for program participants. The Drug Court staff also works with a school liaison. This representative of Harford County Public Schools provides bi-weekly updates to the Drug Court Coordinator and his staff on the participants who are in school (attendance and grades), and who has been referred to the school office, suspended, or reprimanded on some level. Fifty percent (50%) of participants attend Harford County Public Schools, including those adolescents in alternative education settings.

Among other services provided in the past to Drug Court participants were those offered by Alliance, Inc. This private agency provided education (tutoring for GED, homework assistance, etc.) and employment assistance, among other types of support. Those services are now provided by the Life Skills Specialist (formerly an Alliance, Inc. representative). In addition, the Drug Court Judge has been able at times to find funding to help pay for community college, books, or costs related to taking the GED exam. Funds for some of these activities come from the Close Foundation, through DJS.

Drug court participants are also able to participate in activities outside of the formal program, such as volunteering for canned food drives and participating in group cultural outings. Activities

like these help to strengthen relationships between the staff and the participants, and provide the juveniles with a broader range of experiences than they might normally have.

TEAM MEETINGS

The Drug Court Team meets twice per month in the Judge's chamber prior to the Drug Court session to go over court reviews. The Team includes the Judge, Drug Court Coordinator, Office of Drug Control Policy (ODCP) Manager, Assistant Public Defender, Assistant State's Attorney, representatives from Harford County Public Schools and DJS Probation, the treatment counselors, and the Life Skills Specialist. The Judge presides over the pre-court meetings, as well as the court session.

Information shared in this meeting about each participant includes the results of drug screens, progress in groups, phase status, educational status, employment status, legal status, information about whether the participant is working with the Life Skills Specialist, whether he/she is working with the in-home therapist (a DJS employee who also serves non-drug court clients), and any relevant information regarding individual treatment sessions. After reports are given, Team members make recommendations and extensively discuss each participant. If a young person is having difficulty in the program, the Team reaches a consensus about appropriate sanctions. Although the Judge is not bound by the Team's recommendations, he generally follows them. Occasionally there will be a discussion in open court that will result in a modification of the original Team response to a participant's behavior. For example, the individual may present a compelling reason for the behavior in question that convinces the Judge to act contrary to the Team consensus position. However, the Team members generally know what is going to happen during the court session when they leave the pre-court meeting.

Policy team meetings take place every four to six weeks, and last about an hour. Everyone who attends Drug Court Team meetings also attends Policy meetings. During these meetings, issues related to Drug Court policies and procedures are addressed. The Office of Drug Control Policy (ODCP) Manager chairs the meetings. The Drug Court Coordinator reviews cases, policy issues, operations challenges, and other matters with this group.

PROVIDER AND TEAM COMMUNICATION WITH COURT

The treatment team prepares a progress report that it presents to the Drug Court Team during the pre-court meeting. This report includes the participant's phase status, any individual sessions or crisis interventions that occurred since the last session, the number of groups and educational activities in which the individual participated, new arrests, referrals to the Life Skills Specialist, and results from all urine screens and other tests taken since the last court date. The report also includes an assessment regarding whether the young person has been actively participating in groups, recommendations/remarks, corrective actions to be taken, and an assessment as to whether the participant should attend additional individual/group sessions. If the participant is doing well, that will also be noted in the report. If there is more information to report, such as a specific problem at home, it is usually done during the Team meetings, and not in open court. The report will be added to participant court records. Participants with issues such as school suspensions or pregnancies will not be brought before the court until the end of the Drug Court session when only the Drug Court Team is present.

DRUG COURT SESSIONS

Harford County Juvenile Drug Court sessions are held twice per month. The Judge presides over the Drug Court, with an occasional substitute Judge sitting on occasions when he is unable to preside. Also attending the session are the Assistant State's Attorney, Assistant Public Defender, Drug Court staff (i.e., all counselors), the family therapy counselor, a representative from the Harford County Public Schools, and the Life Skills Specialist. The primary treatment counselor for each participant takes the lead in presenting the youth's progress during the court hearing. The PO then has an opportunity to report on how the participant is doing from his perspective, followed by a report from the Life Skills Specialist. The parent(s)/guardian, who stands with the participant in court, then reports on how the participant is doing at home. Finally, the participant is asked whether he or she has anything to say. If a sanction is to be issued, the Judge will do so after the participant has spoken.

Generally 16 participants are heard in each Drug Court session. The court session will run from 1 hour and 15 minutes to 1 hour and 45 minutes, with 5 to 7 minutes spent on each participant.

FAMILY INVOLVEMENT

Participant family members are not required to participate in Drug Court, but may choose to do so. Program staff members believe that family involvement is often (though not always) an indicator of future participant success. For some individuals, program staff members believe that the family is a precipitating problem. Before their children begin Drug Court, parents/guardians are asked to sign a parent/guardian contract. It states that they will provide alcohol and drug free environments and that they will cooperate with the follow-up process. Since the intent is to gather relevant information from families and participants regarding their difficulties (including their addictions), parents/guardians are present when participants receive psychosocial assessments.

The program staff has attempted to start a parents' group. However, since parents did not show up for the group, the attempt was not successful. The program staff believes that the parents did not attend parent group meetings because they did not want to assume responsibility for their children's behavior. Parents/guardians have to attend court with their children for the first court sessions to sign documents allowing their children to participate in the program. They are not required to meet any other program requirements.

Some parents/guardians drive their children to and from groups and court. The program provides taxis for others. While the majority of parents/guardians attend court sessions with their children, unless a problem arises, some never participate in program activities after the initial court session. Since court sessions take place during work hours, Drug Court hours present difficulties for some parents/guardians. If there are problems related to drugs (e.g., a parent is using), families may be brought in and told that if the drug problems are not resolved, the participants may have to go into long-term placement (e.g., shelter facility, foster care). If there is a problem that the Drug Court program staff members are unable to address, they will refer the young person in question to an appropriate agency. Families may be referred to a family therapist working through DJS who can meet families in their homes. Drug Court counselors may bring families in to address specific issues.

Either on the phone or in person, Drug Court program staff members perform crisis intervention work with families on a daily basis. The program has the capability to do family therapy in the home, if necessary. Although most of its family support interventions are individualized, the

program also has support group capability. Approximately 50% of families receive some type of family therapy or support.

While one Drug Court Team member estimates that 50% of participants have stable family lives, an equal number of participants have reported that someone in their immediate family has an alcohol or drug problem.

THE DRUG COURT TEAM

Judge. The Harford County Juvenile Drug Court Judge is a Harford County Circuit Court Judge. He presides over pre-court Team meetings and the court sessions. In the court sessions he gives participants positive encouragement when they are doing well (or at least trying) and “puts the hammer down” (imposes sanctions) when they are not doing well. He also attends Drug Court policy meetings. The Judge was self-assigned to Drug Court. He was the original Juvenile Drug Court judge in Harford County, and, other than substitutes who sit when he is unavailable, he is the only person to serve on this bench.

Drug Court Coordinator. The Drug Court Coordinator, who has certifications in addictions counseling and many years of experience in the field, also functions as the clinical supervisor for the treatment counselors. His position is funded by Harford County Office of Drug Control Policy. He supervises the counselors’ daily activities, but also often participates in those functions himself. His office is located at the treatment site, so he is available at all times to supervise and make direct decisions about participants and treatment. He also develops policy and procedures for the program, including treatment services. The Drug Court Coordinator participates in all program functions - from administrative activities to direct service provision.

Treatment Counselors. There are two full-time treatment counselors in the Drug Court program (one of whom is a trainee). They are employed by Maryland Department of Health and Mental Hygiene. Treatment-related resources are provided to the Drug Court through the Harford County Health Department. The primary role of the Drug Court counselors is to help participants to comply with the program’s goals (i.e., to abstain from using drugs).

The Drug Court counselors, as certified addictions counselors with the State of Maryland, provide individual counseling as needed, perform random urinalyses (including preparation of bottles for urinalyses), facilitate process and educational groups, do crisis intervention, provide family interventions, prepare intensive treatment plans (updating them as necessary, which is mandatory every 90 days), and conduct psychosocial assessments. Counselors also review the POSIT, a 136-question assessment, that gives the counselors information about the severity of participant issues (given to participants at drug court entry), which allows them to prepare comprehensive treatment plans, determine relevant areas to work on with each participant, and review participant charts. Counselors are also responsible for entering new client data into the HATS database when opening and closing a chart. They record all information that should be in the chart, and place it in the proper order. In addition, they prepare court reports, as required, for Phase I, II, and III participants.

Probation. A Maryland Department of Juvenile Services Case Management Specialist⁶ (CMS) is a member of the Drug Court team. Anyone from Juvenile Probation at the Department of Juvenile Services can refer a child to him, and he will screen the potential participant. The PO states

⁶ The Case Management Specialist is commonly known as the Juvenile Probation Officer, or “PO.”

that he is interested in the Drug Court providing “smart punishment. “ By this he means the least amount of punishment to make treatment work and to optimize the opportunity of the young person to stay in the community. The PO facilitates placement (e.g., to foster care, shelter facilities, inpatient addictions treatment, mental health referral, long term placement), works with participants during the placement, and, if they return, eventually assists them in their transition back to the program. He is the only PO assigned to the Harford County Juvenile Drug Court, working full time with the Drug Court, but also with individuals who are dropped from Drug Court. The PO sometimes does home visits, and will occasionally administer a urine test in the home. If a participant tests positive repeatedly for heroin, the PO will initiate the process of getting him/her into an inpatient treatment facility. The court then may be petitioned to provide a court order to commit that individual to inpatient treatment.

Assistant Public Defender. The Assistant Public Defender (“APD”) assigned to HCJDC is employed by the Maryland Office of the Public Defender. The Assistant Public Defender’s role is to keep participants in the Drug Court program and serve as legal advocate for them. She encourages the treatment provider and/or PO not to come down too hard on participants and to understand that the Team is intended to help them. The APD will challenge participants when they need it (when they are in jeopardy of being charged with a probation violation or being dropped from the program) and will work to get parental assistance as well. The APD attempts to help the young people see the relationship between their drug use and the quality of their lives. She sees herself as part of the Team whose job it is to make sure that participant rights are not violated. If she sees someone whose rights are not being protected, she will advocate for the young person in the pre-court meeting and during the court proceeding. The APD attends Team meetings before every Drug Court session, and the monthly Drug Court Team meetings where more difficult cases are discussed. Unless she is familiar with a participant, she does not participate in participant recruitment or referral to the Drug Court program. Once the Team is in Drug Court, the APD is treated as a co-equal member of the Team. In the interest of cooperating with the Team and supporting participants, unless she finds it necessary to pursue the traditional adversarial role, she avoids it.

Assistant State’s Attorney. The Assistant State’s Attorney represents the Harford County State’s Attorney’s Office. As prosecutor, he maintains the State’s Attorney’s files for juvenile cases, and represents the prosecutorial interest of the State regarding anyone who breaks the rules of HCJDC and is sanctioned. He also voices concerns regarding consequences or lack of consequences during pre-Drug Court Team meetings. The focus of the Assistant State’s Attorney is on juvenile accountability. The Assistant State’s Attorney and Assistant Public Defender work well together. If there is disagreement related to sanctions, they discuss it in court, with the Judge listening to both sides (and making the final decision).

Law Enforcement Agencies. Law enforcement agencies play a minimal role in HCJDC. Harford County Sheriff’s Deputies (sometimes two or three) are in the courtroom during court sessions, and take participants into custody when it is necessary. Their primary roles are as bailiffs.

Manager, Office of Drug Control Policy (ODCP). The Office of Drug Control Policy is an agency of Harford County Government. The Manager ODCP managed the federal grant for Drug Court and was responsible for acquiring continuing funding through the Harford County operating budget after the grant ended. The focus of the ODCP Manager regarding HCJDC is to maintain the program budget.

Assistant Supervisor, Drug Prevention Education (Drug Court School Liaison). The person in this position is employed by Harford County Public Schools. The role of the Assistant Supervisor, Drug Prevention Education, is as educational liaison with the Harford County Public Schools. This representative of the local public schools provides information to the Drug Court Team about student suspensions, grades, and attendance. This individual attends Team meetings, Drug Court sessions, and participates in conference and training programs. If a participant faces school suspension, the Assistant Supervisor will work with treatment staff to help them get the young person back into school or into an alternative education program.

Life Skills Specialist (formerly titled Youth Specialist and Alliance, Inc. Representative). A Life Skills Specialist is assigned to the HCJDC program. In her role, the Life Skills Specialist assists participants with both employment and education concerns. She helps Drug Court participants develop work readiness skills. The assistance she provides includes how to complete job applications, dress appropriately for interviews, and resume preparation. She works with program participants on a one-on-one basis. She also monitors the local job market for potential jobs for participants.

The Life Skills Specialist also works with participants who are enrolled in school. She provides tutoring support for them. She also checks in periodically with teachers and school counselors to find out how participants are doing academically. She assists participants who are not currently in school. She supports their completion of Adult Basic Education classes, which provide free pre-GED preparation. She also provides information regarding other GED classes. She provides GED tutoring once a week. If there are students in Drug Court taking college courses, the Life Skills Specialist also provides tutoring services for them.

Alcohol and Drug Trainee. The Alcohol and Drug Trainee (a non-state certified counselor and a full time staff member) is also funded by Harford County Government. She was hired to maintain the Drug Court program database, which includes participant personal and family information, drug history, legal information, medical information, and school and employment data. She also counsels program participants, facilitates groups, does drug screens, and coordinates special events. The Alcohol and Drug Trainee is responsible for creating lesson plans for the groups, and has been developing a curriculum for Phases I and II. Her database-related responsibilities take about 90% of her time, so she is in the process of significantly reducing her caseload (eventually to zero clients). At the time of the interview, she had two active clients.

DRUG COURT TEAM TRAINING

In 2001 members of the Harford County Juvenile Drug Court Team, including the Judge, attended Drug Court training provided by the federal government over a 6-month period. The Judge and Team subsequently attended several implementation training programs, and Team members have attended additional training programs. Opportunities for Team members to take advantage of training opportunities have been limited by budget constraints. The Assistant Public Defender attends several seminars and training programs each year. The CMS attends training programs and workshops on an annual basis. The Assistant State's Attorney has not attended drug court training, but received on-the-job HCJDC training from the outgoing Assistant State's Attorney. He continues to consult with his predecessor as needed. The treatment counselors recently attended a weeklong drug court-related training program. The Harford County Public School's Assistant Supervisor attends conferences each year, as does the Life Skills Specialist. The Life Skills Specialist also attends seminars, has attended the National Conference on Juve-

nile Justice, and has participated in other relevant training programs. The Alcohol and Drug Trainee has attended numerous conferences, including a national drug court conference. She has also attended local drug abuse symposia. She has received certification through the Board of Professional Counselors since becoming a member of the Drug Court staff.

DRUG COURT SERVICE COSTS

Participants are not responsible for the cost of HCJDC services. UAs are administered and treatment provided at no cost to the participant. In addition, transportation is provided to participants who need assistance in getting to drug court-related activities. The program spends \$10,000-\$12,000 annually for taxi fares. The program spends approximately \$40,000 per year for urinalyses. The majority of services provided by the program are funded through the Harford County operating budget.

DRUG TESTING

As noted above, drug testing services are free to participants. Harford County has implemented a call-in process for urinalyses (UA), wherein every participant is required to call a testing message line after 5 p.m. every night to find out whether they are required to come in the next day for testing. Participants are tested two to three times per week, although the program reserves the right to test them up to five days per week if necessary. The minimum number of tests for Phase I is two. For Phases II and III, drug screens are given a minimum of once per week. All UAs are observed by program staff on a same sex collection basis. Drug tests are analyzed by the Friends Medical Lab. The program utilizes the following drug testing procedures:

- UAs (no shows/dilutes are considered positive)
- Swab, if there is suspected use/unable to void. Done on site.
- Rapid 9-panel screen is used to get baseline reading on someone who is suspected of recent drug use. This test is rarely given, however, and is used only to quickly determine whether a drug has been used. That result, particularly if positive, is sent to the lab
- ETG (Ethyl Glucuronide) test. Assesses alcohol use over several days (up to 80 hours).
- Breathalyzer (About 3 breathalyzer tests are given randomly each month. The ETG is more effective.)
- Alcohol strip capability (rarely used).

REWARDS AND SANCTIONS

Rewards

The Harford County Juvenile Drug Court provides rewards for compliant participant behaviors, including sobriety maintenance, securing and keeping jobs, attending school regularly, obeying home rules, appearing for actively participating in counseling sessions, and appearing for drug testing as directed. As rewards participants receive movie passes, gift cards, pizza, trips to ball-games and the theater, group picnics, participation in ropes courses, and verbal praise.

Sanctions

The Drug Court Team usually votes on responses, including sanctions, to participant behaviors. Ultimately, sanctions are imposed by the Judge during the court session. However, if the preferred sanction is less punitive, such as community service work, the decision to levy it can be made by program staff and implemented immediately. Community service work may include: the participant viewing a video and writing a report regarding what they learned; providing cleaning services; or filing program paperwork. It is common practice for program staff to check with the CMS before imposing a “minor” sanction. Sanctions such as being placed on community detention or being detained must be approved by the Judge and Probation Officer in court.

Sanctions are imposed for non-compliant behaviors such as testing positive for alcohol or drugs or not appearing for required meetings. A common sanction is placing the offending youth on community detention. The addictions staff may also require that non-compliant participants write 500-word papers on subjects germane to the program or read books/articles and write reports based on those readings. The non-compliant participants present their reports during the next court session. As noted above, counselors may impose minor sanctions immediately following non-compliant behaviors, while other (formal) sanctions may take a few weeks to be levied at the next court session.

The sanctions most frequently levied by the program include:

- Community work service (program tries to implement these on site at treatment)
- Community detention
- Detention
- Increased numbers of required NA/AA meetings
- Increased numbers of individual sessions
- Increased numbers of drug screens
- Writing exercises
- Increased length of stay in a program phase
- Suspension from transportation services
- Suspension from youth services
- Increased treatment requirements
- Moving the participant back a phase or two
- Increased monitoring by the CMS and the Treatment Counselor (this includes increased drug screens)
- In-patient treatment
- Long-term care, if necessary, from the treatment provider
- Driver’s license restriction (the driver’s license can be confiscated by the CMS. If the person continues to use after the license is taken away, the CMS can send the driver’s license back to the Department of Motor Vehicles)
- Increased curfew restrictions

A sanction that has been recently added by the program for participants who consistently test positive for drugs, is attendance at an Adult Drug Court session. The Team believes that participants who witness adults being sanctioned in Adult Drug Court may be deterred from continuing their non-compliant behaviors.

UNSUCCESSFUL PARTICIPATION

If participants are removed from the Harford County Juvenile Drug Court Program, depending on the seriousness of the precipitating violation, they may be sentenced on the initial charge that brought them into Drug Court and then detained. Individuals who are sent back to regular juvenile court remain on probation, but do not receive the level of counseling support that they receive from HCJDC. In addition, they do not experience the Drug Court's level of drug testing, and do not see the Judge on an ongoing basis.

On occasion there have been administrative discharges offered to adolescents who move out of Harford County. Depending on the situation, if the participant moves out of the state, although the State of Maryland does not relinquish jurisdiction, Juvenile Probation may request "courtesy supervision" from officials in the "receiving" state. If the young person is required to meet sanction requirements, he/she must return to Maryland to satisfy the obligation.

Some participants "age out" of the Drug Court program at age 18, and may be moved to the Harford County Adult Drug Court. As of October 2006, this has never happened. Other participants are removed from the program because they continue to use substances, and/or are not successful in making other required behavioral changes. Even if participants are not using drugs, if they do not actively participate in the program over an extended period of time, they may be removed from the program. If participants remain in one phase for an extended period of time or have been in the program for 6 months and are still using drugs and/or alcohol, they may be terminated from the program. Some participants remove themselves from HCJDC after deciding that the program is not for them.

The following infractions may be considered as grounds for having program participation revoked:

- Substance abuse-related non-compliance, as evidenced by missing, diluted, and/or positive drug tests, and/or continuing to use substances after 6 months in the program
- Demonstrating a lack of program response by failing to cooperate with the treatment program
- Violence or threat of violence directed at treatment staff, other participants of the program, or other clients of the treatment providers
- Probation violations or other behavioral problems leading to placement in a long-term treatment facility or a juvenile detention facility. Placement to a facility does not necessarily mean automatic removal from the program. After individuals have received treatment at a facility for the time ordered by the Judge, the facility will determine whether they need more treatment. If so, they may be sent to a DJS facility. After completion of their terms in the DJS facilities they can return to the Drug Court program for aftercare.

GRADUATION

Requirements for graduation from the Harford County Juvenile Drug Court vary according to the individual service plan developed for the participant. Juveniles who graduate must be in compli-

ance with all requirements listed on their signed contract, be free of substances for a minimum of 6 consecutive months, have progressed successfully through Phases I, II, and III, and be approved for graduation by the Drug Court Team. To graduate, Drug Court participants must also be enrolled in some sort of education program and/or be employed. The only exceptions are for participant under the age of 16. Participants who have dropped out of school prior to high school graduation have to be working on their GEDs, or be in an Alternative Education program in order to graduate.

So that everyone in attendance at court sessions can see that the program can be successfully completed, graduates are called to the bench at the beginning of Drug Court sessions. The treatment counselor or Coordinator introduces the graduating participants and talks about her/his experiences with the graduates during the program. Then the CMS offers more positive comments about the participants. If parents/guardians are attending the session, they are asked if they wish to say something. The Judge adds his impressions of graduates, then comes down from the bench and presents them with wristwatches and certificates of program completion. Graduates also receive gift certificates for \$10 or \$15, from Target, Wal-mart, McDonalds, or a movie theater. Graduates shake hands with the members of the Drug Court Team, and are offered opportunities to say something before the court.

The biggest incentive to graduate, particularly for young persons who commit felonies, is that their delinquency findings are stricken from the record on their 18th birthdays. For those with misdemeanors, charges are immediately stricken upon graduation from Drug Court. Of course, members of the Drug Court Team see the most important rewards for participation in Drug Court are the cessation of drug use and a more productive life.

DATA COLLECTED BY THE DRUG COURT FOR TRACKING AND EVALUATION PURPOSES

HCJDC keeps records in an electronic (Access) database. The Assistant Coordinator/Data Manager maintains the database, which includes information about each participant's family, school, employment, medical and mental health issues, referrals to services, drug usage, drug court status (phase), arrest information, and demographics (age, gender, ethnicity), among other information.

DRUG COURT FUNDING

The Harford County Juvenile Drug Court was initially funded through a 3-year grant through the U. S. Department of Justice. Funding now comes from a combination of Harford County and State of Maryland budgeted resources. It is anticipated that future funding will primarily come from the State of Maryland.

Ten Key Components of Drug Courts and 16 Juvenile Drug Court Strategies

This section lists the Ten Key Components of Drug Courts as described by the National Association of Drug Court Professionals (NADCP, 1997) and, incorporated into these Ten Components, the 16 juvenile drug court strategies, described by the National Drug Court Institute (NDCI, 2003).⁷ Also listed are research questions developed by NPC for evaluation purposes, which

⁷ NPC felt that both the Ten Key Components and the 16 juvenile drug court strategies provided important perspectives on the operation of juvenile drug courts. We have retained the numbering of the juvenile strategies as they ap-

were designed to determine whether and how well each key component is demonstrated by the Drug Court. Each question is followed by a discussion of the practices of this Drug Court in relation to the key component of interest. Some questions require a comparison to other drug courts. In these cases, results from the National Drug Court Survey performed by Caroline Cooper at American University (2000) are used as a benchmark.

KEY COMPONENT #1: DRUG COURTS INTEGRATE ALCOHOL AND OTHER DRUG TREATMENT SERVICES WITH JUSTICE SYSTEM CASE PROCESSING.

Research Question: Has an integrated drug court team emerged?

Juvenile Strategy #1: Collaborative Planning

- Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.

Juvenile Strategy #2: Teamwork

- Develop and maintain an interdisciplinary, non-adversarial work team.

This key component focuses on creating a drug court team that integrates substance abuse treatment services with juvenile justice system processing and supervision. The Harford County Juvenile Drug Court has an integrated treatment and judicial team that includes the Judge, Drug Court Coordinator, Office of Drug Control Policy (ODCP) Manager, Assistant Public Defender (APD), Assistant State’s Attorney (ASA), representatives from the Harford County Public Schools, Department of Juvenile Services (DJS) Juvenile Probation Officer, addictions counselors, and a Life Skills Specialist. The Drug Court has one full-time treatment counselor and one full-time counselor trainee/data manager who work with the Drug Court participants. The Drug Court Coordinator works with participants as a back up counselor.

Everyone on the Drug Court Team attends Policy Team meetings, which take place every 4 to 6 weeks, to discuss issues related to Drug Court policies and procedures.

The treatment team shares progress reports with the program Team during pre-court meetings. The reports are also included in the court record. Some issues, such as pregnancy or school suspensions, will not be brought before the court until the end of Drug Court sessions when only the Drug Court Team is present.

Unlike most drug courts, the ASA and APD do not have roles in determining participant eligibility. The DJS intake worker is the primary person responsible for determining eligibility. This system of prospective participant identification and referral appears to be working for this program—it was not reported as a challenge by key stakeholders.

However, there was a concern expressed in several key stakeholder interviews that partner agencies may not all understand the purpose and philosophy behind the Juvenile Drug Court.

Suggestions / recommendations:

- The Drug Court Team should examine the need to improve interagency communication. This may be accomplished through in-service training during which the purpose and philosophy behind juvenile drug courts could be clarified for the contributing agencies. In these training

appear in the source document (NCDI, 2003), so the strategies are not numbered consecutively in this section. In addition, some juvenile strategies appear more than once, if they contribute to more than one key component.

sessions the program roles and responsibilities of the contributing agencies can be more clearly delineated.

KEY COMPONENT #2: USING A NON-ADVERSARIAL APPROACH, PROSECUTION AND DEFENSE COUNSEL PROMOTE PUBLIC SAFETY WHILE PROTECTING PARTICIPANTS' DUE PROCESS RIGHTS.

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

Juvenile Strategy #1: Collaborative planning

- Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.

Juvenile Strategy #2: Teamwork

- Develop and maintain an interdisciplinary, non-adversarial work team.

HCJDC appears to respond to this key component effectively. Prosecution and defense counsel are included as part of the Drug Court Team. Key stakeholders reported that the Assistant Public Defender's role in Drug Court is equal to that of the other Team members. The Assistant Public Defender and Assistant State's Attorney relax their normally adversarial roles in the interest of supporting the needs of participants. When participant compliance issues arise, the APD and ASA will revert to their traditional advocacy roles. These two team members reportedly work well together. If there is disagreement between the ASA and the APD regarding sanctions, they discuss it in court, with the Judge listening to both sides and making the final decision.

While the relationship between the Office of the Public Defender and the State's Attorney's Office is reportedly positive, their roles as they relate to agency commitment may need some additional clarification. In our interviews stakeholders suggested that the State's Attorney's Office should enhance its level of participation in the Drug Court team. Regular attendance by all agency representatives at Team meetings and inclusion in decisions such as those related to the need for sanctions during Drug Court sessions could strengthen the integration of key agencies in the program.

Suggestions/recommendations:

- The Drug Court Team should direct attention to enhancing the participation of the State's Attorney's Office in the HCJDC. Including the Assistant State's Attorney in decision-making, such as selecting potential sanctions, can make better use of the agency's experience, expertise, and role in the Drug Court. In addition, the Team should encourage inter-agency communication and each agency's commitment to its participation in this program. The desired levels of commitment should be demonstrated by participation in Drug Court Team, Policy, and Steering Committee meetings.

KEY COMPONENT #3: ELIGIBLE PARTICIPANTS ARE IDENTIFIED EARLY AND PROMPTLY PLACED IN THE DRUG COURT PROGRAM.

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

Juvenile Strategy #3: Clearly defined target population and eligibility criteria

- Define a target population and eligibility criteria that are aligned with the program’s goal and objectives.

The HCJDC exhibits strong collaboration among juvenile justice system agencies regarding the identification of adolescents who may be appropriate for the program. Several agencies and individuals may refer juveniles to Drug Court. These include DJS caseworkers, the Office of Public Defender, the State’s Attorney’s Office, and the Juvenile Master. DJS Probation, however, is seen as the gatekeeper to the Drug Court program. This is because this office recommends to prospects that they should try the Drug Court Program. The Harford County Juvenile Drug Court Policy and Procedures Manual clearly states eligibility requirements, and is available to those who make referrals to the program.

HCJDC is a post-adjudication court, so the length of time between initial contact (arrest) and a participant’s signing the Drug Court contract must wait for adjudication to occur, involving a wait to get on the court’s schedule. The time from intake to the individual being presented to the Drug Court for disposition is 30 to 45 days.

Suggestions / recommendations:

- The HCJDC Team should conduct an in-depth review and analysis of the case flow from referral to eligibility determination to Drug Court entry.⁸ The purpose of this study will be to locate bottlenecks or structural barriers, and points in the process where more efficient procedures may be implemented. It is recommended that the Judge and Coordinator use the Drug Court Team to identify possible solutions to issues that are identified. The program should set a goal for the acceptable time it should take to get participants into the program and commit to work toward achieving that goal.
- As information from the new State SMART MIS becomes available, the program leadership should regularly analyze the characteristics of participants to assure that the program is addressing the intended community need with effective services.

KEY COMPONENT #4: DRUG COURTS PROVIDE ACCESS TO A CONTINUUM OF ALCOHOL, DRUG AND OTHER TREATMENT AND REHABILITATION SERVICE.

Research Question: Are diverse specialized treatment services available?

Juvenile Strategy #7: Comprehensive treatment planning

- Tailor interventions to the complex and varied needs of youth and their families.

Juvenile Strategy #8: Developmentally appropriate services

- Tailor treatment to the developmental needs of adolescents.

Juvenile Strategy #9: Gender-appropriate services

- Design treatment to address the unique needs of each gender.

⁸ This is a separate study than that done in a cost-benefit analysis and requires the collection of different data as well as a unique analysis.

Juvenile Strategy #10: Cultural competence

- Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.

Juvenile Strategy #11: Focus on strengths

- Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.

Juvenile Strategy #12: Family engagement

- Recognize and engage the family as a valued partner in all components of the program.

Juvenile Strategy #13: Educational linkages

- Coordinate with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.

The HCJDC has three phases. This allows participants to feel that they make progress over time. Aside from time spent in the program, there are clear requirements that must be satisfied in order for a participant to move from one phase to the next. The HCJDC Program Participant Handbook informs participants about the Phases and other requirements of the program, and the program's Policy and Procedures Manual informs the Drug Court Team of those requirements, as well. During the program, participants are offered a range of treatment services.

Treatment interventions are usually educational and skill based (e.g., drug-related issues, life skills, job readiness). Group content is individualized to meet the needs of the group members. Family therapy is also available to program participants.

Participants are required to attend group treatment sessions twice a week in Phase I and once a week in Phase II. This level of intensity is lower than the national standard for drug courts.⁹ During Phase III, participants meet individually with treatment counselors and with their CMS once per week for the first month, then every other week for a month, and one final discharge session during the third month, for a total of seven sessions. Participants attend Drug Court sessions twice per month in Phase I, and once per month in Phases II and III. Since there is minimal contact between participants and program staff and few required UAs, Phase III is considered to be an Aftercare phase. It is the program's intent that, by requiring attendance at AA or NA meetings, participants will continue those relationships after graduation.

Although family members are not required to attend Drug Court, program staff members believe that a high level of family involvement is often (though not always) an indicator of future participant success. The majority of parents/guardians attend the court sessions with their children. This allows the Judge to build relationships with the participants' families.

According to several key stakeholders, HCJDC does not serve many minorities (approximately 12% of program participants) and those that are served, in general, are less successful in the program than non-minorities (one-third of minorities who have entered the program have graduated from the program compared to one-half of whites). In order to solve that problem, the program

⁹ Cooper (2000) suggests three group sessions per week in Phase I, with individual sessions as needed, and drug court sessions at least once every three weeks, to maximize behavior change. However, these numbers are based on data from adult drug courts. It is not yet clear how frequent contact needs to be for juveniles to see comparable benefits.

hired minority counselors. One respondent expressed concern that minority counselors will not be more successful with participants if they think like non-minority counselors, rather than relating to their minority participants.

Suggestions/recommendations:

- The Drug Court Team should conduct an assessment of treatment intensity and discuss whether to increase the amount of service provided in Phase I. The Team should also review the findings from the current outcome study to determine if the program is reaching the intended population with needed services and accomplishing its desired results.

KEY COMPONENT #5: ABSTINENCE IS MONITORED BY FREQUENT ALCOHOL AND OTHER DRUG TESTING.

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

Juvenile Strategy #14: Drug testing

- Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.

Based on information from the American University National Drug Court Survey (Cooper, 2000), the number of urinalyses administered in HCJDC is comparable to most drug courts nationally. The administration of two to three UAs a week in the first two phases, and one to two UAs a week in the third phase (HCJDC does not have a fourth phase) is consistent with national experience. HCJDC differs in that its UAs occur randomly in all phases. As with other drug courts nationally, participants are required to give UAs more frequently in the beginning of the program than in later phases.

HCJDC uses a variety of drug and alcohol tests, including urinalysis, swab (for quick, on-site testing), Rapid 9-Panel Screen (used rarely by HCJDC to quickly determine drug use), ETG (assesses alcohol use over several days), breathalyzer (used randomly by this Drug Court, though seldom now that the ETG is available), and alcohol strip (also rarely used by this Drug Court). HCJDC uses a call-in process for random urinalyses, wherein participants call a message line after 5 p. m. every night to find out whether they are to be tested the next day. Urinalyses are observed by Drug Court staff (Coordinator, counselors) of the same sex as the participant being observed.

KEY COMPONENT #6: A COORDINATED STRATEGY GOVERNS DRUG COURT RESPONSES TO PARTICIPANTS' COMPLIANCE.

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

Juvenile Strategy #15: Goal-oriented incentives and sanctions

- Respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.

Nationally, experience shows that the judge generally makes the final decision regarding sanctions or rewards, based on input from the drug court team. All drug courts surveyed said they had

established guidelines for their sanction and rewards policies, and nearly two-thirds (64%) reported that their guidelines were written (Cooper, 2000).

HCJDC has clearly stated guidelines on what constitutes compliant and non-compliant behavior. This information is included in the HCJDC Policy and Procedures Manual and in the Participant Handbook. Staff and participants are aware of these guidelines. Some minor sanctions, such as a small number of community service hours, can be imposed by program staff and implemented immediately following non-compliant behaviors. It is common practice for program staff to check with the CMS before imposing a minor sanction. Formal, more substantial sanctions are imposed during Court. A variety of sanctions are available. They include community service, detention, increased frequency of exposure to service elements (NA/AA, individual counseling sessions, drug screens, or length of time in a phase), suspension from transportation services, increased treatment requirements or monitoring, in-patient treatment, and curfew or driver's license restrictions (confiscating the driver's license).

The most common rewards for good participant progress in drug courts nationally are praise from the judge at court hearings, promotion to the next phase, reduced frequency of court hearings, praise from other drug court participants, special tokens or gifts, and decreased frequency of UAs. A small percentage of courts allows participants to graduate early, and a small percentage has parties, distributes gift certificates, and reduces the drug court program fee (Cooper, 2000).

In HCJDC, participants are rewarded for progress with praise from the Judge, trips to ballgames and the theater, group picnics, participation in a ropes course, and gifts such as movie passes, pizza, or gift cards.

Suggestions/recommendations:

- It is important that drug courts use sanctions as learning experiences for participants and do not interfere with their opportunities for success in the program. Incentives and sanctions should be designed to reinforce or modify the behavior of participants and their families. Therefore, sanctions such as removing transportation services need to be imposed with caution. If a juvenile is sanctioned for missing court or treatment sessions, for example, removing transportation may have the unintended effect of increasing rather than decreasing missed sessions.

KEY COMPONENT #7: ONGOING JUDICIAL INTERACTION WITH EACH PARTICIPANT IS ESSENTIAL.

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

Juvenile Strategy #4: Judicial involvement and supervision

- Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.

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

In the HCJDC program, participants attend court less often than most drug courts during Phases I and II: twice a month in Phase I and once a month in Phases II and III. As with most drug courts nationally, the frequency of court contact decreases after the first Phase of the program. However, participants are required to be in Court on a consistent basis. Therefore, they have regular contact with the Judge.

The HCJDC Judge is involved in decision-making about each participant. He presides over the pre-court Team meetings and over the court sessions, and attends Drug Court policy meetings. The Judge was one of the planners of this Drug Court, and has presided over it since it began operations in October 2001.

The treatment team shares progress reports with the Drug Court Team during the pre-court meetings. These reports include participant phase status, interventions since the previous court session, and other information that the Judge uses to inform his interactions with participants during Drug Court sessions.

During the participant focus group, concerns were raised regarding the clarity of criteria for receiving sanctions. Participants believe that some peers are treated differently from others. They also believe that there are not clear, shared understandings regarding why differential treatment of program participants takes place. This is a common complaint from participants in drug court programs, particularly from juvenile participants (e.g., Carey, Weller and Roth, 2003). It is important for participants to understand the reasoning behind sanctions and rewards and the behavior that is expected to change. Although sanctions and rewards should be distributed as fairly and consistently as possible, individual differences in circumstances must also be taken into account and these cannot always be made clear to participants.

Suggestions / recommendations:

- The development of a positive relationship between a drug court participant and the judge impacts the participant's behavior, engagement with program services, and success in the program. It is important for the judge to establish uniform rules and follow through with incentives and sanctions consistently for all participants for compliant and non-compliant behavior while taking into account individual circumstances. Participants must understand the connection among program (including judicial) expectations, their behavior, and subsequent sanctions and rewards. They need to believe that they are being treated fairly. The appearance of special treatment for some program participant over others can undermine a youth's commitment to participation and their level of trust of authority.

The HCJDC Team should review and reflect upon program rules and their application to assure that they are applied as consistently as possible among all participants. The unique and powerful role that the Judge plays should receive focused attention. When appropriate, the reasons for a particular sanction or reward should be explained as well as the kind of behavior change that is expected as a result of the sanction or reward.

KEY COMPONENT #8: MONITORING AND EVALUATION MEASURE THE ACHIEVEMENT OF PROGRAM GOALS AND GAUGE EFFECTIVENESS.

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

Juvenile Strategy #5: Monitoring and evaluation

- Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to the knowledge in the field.

Juvenile Strategy #16: Confidentiality

- Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team [and evaluators] to access key information.

HCJDC keeps program records in an electronic (Microsoft Access) database. The program has a Data Manager who maintains the database, which includes demographic information and program/service information (such as referrals to services and drug court status).

This Drug Court has been evaluated by outside evaluators twice previously, and used the feedback they received to help improve their Drug Court process. However, the current evaluation revealed that administrative data that would help program managers better understand their participants was not readily available. There were several program goals that could not be measured in this evaluation because data related to these goals was not available (such as employment at exit, school achievement, and family functioning).

Suggestions/recommendations:

- HCJDC staff should be trained to use the new State SMART Management Information System (MIS), both in terms of entering data consistently and accurately, and extracting information for program review and planning. The Drug Court Team should initiate and continue analysis of data about the Drug Court and its participants and use it to inform the Team about its participant population and their programmatic needs.
- We recommend that the program examine their goals (with evaluator assistance) to determine the necessary information that will allow future evaluations to assess these goals. The program should then begin to gather this data and enter it regularly into the database.

KEY COMPONENT #9: CONTINUING INTERDISCIPLINARY EDUCATION PROMOTES EFFECTIVE DRUG COURT PLANNING, IMPLEMENTATION, AND OPERATIONS.

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

The Drug Court Team attended federal drug court training in 2001, and has attended several implementation and other training programs since. The Assistant Public Defender and CMS attend seminars, workshops and/or training programs each year. The treatment counselors, Harford County Public Schools liaison, Life Skills Specialist, and other Team members also attend seminars, conferences, and training programs regularly.

The Assistant State's Attorney has not attended external drug court-specific training, but has received on-the-job training from the previous Assistant State's Attorney assigned to Drug Court. The current Assistant State's Attorney continues to consult with his predecessor

It is important that all partner agency representatives understand the key components and best practices of drug courts, and that they are knowledgeable about adolescent development, behavior change, substance abuse, mental health issues, and risk and protective factors related to delinquency.

Suggestions/recommendations:

- The Assistant State's Attorney assigned to HCJDC has benefited from the experience of the person who previously held this position. However, to enhance his extensive personal practice-based understanding of drug court key components, it would be beneficial for him to attend drug court conferences and training programs.
- The Drug Court Team, in collaboration with the partner agencies, should ensure that all team members receive initial and continuing drug court training. There should be an expectation of and encouragement for staff to take advantage of ongoing learning opportunities (both locally and nationally). To support this goal, a training plan and log system should be established, the results of which should be reviewed by program administrators. These tools will be useful in keeping track of training activities and in reinforcing the importance of professional development.

KEY COMPONENT #10: FORGING PARTNERSHIPS AMONG DRUG COURTS, PUBLIC AGENCIES, AND COMMUNITY-BASED ORGANIZATIONS GENERATES LOCAL SUPPORT AND ENHANCES DRUG COURT PROGRAM EFFECTIVENESS.

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

Juvenile Strategy #6: Community partnerships

- Build partnerships with community organizations to expand the range of opportunities available to youth and their families.

Responses to American University's National Survey (Cooper, 2000) show that most drug courts are working closely with community groups to provide support services for their drug court participants. Examples of community resources with which drug courts are connected include: AA/NA groups, medical providers, local education systems, employment services, faith communities, and Chambers of Commerce.

The HCJDC apparently has a favorable image in the community. It has strong lines of communication with organizations that provide community work service for the participants. Team members work closely with school detention staff and the Harford County Public Schools. The Assistant Public Defender participates in several committees in the community and is involved with a number of agencies, with whom he networks and looks for additional resources for juveniles. Team members have networked extensively in the community in order to acquire support in a variety of forms for program participants. For example, as she tries to match participants with jobs, the Life Skills Specialist works with teachers and counselors in the public schools, with GED-related programs, and with employers. Community Services Supervision (Probation) has contacts with rehabilitation facilities, to which they refer participants who need 30-day or longer-term care.

Due to budget and community support limitations, some participant needs are still not being met. An example is a mentoring program that at one time provided mentors for all of the drug court participants, but has been terminated.

Suggestions/recommendations:

- The Drug Court Team should develop a strategic vision through which it can identify program needs, ways to meet those needs, and the specific resources that would be needed. For example, the program could benefit from a local halfway house or supported independent living program.
- HCJDC should create a policy (or steering) committee made of up Drug Court Team members and representatives from public and private community organizations. This committee would be responsible for advising partner agencies on program design and ensuring that the program is meeting community needs.
- The program should identify new community partners, connections, or resources that would be interested in supporting the program, and strengthen relationships/ties with existing agency partners.
- To improve participant prospects for employment and enhance program experience, HCJDC should take advantage of the Maryland Drug Treatment Court Commission's developing relationship with Goodwill Industries of the Chesapeake. Goodwill Industries has developed a program model that supports job readiness and employment placement.

OUTCOME/IMPACT EVALUATION

Outcome Evaluation Methods

The main purposes of drug court programs are to reduce drug use/abuse and in turn reduce juvenile/criminal justice recidivism, as well as improve the quality of life of drug court participants, their families and their communities. NPC conducted an outcome evaluation designed to answer the following research and policy questions on the Harford County Juvenile Drug Court:

1. Does participation in the Drug Court program reduce substance use?
2. Does participation in the Drug Court program reduce recidivism in the juvenile and adult criminal justice system?
 - 2a. Does participation in the Drug Court program reduce the amount of time later spent in *juvenile* justice placements?
 - 2b. Does participation in the Drug Court program reduce the amount of time later spent under supervision and incarceration in the *adult* criminal justice system?
3. What predicts participant success? Which characteristics of drug court participants are associated with the best outcomes?

RESEARCH STRATEGY

NPC collaborated with several state and local government agencies in Maryland for the purpose of tracking the service utilization rates of juveniles through a complex system of youth and adult services. These agencies include the Maryland Administrative Office of the Courts, the Maryland Department of Juvenile Services, the Maryland Department of Health and Mental Hygiene, the Maryland Department of Public Safety and Correctional Services, the Harford County Sheriff's Office/Detention Center and the Harford County Health Department. A summary of the relevant data sources from each agency is detailed in Table 1.

By collaborating with these agencies, NPC was able to identify HCJDC program participants and follow their subsequent appearance (as juveniles and adults) in the criminal justice and behavioral health systems across the State. In addition to tracking the Drug Court participants, a similar group of juveniles was also identified and tracked as a comparison group. This group was made up of juveniles who had characteristics that were similar to the Drug Court participants and were eligible for the HCJDC program but never enrolled. This strategy makes it possible for NPC to compare the outcomes of the Drug Court participants to those who did not participate and ultimately determine if the Drug Court participants have better outcomes. In other words, to determine if participation in the Drug Court program “makes a difference.”

DATA COLLECTION AND SOURCES

The majority of the data necessary to calculate both the participant and the comparison group outcomes were gathered from administrative databases (see Table 1).¹⁰ NPC staff members have extensive national experience extracting data from these databases. Our team locates the juveniles (later, as adults) in these databases by using a combination of manual searches and match-

¹⁰ All data was gathered for this study with appropriate Institutional Review Board approval, including HIPAA waivers. Memorandums of Understanding (MOUs) with data sources were also obtained as needed.

ing through various software applications. Once identified, the required data elements are extracted from the administrative databases and integrated into an NPC database for analysis. The evaluation team is trained in a variety of univariate and multivariate statistical analyses using SPSS 14.0.

Table 1. Administrative Data Sources

Database	Source	Example of Variables
Harford County Juvenile Drug Court Database	Administrative Office of the Courts (AOC); Harford County Drug Court Staff	For drug court participants only: Demographics, social history, time spent in drug court, discharge status
ASSIST Database	Maryland Department of Juvenile Services (DJS)	Time spent in juvenile placements (residential, detention, electronic monitoring); time spent on juvenile probation, # alleged/formal offenses
Substance Abuse Management Information System (SAMIS)	Maryland Department of Health and Mental Hygiene (DHMH); Alcohol and Drug Abuse Administration (ADAA)	Number of treatment episodes; time spent in treatment; level of care;
OBSCIS I & II	Maryland Department of Public Safety and Correctional Services (DPSCS)	Time spent on parole, probation (adult); number of arrests (adult); time spent in prison (adult)
Harford County Detention Center - Records Unit	Harford County Sheriff's Office; Correctional Services Bureau	Time spent in jail (adult)

SAMPLE SELECTION

The Drug Court Participant Group

NPC used the Harford County Juvenile Drug Court Database to select a group of juvenile drug court participants for this study. Every juvenile who was admitted to the drug court program between January 1, 2001, and December 31, 2004, was selected (see Table 2) and included in the study, regardless of length of time in the program. The outcomes for the Drug Court group were evaluated using an intent-to-treat design, that is, there was no minimum length of stay requirement for a youth to be considered a participant.

Table 2. Harford Admissions by Year

Year	Admissions
2001	15
2002	26
2003	30
2004	31
Total	102

The use of this time period for the selection of the program participant study group was based on two factors: 1) Since the Harford County Juvenile Drug Court program began operation in 2000, a start date in 2001 would allow an appropriate amount of time (about 1 year) for program procedures to be firmly established and program service elements to be fully operational; and, 2) Since the program is designed to last approximately 1 year, an end date in 2004 would allow at least 1 year to track outcomes on the entire sample—the majority of participants would have at least 2 full years of post-program experience for us to examine.

The Comparison Group

For the same time period as the participant group (January 2001– December 2004), a sample of 253 juveniles was randomly selected from the juvenile justice database to serve as a pool of potential comparison sample members. Selection of individuals included in this group was based on the following criteria: 1) All were residents of Harford County; and, 2) All were under a high level of juvenile supervision during the time period. These criteria were established in consultation with the HCJDC team in accordance with the HCJDC eligibility criteria, which includes the requirement that participants be Harford County residents. The HCJDC team also described their program participants as juveniles who would generally be under high supervision. In fact, several of the juveniles identified who meet these criteria were later determined to be Drug Court participants. Sixty-nine (69) of the original 253 names had to be deleted for this reason.

The remaining 184 names for the comparison group sample were then matched to the Drug Court sample on the basis of demographics and legal history including age, ethnicity, gender, number of prior juvenile complaints and supervision level. Descriptions of the participant and comparison group sample are provided in more detail below.

PARTICIPANT AND COMPARISON GROUP MATCHING

As described above, during the study time period (1/1/01 – 12/31/04), a sample of 102 juveniles was selected from the HCJDC database. During the same time period, a second sample of 184 adolescents was randomly selected from the juvenile justice database to serve as potential comparison group members. None of the adolescents in the potential comparison group had ever participated in the Drug Court program. However, these individuals were similar to the Drug Court participants in that they had been under a high level of supervision during the study period and were residents of Harford County.

The juvenile justice records of the comparison group were analyzed to estimate the date when these juveniles may have entered the HCJDC program if they had been referred. This estimated comparison group “entry” date was based on the actual length of time that passed between the

first complaint ever recorded by DJS for each Drug Court participant and his/her eventual enrollment date in Drug Court (on average 635 days passed). Of the 184 juveniles in the comparison group, 133 of them had an estimated “entry date” that fell within the study period.

Using this “entry date” for the potential comparison group members, aggregate matching was performed on the sample of 102 drug court participants and the 133 potential comparison group members. The two groups were matched on the following criteria:

- Age at start date
- Race/ethnicity
- Gender
- Number of prior complaints processed by DJS

It is possible that any or all of these variables could influence juvenile justice outcomes and the costs expended on them. Through the use of aggregate matching techniques, the NPC research team ensured that the sample and the comparison groups did not significantly differ on these characteristics ($p < .05$). During the matching process, those juveniles for whom data were missing or were outliers on the matching characteristics were deleted. The final sample included 96 drug court participants and 99 adolescents in the comparison group.

PARTICIPANT AND COMPARISON GROUP CHARACTERISTICS

The final Drug Court and comparison groups were similar in age, gender, race/ethnicity, number of prior complaints and supervision level. Table 3 summarizes the characteristics of the two groups.

Table 3. Similarities Between the Sample and Comparison Groups

	Drug Court Group (n = 96)	Comparison Group (n = 99)
Gender	25 females (26%) 71 males (74%)	18 females (18%) 81 males (82%)
Race/Ethnicity	84 white (88%) 12 minority (12%)	78 white (79%) 21 minority (21%)
Average Age at Start Date	16.7 yrs	16.3 yrs
Average Number of Prior Complaints Processed By DJS	3.6	3.4

Note: Independent t-tests and chi-square revealed no significant differences between the two groups on these variables ($p > .05$)

Results

DRUG COURT YOUTH CHARACTERISTICS

Description of Participants at Admission

On average, the juveniles were 16.5 years of age at Drug Court entry. The youngest participant was 13 and the oldest was just over 18 when starting Drug Court. The majority of the participants were male (75%) with a fourth being female. Almost 40% reported having a job when they began Drug Court (with the majority in the food service industry). Almost all of the juveniles were single (only three reported to be married/separated/divorced). A large majority was white (over 80%), with the second largest racial group being African American (just under 12%).

Table 4. Demographics of Drug Court Participants

Age	Average	16.6
	Minimum	13
	Maximum	18
Gender	Male	76%
	Female	24%
Race	White	82%
	African American	12%
	Asian	1%
	Hispanic	1%
	Other	4%
Marital Status	Single	97%
	Married	1%
	Other	2%
Employment Status	Yes	38%
	No	56%
	Unknown	6%

Note: n = 102

Substance Use Status

The most common primary drug of choice among program participants was marijuana (75%). The next most common drug of choice was heroin (13%). In addition to juveniles who have drug abuse problems that are more common for their age group (marijuana and alcohol) is a group of juveniles that has a much more serious drug addiction (heroin), which is an extremely difficult addiction to treat. In addition to their use of illegal drugs, many of those being admitted to HCJDC were on at least one type of prescribed medication. Over 34% were currently taking a prescribed medication for either physical or psychiatric reasons.

Table 5. Primary Drug of Choice for New Admissions

Primary Substance	% of New Admissions
Marijuana	75
Heroin	13
Alcohol	7
Cocaine/Crack	4
PolySubstance ¹¹	1

Mental Health History

The majority of juveniles being admitted to the HCJDC were referred for a mental health evaluation (87%). Mental health diagnoses were also recorded in participant files. At least 66% had been given a mental health diagnosis and, in reviewing the case notes there were indications that at least 26% of those juveniles with mental health issues had been described or diagnosed as having attention deficit disorder.

Family History

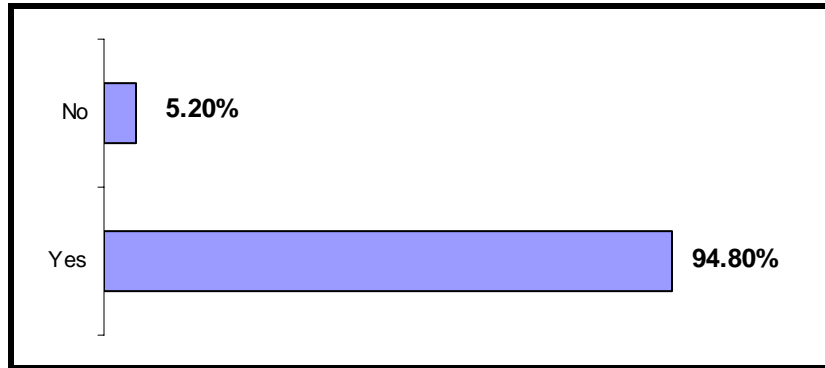
During admission, juveniles were interviewed about their family histories. There was evidence in the case files that many Drug Court participants came from families that were challenged by social problems. Twenty percent (20%) of the adolescents’ families had a member with a criminal history. A large majority (87%) reported that they were aware of at least one member of their family having a drug problem. A quarter of the juveniles came from families in which at least one member had a mental health problem.

School

Upon admission to the Drug Court program, many young people had already experienced problems related to school performance. Twenty percent (20%) were currently or had previously been in a special education program. While less than 15% reported difficulties with writing or reading, almost half of the juveniles reported previously failing a grade. More than nine out of ten Drug Court participants had previously been suspended or expelled from school (see Figure 1).

¹¹ Use of more than one substance at a time.

Figure 1. Have You Ever Been Suspended or Expelled From School?



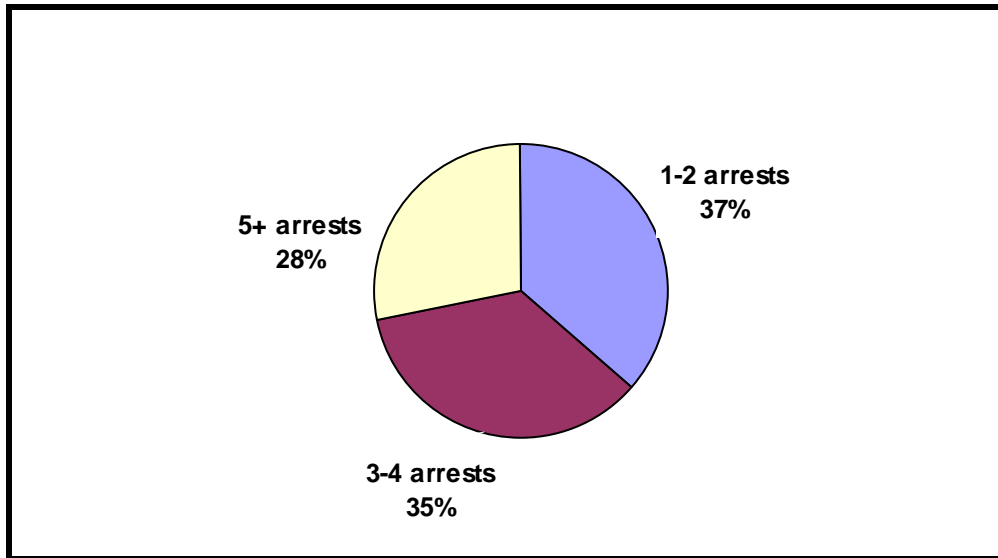
Legal History

Upon admission to Drug Court, many participants had already encountered juvenile justice system problems. According to the Harford County Juvenile Drug Court intake records, 98% of the incoming participants had at least one prior juvenile arrest. On average, Drug Court participants had 3.58 prior juvenile arrests. This finding was consistent with records collected from the Department of Juvenile Services on these participants.

Over half (62%) of the HCJDC population could be considered chronic offenders.¹² Chronic offenders in this report are individuals with histories that include at least three separate complaints processed by the Department of Juvenile Services (See Figure 2). With histories of multiple offenses, these adolescents are expected to also have histories indicating higher utilization rates of public resources than non-chronic offenders. These children are also more likely to re-offend, and, as a result, offer special challenges for Drug Court staff.

¹² Definitions of “chronic” offending vary. There is no national standard and no statewide definition used in Maryland. The definition used here is different from the definition previously used by NPC Research in their January 2006 Interim Report. The availability of juvenile complaint data for this report allowed for the creation of a more sensitive measure of chronic offending.

Figure 2. Percent of HCJDC Participants With Prior Arrests



SUMMARY DESCRIPTION OF DRUG COURT PARTICIPANTS

The Harford County Juvenile Drug Court program appears to be admitting juveniles with a multitude of social service needs. All of the young people admitted had histories of using illegal substances. Almost all of the participants (98%) had histories of involvement with the Department of Juvenile Services. The majority of these juveniles were already chronic offenders in the juvenile justice system in that they had more than three previous complaints in their records. In addition to these problems, the program participants also reported concurrent family, school and mental health issues.

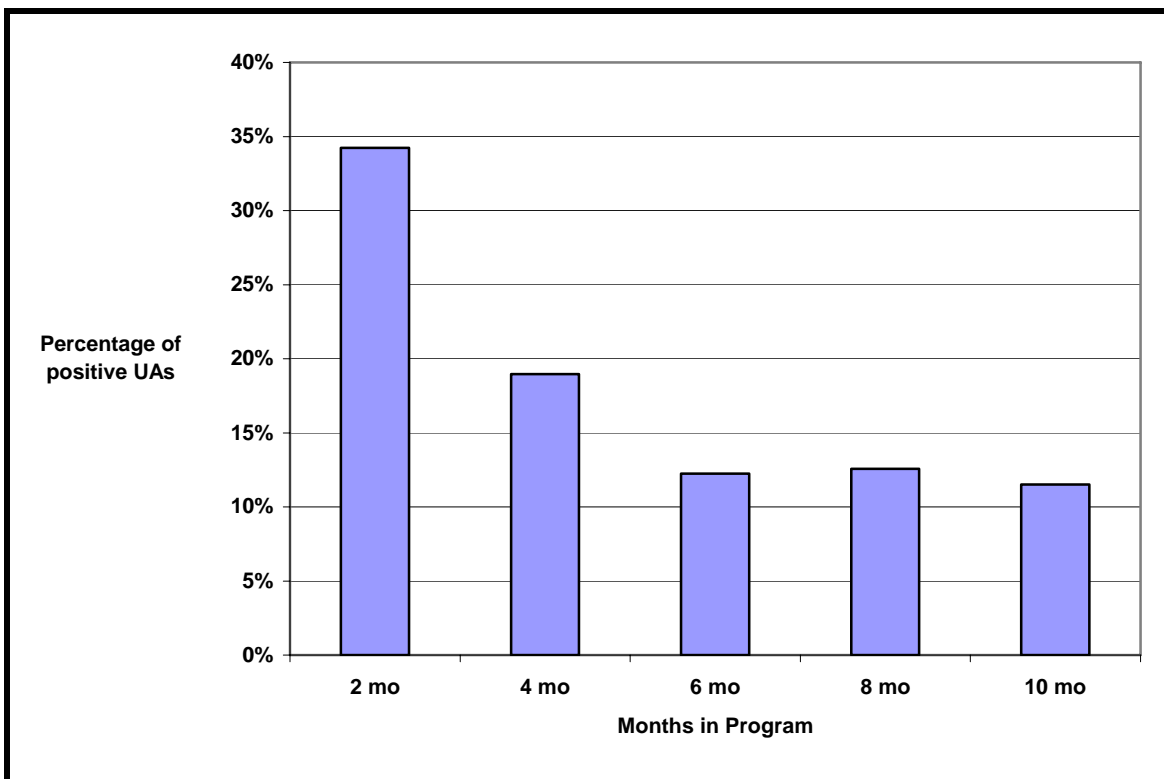
Outcome Study Question Results

RESEARCH/POLICY QUESTION # 1: DOES PARTICIPATION IN THE DRUG COURT PROGRAM REDUCE SUBSTANCE USE?

Drug Testing

The dates of positive drug tests (urinalyses or “UAs”) for HCJDC participants were obtained from the Drug Court database. To determine whether there was a reduction in drug use, the percentage of positive UAs in 2-month blocks over 10 months¹³ in the program was calculated. Figure 3 shows a clear decrease in the percentage of positive UAs over time in the program, with the percentages leveling out at the end.

Figure 3. Percent of Positive UAs Over Time in the HCJDC Program



There is some concern in this analysis that taking a percentage of positive UAs may produce artificially high percentages during the later time periods because fewer drug tests are given to participants who are doing well in the program. Therefore, a single positive UA may be a larger proportion of the total number of UAs later in the program than earlier in the program. This would suggest that the decreases may be greater than appears in this figure, particularly those at the end of the program. Despite this, there is a strong drop in positive drug tests after the first two months of program participating, indicating that drug use is decreasing for these juveniles.

¹³ The average amount of time spent in the program by drug court participants is 9.7 months.

RESEARCH/POLICY QUESTION # 2: DOES PARTICIPATION IN THE DRUG COURT PROGRAM REDUCE RECIDIVISM IN THE JUVENILE AND ADULT CRIMINAL JUSTICE SYSTEM?

Question #2 includes the sub-questions:

- 2a. Does participation in the Drug Court program reduce the amount of time later spent in *juvenile* justice placements?
- 2b. Does participation in the Drug Court program reduce the amount of time later spent under supervision (probation) and incarcerated in the *adult* criminal justice system?

Juvenile Justice Recidivism

Data collected from the Department of Juvenile Services¹⁴ was used to determine juvenile justice recidivism for both the Drug Court and the comparison groups. These measures include:

- *Number of complaints* – A complaint refers to a written statement made by any person or agency to a DJS intake officer, which—if true—would support the allegations of a juvenile petition.
- *Number of adjudication hearings* – An adjudication hearing refers to a proceeding before a juvenile judge or master to determine the truth of allegations made against a youth.
- *Time (days) spent in juvenile justice placements* – This report includes placements for a variety of settings including: community detention, secure detention, residential treatment, group home, or probation.

Juvenile justice outcomes were examined for two time periods. The first time period begins on the Drug Court entry date and ends 1 year later. For the Drug Court sample, this time period overlaps with the participants' active involvement in the Drug Court program. The second time period covers events in the second year following the Drug Court start date. For more recent admissions, this time period was not available; therefore, a smaller subset of the study participants was used in these analyses.

Year 1 Outcomes. Table 6 shows that the Drug Court sample and the comparison group had similar outcomes in the first year after program entry. Independent t-tests were conducted to see if there were any significant differences between these two groups based on the juvenile justice recidivism measures used in this study (see Table 6). The Drug Court participants spent significantly more days in secure detention and in community detention. This finding can be attributed to the use of sanctions on the part of the Drug Court program for behavior modification. None of the other measures reported in Table 6 were statistically different, although the trend is consistent with the intense scrutiny Drug Court participants are under while participating in the program, resulting in slightly higher numbers of complaints and adjudicated hearings. This indicates that drug court participants are not an easy population of juveniles and that there is no selection by the drug court for juveniles that would be “easier” to work with.

This finding of less positive results in the first year is common in juvenile drug court programs in the first year (e.g., Carey, 2004) but is compensated for in highly positive outcomes in the second year after program participation, (as described later in this document).

¹⁴ A glossary of terms developed by DJS can be found at: <http://www.djs.state.md.us/terms.html>

Note that HCJDC participants had more days in residential treatment. This can be interpreted as demonstrating that the Drug Court program is successful in accomplishing its key goal of getting its participants into the treatment they need.

Table 6. Summary of Juvenile Justice Recidivism in Year 1

	Drug Court Graduates (n = 45)	Drug Court Discharge (n = 51)	Entire Drug Court Sample (n = 96)	Comparison Group (n = 99)
Average number of juvenile justice re-arrests	1	2	1.5	1.2
Average number of adjudication hearings	.8	1	.9	.7
Average number of days on juvenile probation	121	263	196	157
Average number of days in secure detention	5	23	15	6
Average number of days on community detention	23	59	43	12
Average number of days in residential treatment	6	42	25	15
Average number of days in shelter care	.02	1	.6	2
Average number of days in foster care	0	9	5	1.5
Average number of days in group home	0	0	0	7

Year 2 Outcomes. By Year 2, the majority of HCJDC participants had either successfully completed (graduated) or unsuccessfully exited the program and therefore had received their “dose” of Drug Court services. Table 7 shows that juvenile justice outcomes in the second year are quite positive for HCJDC participants, regardless of graduation status. Independent t-tests were conducted to determine if there were any significant differences between these two groups based on these juvenile justice recidivism measures. The comparison group members spent significantly more days on juvenile probation (4 times as many probation days as the Drug Court participants) and experienced significantly more DJS complaints. The trends for all other measures are also positive (although not statistically significant)¹⁵ for Drug Court participants. HCJDC participants had fewer adjudicated hearings and fewer days in secure detention, community detention and shelter care. A lone exception is residential treatment. HCJDC participants had more days in residential treatment. Again, this demonstrates that the Drug Court program is successful in accomplishing its key goal of getting its participants into the treatment they need.

Table 7. Summary of Juvenile Justice Recidivism in Year 2

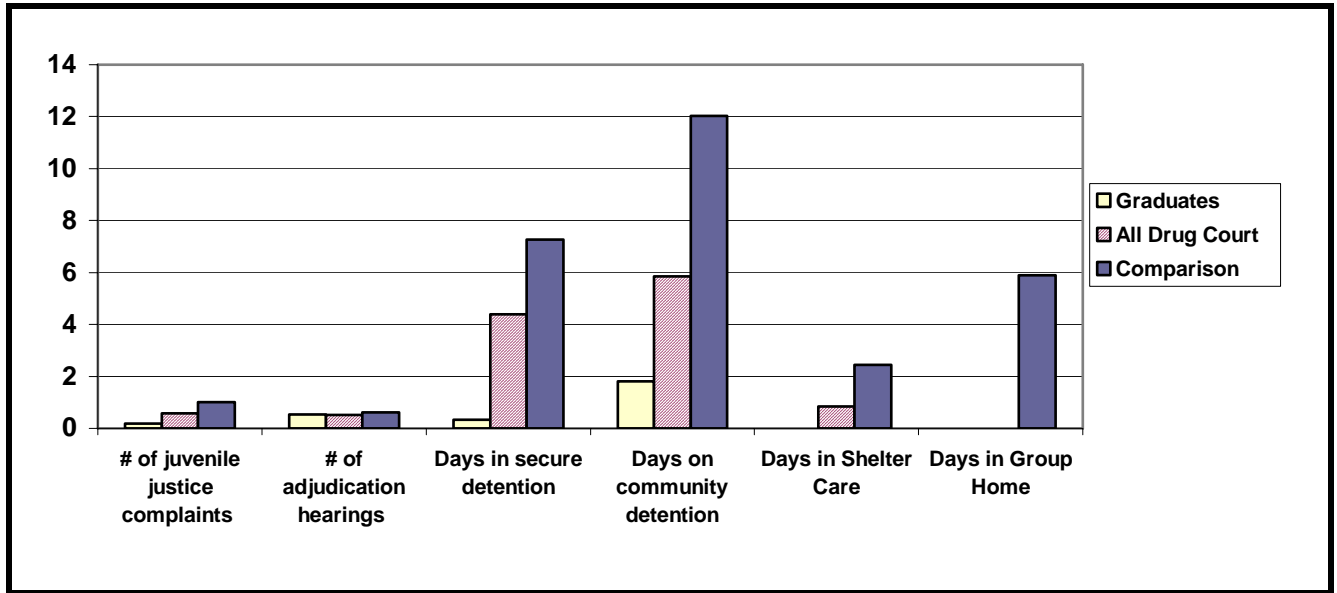
	Drug Court Graduates (n = 37)	Drug Court Discharge (n = 38)	Entire Drug Court Sample (n = 75)	Comparison Group (n = 82)
Average number of juvenile justice re-arrests	.2	1	.6	1
Average number of adjudication hearings	.5	.5	.5	.6
Average number of days on juvenile probation	0	61	31	131
Average number of days in secure detention	.3	8	4	7
Average number of days on community detention	2	10	6	12
Average number of days in residential treatment	2	23	12	11
Average number of days in shelter care	0	2	1	2
Average number of days in foster care	0	0	0	0
Average number of days in group home	0	0	0	6

Note: Only adolescents who had 2 full years of outcome data were used in this analysis.

¹⁵ The lack of statistical significance for these outcomes is related to the lack of statistical “power” due to the relatively small sample size. It is likely that with a larger sample size, these differences would have been significant.

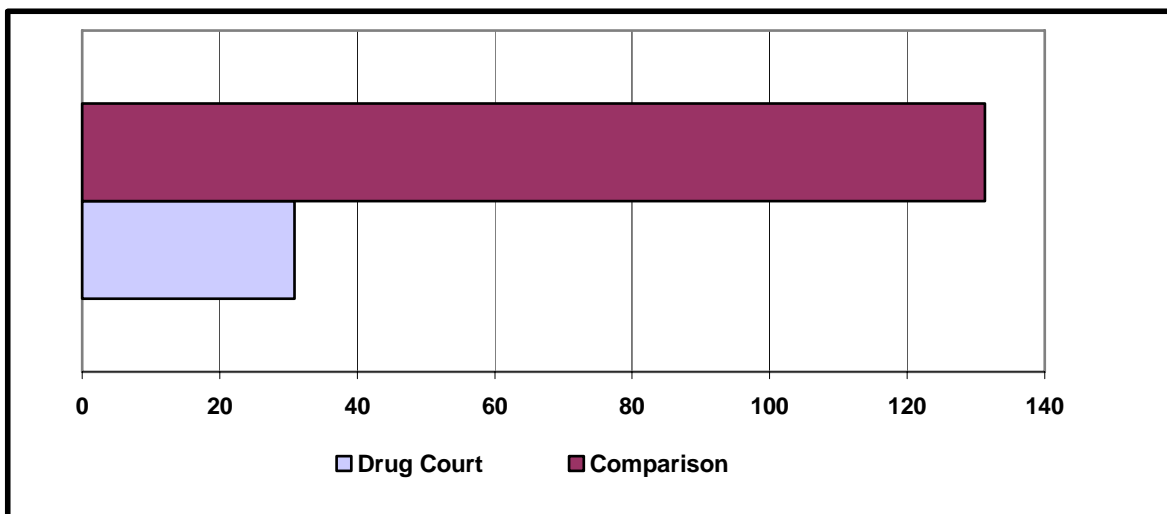
Figure 4 provides a picture of some of the juvenile justice outcomes listed in the table above. This figure illustrates the positive trends experienced by HCJDC participants after Drug Court participation. Drug Court participants, regardless of graduation status, have less than half the number of days in community detention and less than half the days in shelter care as comparison group members. Participants also have half the number of new complaints as juveniles who did not participate in the program.

Figure 4. Juvenile Justice Recidivism Outcomes – Year 2



One of the most impressive findings is the average number of days on probation per juvenile in each group. Figure 5 demonstrates the 4-fold difference between the Drug Court and comparison groups. The comparison group spends over 4 times as many days as the drug court group on juvenile probation.

Figure 5. Average Days on Juvenile Probation



Adult Criminal Justice Recidivism

In addition to the data provided by the Department of Juvenile Services, NPC also collected data on juveniles who later came into contact with the adult criminal justice system. NPC worked with two agencies to collect these records, 1) the Maryland Department of Public Safety and Correctional Services (DPSCS) and 2) the Harford County Sheriff’s Office/Detention Center.

DPSCS provided records of prison admissions and placement dates for parole and probation terms. The Harford County Detention Center provided entry and release dates for county jail terms served. Arrest data were also imputed from the jail stays provided by the Harford County Detention Center.¹⁶ These calculations were based on the assumption that each jail stay was precipitated by an arrest. The potential for over-reporting the number of arrests with this model was assumed to be negated by the potential for under-reporting arrests that may have occurred outside of Harford County.

Adult criminal justice outcomes were examined for the 2 years after Drug Court entry. For more recent admissions, this 2-year time period is not available; therefore, a smaller subset of the study participants was used in these analyses.

Table 8 provides the average number of adult criminal justice events experienced per participant in the HCJDC program and the comparison group. Although the differences were not significant due to the very small numbers of participants who had adult outcomes, HCJDC participants spent less time in jail, less time in prison, and less time on probation/parole than the comparison group in the adult criminal justice system.

Table 8. Summary of Adult Criminal Recidivism for 2 Years After Program Entry

	Drug Court Graduates (n = 37)	Drug Court Non-Completers (n = 38)	All Drug Court (n = 75)	Comparison (n = 82)
Average number of arrests	.1	.3	.2	.2
Average number of days in jail	1	5	3	8
Average number of days in prison	0	6	3	11
Average number of days on parole/probation	20	78	49	65

Note: Only youth who had 2 full years of outcome data were used in this analysis.

¹⁶ DPSCS also provides arrest data but these records were not received in time for inclusion in this report.

Combined Juvenile and Adult Recidivism

On average, the Harford County youth were 17.5 years old when they exited the Juvenile Drug Court program. This means that the most complete recidivism measures should come from a combination of the juvenile and adult criminal justice systems records. NPC compiled juvenile and adult system arrests into one measure to compare the overall recidivism of the groups (see Table 9).

Criminal justice outcomes were examined in three different time periods. The first time period begins on the Drug Court start date and ends 1 year later. For the Drug Court sample, this time period overlaps with the participants’ active involvement in the Drug Court program. Year 2 covers events that happened in the second year following the Drug Court start date, after most participants have exited the program. For more recent admissions, this time period is not available; therefore, a smaller subset of the study participants will be used in these analyses. The third time period includes all events that occurred in the first and second time periods together (Year 1 and Year 2 combined).

Table 9. Summary of Combined Juvenile and Adult Arrest

	Drug Court Graduates	Drug Court Non-Completers	All Drug Court	Comparison Group
Average number of adult and juvenile arrests in Year 1	1	2	1.5	1.3
Average number of adult and juvenile arrests in Year 2	.6	1.2	.7	1.1
Average number of adult and juvenile arrests in Year 1&2 combined	1.3	3.2	2.2	2.6

Note: Only youth who had 2 full years of outcome data were used in this analysis. Sample sizes vary for each group, ranging from 37 - 99.

Independent t-tests were conducted to see if there were any significant differences between these two groups based on the combined set of juvenile and adult arrest measures (see Table 9). As the trend showed in juvenile recidivism above, the positive benefits of Drug Court participation are seen in Year 2, when participants had completed their involvement in the program. In Year 2, the Drug Court participants had significantly fewer juvenile and adult arrests than the comparison group.

In addition, although both the participant and comparison group show a decrease in re-arrests from year 1 to year 2, the Drug Court participants experienced a 54% drop compared to an 11% decrease in re-arrests for the comparison group.

STUDY QUESTION #3: WHAT PREDICTS PARTICIPANT SUCCESS?

Which characteristics of drug court participants are associated with positive drug court program outcomes?

NPC examined the characteristics of those HCJDC participants who successfully complete the program (graduates) and those who are “terminated” or leave the program for non-compliance before completing (non-completers). Differences between these two groups can indicate 1) the characteristics of the participants who are likely to have success in Drug Court, and 2) the characteristics of the participants who may need additional or specialized services to succeed.

During the study period, the overall graduation rate for the Harford County Juvenile Drug Court was 47%. However, the graduation rate was high early in the program’s history (64% in 2001) but has decreased over the 4 years of observation (see Table 10). This may reflect programmatic changes made during this time frame and the tightening of graduation requirements (see process description page 20). There was also a steady increase in the number of chronic offender admissions (see Section VIII-B)

Table 10. Number of Harford Drug Court Sample Graduates by Year

Admission Year	Number Graduated	Number Discharged	Graduation Rate
2001	9	5	64%
2002	15	10	60%
2003	12	17	41%
2004	9	19	32%
Total	45	51	47%

Characteristics of those who graduated and those who were discharged were compared (see Table 11). Overall, similar to findings from other studies (Carey, 2004), graduates were more likely to have fewer prior complaints than non-completers, were more likely to be employed at intake and were more likely to stay in the program longer. Non-completers had a higher percentage of positive urinalysis test results (contributing to their discharge from the program). Although not statistically significant, non-completers had a higher incidence of ADHD diagnoses than graduates.

Table 11. Characteristics of Graduates and Non-Completers

Description	Graduated (n = 45)	Non- Completers (n = 51)	Significantly Different? (p < .05)
Average Age at Drug Court Start	16.7 yrs	16.6 yrs	No
Percent Minority Status	9%	16%	No
Percent Female	29%	24%	No
Percent Employed	56%	24%	Yes
Percent Family Member with Drug Problem	80%	92%	No
Percent on Medication	39%	31%	No
Percent with ADHD	18%	33%	No
Percent Reported Prior Abuse	13%	12%	No
Number of Prior Complaints Processed by DJS	3	4	Yes
Average Length of Stay in Drug Court	343 days	251 days	Yes
Number of Urinalysis Tests Received	54	45	No
Percent of Positive Test Results	15%	28%	Yes

DIFFERENCES IN TREATMENT OUTCOMES

NPC requested data from the Maryland Alcohol and Drug Abuse Administration (ADAA), the State agency responsible for the coordination of all treatment providers in the statewide network. Each occurrence of an admission to, or a discharge from a treatment clinic is submitted to ADAA for documentation in its management information system. These incidence reports include both publicly and privately funded treatment episodes.

To acquire complete treatment records, data requests must include a social security number (in addition to names, dates of birth and other identifying information). However, social security

numbers were only made available to NPC for the Drug Court participants.¹⁷ For this reason, detailed outcome descriptions can only be reported on the members of the Drug Court sample¹⁸. Eighty-five percent of the requested treatment records were found in the ADAA database (n = 82).

Similar to the records kept by Drug Court program staff, ADAA treatment records showed that the most common drug of choice was marijuana (72%). A comparison of Drug Court graduates to those discharged from the program indicates that those who were later terminated from drug court had a higher rate of heroin use (see Table 12).

Table 12. Primary Drug of Choice for Drug Court Participants During Year 1

Primary Drug of Choice	Graduated (n = 37)	Discharged (n = 45)	All Drug Court Youth (n = 82)
Alcohol	5%	10%	8%
Crack	0%	2%	1%
Other cocaine	3%	0%	1%
Marijuana/Hashish	87%	63%	72%
Heroin	5%	23%	17%
Other	0%	2%	1%

¹⁷ Due to security concerns of the Department of Juvenile Services.

¹⁸ Estimates comparing the drug court sample and the comparison group are reported in the cost section of this report. The data for the cost estimates were collected by primarily using names and dates of birth and therefore have a much higher incidence of missing records.

Drug Court participants reported that they were about 13 years old when they first began using their primary drug of choice. Based on their earliest admissions recorded with ADAA, these juveniles were first placed in treatment 2-3 years later. Almost half of the Drug Court participants had been exposed to some type of substance abuse treatment prior to their Drug Court start date (See Table 13).

Table 13. Early Treatment Experiences of the Drug Court Participants

	Graduates (n = 37)	Non- Completers (n = 45)	All Drug Court Youth (n = 82)
Average age at first use	13.3	12.8	13.0
Average age at first treatment admission	15.7	15.6	15.7
Average number of prior treatment episodes	0.7	0.9	0.8
Percent of youth who had any prior treatment admission	41%	53%	48%

A comparison of Drug Court graduates to those terminated during the first year shows the two groups were significantly different in some striking ways. Graduates experienced fewer treatment admissions but had longer lengths of stay. This suggests that those who were terminated from the program had been placed in treatment frequently but did not stay for a long period of time. As a result in the differences in the lengths of stay, graduates received more services than those discharged (see Table 14).

Table 14. Treatment Experiences of the Drug Court Participants in Year 1

	Graduated (n = 37)	Discharged (n = 45)	Significantly Different? (p < .05)
Number of total treatment admissions	37	60	Yes
Percent of Admissions:			
ASAM Level I	97%	80%	Yes
ASAM Level II	0%	5%	No
ASAM Level III	3%	12%	No
ASAM Level IV	0%	0%	No
Other	0%	3%	No
Average number of days in treatment	293	187	Yes
Average number of Individual Counseling Sessions	11	9	No
Average number of Group Counseling Sessions	42	35	No
Average number of Family Counseling Sessions	3	1	No
Urinalysis Tests During Treatment	49	28	Yes
Positive Urinalysis Tests During Treatment	5	8	No

Note: Determination of statistical significance made using either the t-test (t) or chi-square (χ^2).

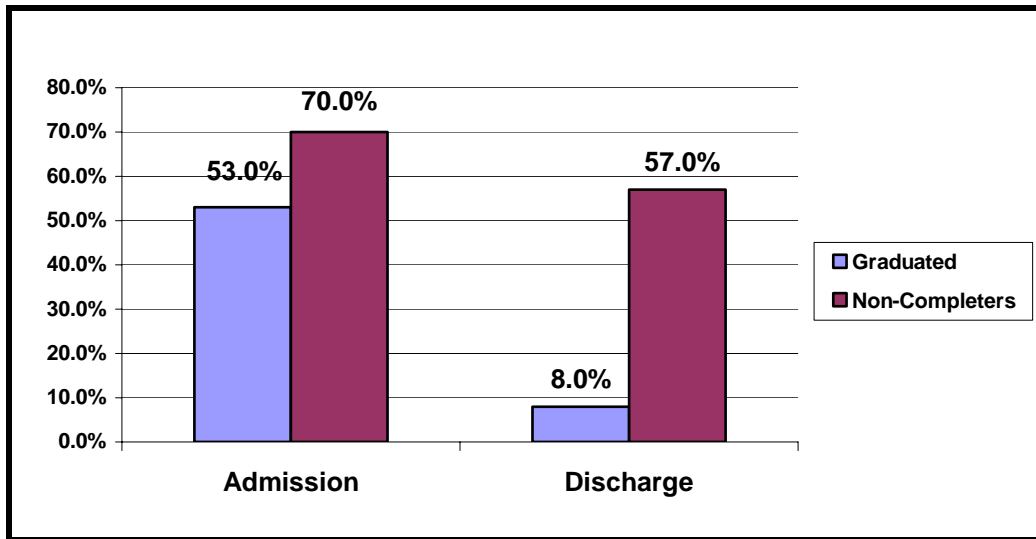
Table 15. Severity of Treatment Status at Admission and Discharge

	Graduated (n = 37)	Discharged (n = 45)	Significantly Different? (p < .05)
Primary severity at admission:			
Mild	8%	2%	No
Moderate	35%	28%	No
Severe	57%	70%	No
Primary severity at discharge:			
Not a problem	87%	12%	Yes
Mild	0%	10%	Yes
Moderate	5%	25%	Yes
Severe	8%	53%	Yes

Note: Determination of statistical significance made using either the t-test (t) or chi-square (χ^2).

Table 15 shows that the Drug Court graduates and those discharged looked similar at treatment admission. There were no significant differences found in the percentages of those who were considered 1) mild, 2) moderate, or 3) severe at intake. However at treatment discharge, the two groups look noticeably different. There were far more moderate and severe cases in the group of juveniles who did not complete Drug Court. For the graduates, the percentage of severe cases fell 49%. For those discharged without graduating, the percentage of severe cases fell only 17% (see Figure 5). However, note that the percentage of severe cases fell for both graduates and those who did not complete the program, indicating that the program had positive effect on participant addiction, regardless of graduation status.

Figure 6. Percentage of Severe Cases From Admission to Discharge



In summary, differences between HCJDC graduates and those who did not complete the program are rather striking. Graduates had a less severe criminal history, were more likely to be employed at program entry, were less likely to have a diagnosis of ADHD, and were less likely to have a “severe” diagnosis. This provides some direction to the HCJDC program for ways to enhance its services and supports recommendations made in the process section of this report.

The program should research ways that it could enhance the services provided to juveniles with severe treatment status. HCJDC should consider continuing to support those participants referred to residential treatment by requiring them to return to the program after completing the residential episode. The program will provide much needed structure that will help these participants to continue to abstain from drug use as well as providing other services that will allow them to succeed.

THE CHALLENGE OF CHRONIC OFFENDERS

As stated above, the number of prior complaints an adolescent had with the Department of Juvenile Services was apparently significantly associated with whether or not he/she was able to complete Drug Court. Similarly, we can expect chronic offenders to have more challenges in successfully completing Drug Court and achieving positive criminal justice outcomes. To further explore this issue, NPC identified a sub-sample of program participants who enrolled in Drug Court and were chronic offenders. Chronic offenders in this report are juveniles with histories of at least three separate complaints processed by the Department of Juvenile Services.

During the study period, 66 of the 96 Drug Court admissions could be classified as chronic offenders. As the program expanded between 2001 and 2004, a higher percentage of chronic offenders was admitted (see Figure 7). During the same period, the graduation rate fell. Nearly two-thirds (60%) of these chronic offenders were later discharged from the program (see Table 16). In addition, Table 16 shows that the graduation rate of chronic offenders has dropped. This provides an indication that the HCJDC should focus additional attention on chronic offenders to determine their specific needs and how services could be modified or enhanced to meet those needs.

There is limited evidence that HCJDC is having success with the chronic offender population that is being admitted. For example, after 2 years, the percentage of chronic offenders in the sample group (31%) was smaller than the percentage of chronic offenders in the comparison group (38%). The 2-year juvenile arrest and combined juvenile and adult arrest experiences of the Drug Court group are also slightly more favorable than those of the comparison group. However, the total number of chronic offenders in this study is small and there is not enough statistical power to detect significant differences between the Drug Court sample and the comparison group.

Figure 7. Admission Rates of Chronic Offenders and Drug Court Graduation Rates

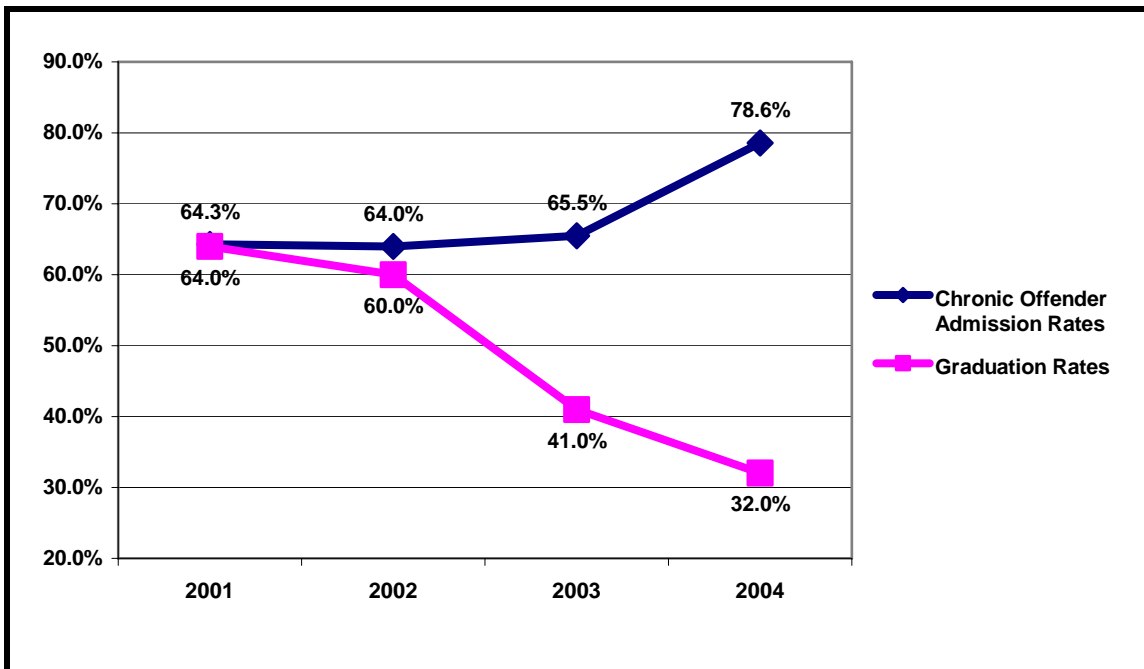


Table 16. Graduation Rate of Chronic Offenders

Admission Year	Number Graduated	Number Discharged	Graduation Rate
2001	5	4	55%
2002	9	7	56%
2003	7	12	37%
2004	6	16	27%
Total	27	39	40%

Note: n = 66

With respect to the chronic offender population, there remains a considerable challenge for the Drug Court program. The chronic offender population is having a sizeable impact on the Drug Court graduation rates. This combined with the analysis of the chronic offenders in the comparison group suggest that HCJDC could benefit from an increase in resources to better identify and serve this special population. In our recommendations for HCJDC we suggest that the program should closely assess the characteristics of its participants and assure that the program is designed to fully meet their needs. This should help the program more effectively meet the needs of chronic offenders. We also suggest that additional outcomes analyses should be pursued in the future to assess issues such as the longitudinal experience of chronic offenders.

OUTCOME SUMMARY

Overall, outcomes for HCJDC participants are quite positive. After participation in a full “dose” of the program, regardless of whether they graduate, by the second year after program entry juveniles were re-arrested less often, spent less time in jail, less time in prison, and less time on probation. Further, Drug Court participants had fewer positive drug tests and experienced a drop in treatment severity status over their time in the program. In all, there is strong evidence that participation in the HCJDC program leads to reduced drug use and reduced recidivism.

COST EVALUATION

Cost Evaluation Methodology

COST EVALUATION DESIGN

Transactional and Institutional Cost Analysis

The cost approach utilized by NPC is called Transactional and Institutional Cost Analysis (TICA). The TICA approach views an individual's interaction with publicly funded agencies as a set of *transactions* in which the individual utilizes resources contributed by multiple agencies and jurisdictions. Transactions are those points within a system where resources are consumed and/or change hands. In the case of drug courts, when a drug court participant appears in court, resources such as judge time, state's attorney time, defense attorney time, and court facilities are used. When a drug court participant has a drug test, urine cups are used. Court appearances and drug tests are transactions. In addition, the TICA approach recognizes that these transactions take place within multiple organizations and institutions that work together to create the program of interest. These organizations and institutions contribute to the cost of each transaction that occurs for program participants. TICA is an intuitively appropriate approach to conducting cost assessment in an environment such as a drug court, which involves complex interactions among multiple taxpayer-funded organizations.

Cost to the Taxpayer

In order to maximize the study's benefit to policy makers, a "cost-to-taxpayer" approach was used for this evaluation. This focus helps define which cost data should be collected (costs and avoided costs involving public funds) and which cost data should be omitted from the analyses (e.g., costs to the individual participating in the program). The core of the cost-to-taxpayer approach in calculating benefits (avoided costs) for drug court specifically is the fact that untreated substance abuse will cost various tax-dollar funded systems public funds that could be avoided or diminished if substance abuse were treated. In this approach, costs that result from untreated substance abuse are used in calculating the benefits of substance abuse treatment.

Opportunity Resources

NPC's cost approach looks at publicly funded costs as "opportunity resources." The concept of *opportunity cost* from economics relates to the cost of doing an activity instead of doing something else. The term *opportunity resource* as it is applied in TICA describes resources that are now available for a given use because they have not been consumed for an alternative activity. For example, if substance abuse treatment reduces the number of times that a client is subsequently incarcerated, the local Sheriff may see no change in his or her budget, but an opportunity resource will be available to the Sheriff in the form of a jail bed that can now be filled by another person.

COST EVALUATION METHODS

The current cost evaluation builds on the process and outcome evaluations performed by NPC on the Harford County Juvenile Drug Court. The costs to the criminal justice system (cost-to-taxpayer) in Harford County incurred by participants in Drug Court are compared with the costs incurred by those who were similar to but did not enter Drug Court. In addition, the specific pro-

gram costs are calculated separately in order to determine the per-participant costs of the Harford County Juvenile Drug Court program.

TICA Methodology

The TICA methodology as it has been applied in the analysis of the Harford County Juvenile Drug Court is based upon six distinct steps. Table 17 lists each of these steps and the tasks involved.

Steps 1 through 3 were performed within the process evaluation. Step 4 was performed in the outcome/impact evaluation. Step 5 was performed through interviews with Drug Court and non-drug court staff and with agency finance officers. Step 6 involves calculating the cost of each transaction and multiplying this cost by the number of transactions. All the transactional costs for each individual are added to determine the overall cost per individual. This is generally reported as an average cost per individual. In addition, the TICA approach has made it possible to calculate the cost for Drug Court processing for each agency.

The direct observation of the program process and the specific program transactions occurred within the process evaluation. The key informant interviews using the Typology Interview Guide were also performed during the process evaluation (see the Drug Court Typology Guide in Appendix A). Much of the data collection (described above) was performed in the process of conducting the outcome evaluation. However, some additional transaction data (such as jail time served) and all of the cost data were collected specifically for the cost evaluation. Cost data were collected through interviews with Drug Court staff and jurisdiction and agency contacts with knowledge of jurisdiction and agency budgets and other financial documents, as well as from budgets either found online or provided by jurisdiction and agency staff.

The costs to the criminal justice system outside of Drug Court program costs consist of those due to new juvenile criminal arrests, juvenile community services supervision (probation), community detention including electronic monitoring, foster care, outpatient treatment, emergency shelter care, group home placement, juvenile detention, adult arrests, jail and prison time served, and adult probation and parole. Program costs include all program transactions. These include drug court sessions, case management, group and individual treatment sessions, drug tests, mental health treatment, individual education assistance, and group job/occupational training.

Table 17. The Six Steps of TICA

	Description	Tasks
Step 1:	Determine flow/process (i.e., how clients move through the system)	<ul style="list-style-type: none"> • Site visits/direct observations of program practice • Interviews with key informants (agency and program staff) using a program typology and cost guide. (See Guide in Appendix A.) This was performed during the process evaluation
Step 2:	Identify the transactions that occur within this flow (i.e., where clients interact with the system)	<ul style="list-style-type: none"> • Analysis of process information gained in Step 1
Step 3:	Identify the agencies involved in each transaction (e.g., court, treatment, police)	<ul style="list-style-type: none"> • Analysis of process information gained in Step 1 • Direct observation of program transactions (performed during process evaluation)
Step 4:	Determine the resources used by each agency for each transaction (e.g., amount of judge time per transaction, amount of attorney time per transaction, number of transactions)	<ul style="list-style-type: none"> • Interviews with program key informants using program typology and cost guide. • Direct observation of program transactions • Administrative data collection of number of transactions (e.g., number of court appearances, number of treatment sessions, number of drug tests).
Step 5:	Determine the cost of the resources used by each agency for each transaction	<ul style="list-style-type: none"> • Interviews with budget and finance officers • Document review of agency budgets and other financial paperwork
Step 6:	Calculate cost results (e.g., cost per transaction, total cost of the program per participant)	<ul style="list-style-type: none"> • Support and overhead costs (as a percentage of direct costs) are added to the direct costs of each transaction to determine the cost per transaction • The transaction cost is multiplied by the average number of transactions for program participants to determine the total average cost per transaction type • These total average costs per transaction type are added to determine the program and outcome costs.

Cost Evaluation Results

Juvenile drug courts are intensive interventions that involve coordination of multiple agencies and professional practitioners applying a variety of areas of expertise, intensive case management and supervision, and frequent judicial reviews. Drug courts are typically made possible through the application and coordination of resources drawn from multiple agencies located in

more than one jurisdictional organization. Although the amount of staff time and other resources (buildings, materials and supplies and operating equipment) made available by a number of public organizations represents substantial public costs, research in adult drug courts demonstrates that due to decreased future system impacts (less frequent re-offending, for example), this investment frequently results in substantial future savings. In addition, drug courts can provide cost-effective intensive treatment and supervision in a community-based setting rather than relying on next steps in the continuum of services such as residential placements. This report tests whether this pattern holds for the HCJDC program.

As described in the methodology section, the Transactional and Institutional Cost Analysis (TICA) approach was used to calculate the costs of each of the transactions that occurred while participants were engaged in the program. Program transactions calculated in this analysis include drug court sessions, case management, group and individual treatment sessions, drug tests, individual education sessions and group job/occupational training. The costs for this study were calculated to include taxpayer costs only. All cost results provided in this report are based on fiscal year 2006 (“FY 2006”) dollars.

PROGRAM COSTS

Program Transactions

A ***Drug Court Session***, for the majority of drug courts, is one of the most staff and resource intensive program transactions. In the Harford County Juvenile Drug Court these sessions include representatives from:

- Circuit Court of Maryland (Judge and Clerk);
- Harford County State’s Attorney’s Office (Assistant State’s Attorney);
- Maryland Office of Public Defender (Assistant Public Defender);
- Harford County Office of Drug Control Policy (Drug Court Coordinator, Life Skills Specialist, and Assistant Coordinator/Data Manager),
- Maryland Department of Juvenile Services (Case Management Specialists),
- Upper Bay Counseling Services contracted through Maryland Department of Health and Mental Hygiene (Family Intervention Specialist),
- Maryland Department of Health and Mental Hygiene (Addictions Counselors),
- Harford County Public Schools/Student Services Division (Drug Prevention Educator).

The cost of a ***Drug Court Appearance*** (the time during a session when a single program participant interacts with the Judge) is calculated based on the average amount of court time (in minutes) each participant interacts with the Judge during the Drug Court session. This includes the direct costs of each Drug Court Team member present, the time Team members spend preparing for the session, the agency support costs, and jurisdictional overhead costs. The average cost for a single Drug Court appearance is **\$249.96** per participant. This is similar to (though slightly lower than) costs found in NPC’s other juvenile drug court studies.

Case Management is based on the amount of staff time dedicated to case management activities during a regular work week and is then translated into a total cost for case management per partici-

pant per day.¹⁹ The primary agency involved in case management for the HCJDC program is the Maryland State Department of Health and Mental Hygiene. Additional case management is also provided by the Life Skills Specialist (formerly Alliance, Inc.) through the Harford County Office of Drug Control Policy. The daily cost of case management in this program is **\$11.56** per participant. Case management costs in adult and juvenile drug courts from cost analyses in other states (Carey, et al., 2004; Carey, Marchand & Waller, 2006) have been shown to vary widely depending to a large extent on the amount of staff involvement. In programs with low staff involvement the costs averaged just over \$1 per day, while drug courts with high staff involvement ranged from \$4.10 to over \$29.00 per day. The HCJDC falls in the mid to low-range of these costs.

Drug and Alcohol Treatment Sessions are provided by Maryland Department of Health and Mental Hygiene and supported by Harford County Office of Drug Control Policy (provides supervision and transportation). Individual drug and alcohol treatment per participant is **\$62.83** per session. Group drug and alcohol treatment is **\$42.01** per participant per session. These costs are slightly higher, particularly the cost per group session, than costs in other drug courts studied by NPC.

Drug Tests are performed by the Maryland Department of Health and Mental Hygiene, with support from the Friends Medical Lab (supplies) contracted by the Harford County Office of Drug Control Policy. The Harford County Office of Drug Control Policy also provides transportation and oversight. The cost per urinalysis (UA) is **\$36.85**. Costs for UAs in other adult and juvenile drug court sites studied by NPC have ranged from \$3 to \$15, with the majority being under \$10. This cost for UAs in the HCJDC is much higher than that found in other similar courts. However, since the program provides transportation and more extensive UA-related staff contact, the higher cost is understandable.

Mental Health Treatment is provided by Upper Bay Counseling Services contracted through Maryland Department of Health and Mental Hygiene. Mental health treatment per participant is **\$29.73** per month.²⁰

Job and Education Training Sessions are provided by the Life Skills Specialist through the Harford County Office of Drug Control Policy. Individual education sessions, which primarily involve tutoring, are **\$55.21** per participant per month. Group job and education training sessions are held twice annually in a four session series and are occupationally focused. Group job and education training sessions are also **\$55.21** per month per participant.²¹

Program Costs

Table 18 provides the unit cost per transaction described above, the average number of HCJDC transactions per participant, and the average cost per participant for each type of transaction. The average cost per participant is the product of the unit cost multiplied by the average number of program transactions per participant.

¹⁹ Case management includes meeting with participants, evaluations, phone calls, referring out for other help, paperwork, answering questions, reviewing referrals, consulting, making community service connections, setting community service plans, assessments, documentation, file maintenance, schedule maintenance, and residential referrals.

²⁰ Note that, since individual level data was not available, the cost of this transaction was based on the monthly budgeted amount of “dosage” (sessions) available per program participant.

²¹ The reason that the cost per transaction is identical for these items is: 1) Individual level data was not available for the services; 2) the cost of the transactions was based on the monthly budgeted amount of “dosage” (sessions) available per program participant; and, the same budgeted amount was available for both services.

Table 18. Average HCJDC Program Costs per Participant

Transaction	Transaction Unit Cost	Average Number of Program Related Transactions	Average Cost per Participant ²²
Drug Court Appearances	\$249.96	12.19	\$3,047
Case Management	\$11.56	283 Days ²³	\$3,271
Individual D&A Treatment Sessions	\$62.83	9.68	\$608
Group D&A Treatment Sessions	\$42.01	33.63	\$1,413
Drug Tests (UAs)	\$36.85	55	\$2,027
Mental Health Treatment	\$29.73	9.43 Months ²⁴	\$280
Individual Education Sessions	\$55.21	9.43 Months ²⁵	\$521
Group Job Training Sessions	\$55.21	9.43 Months ²⁶	\$521
Total Cost per Participant			\$11,689
Cost per Participant per Day			\$41

Note: n = 102

On average, the total cost per participant in HCJDC is **\$11,689**. Note that the two most expensive areas of cost for the program are Drug Court sessions and case management. This is commensurate with the Drug Court model, which emphasizes high supervision and frequent contact with the Judge. The next highest cost is for drug tests. Although the drug court model advocates frequent drug testing, the high cost at the HCJDC program is primarily due to the unusually high unit cost per test due to the provision of transportation and levels of supervision not typically found in drug court programs.

Juvenile drug courts serve adolescents who have multiple risk factors for continued delinquency, including criminal histories and involvement in substance use. The HCJDC program provides services in the least restrictive setting possible, providing community-based treatment whenever feasible, and maintaining and enhancing a juvenile’s natural support system. HCJDC provides intensive treatment and supervision in a community-based setting rather than relying on the next

²² Average costs per participant has been rounded to the nearest whole dollar amount.

²³ The average cost per participant for case management is calculated based on the average number of days participants spent in the Drug Court program.

²⁴ The average cost per participant for mental health treatment is calculated based on the average number of months participants spent in the Drug Court program.

²⁵ The average cost per participant for individual education sessions is calculated based on the average number of months participants spent in the Drug Court program.

²⁶ The average cost per participant for group job training sessions is calculated based on the average number of group job training sessions (6 sessions) that would be held in the average number of months (9.43 months) participants spent in the Drug Court program.

step in the continuum of services—residential placements. Placement alternatives for high-risk juveniles such as those served by the HCJDC include detention, residential substance abuse treatment, shelter care, and ultimately adult jail or prison.

It may be useful to compare the cost per day of the HCJDC program to the cost per day of other services provided for adolescents with similar characteristics. Table 19 presents the cost per day for the HCJDC program and each of several other placement options. The majority of the placement options listed in this table include intense supervision and treatment. All cost more per day than the Harford County Juvenile Drug Court program.

Table 19. Per Day Costs of Placement Options for High-Risk Adolescents

Placement Options	Cost Per Day
Harford Juvenile Drug Court Program	\$41
Detention	\$296 (\$244 – \$406)
Residential Treatment	\$220 (\$176 – \$265)
Emergency Shelter Care	\$275 (\$244 – \$322)
Community Detention²⁷	\$23.83

²⁷ Note that Community Detention, which includes intensive supervision and electronic monitoring, does not include the array of treatment and other services associated with the other listed options.

Program Costs per Agency

Another useful way to examine program costs is to break them down by agency. Table 20 shows the HCJDC program cost per participant by agency.

Table 20. Average Program Cost per Participant by Agency

Agency	Program Resource and Primary Services Provided	Average Agency Cost per Participant ²⁸
Maryland Circuit Court	Judge and Clerk for Drug Court Sessions	\$456
Harford County State's Attorney's Office	Assistant State's Attorney for Drug Court Sessions	\$114
Maryland Office of Public Defender	Assistant Public Defender for Drug Court Sessions	\$142
Harford County School District	Drug Prevention Educator for Drug Court Sessions	\$114
Maryland Department of Juvenile Services	Case Manager Specialists for Community Service Supervision (Case Management)	\$976
Maryland Department of Health and Mental Hygiene	Addictions Counselors for Drug and Alcohol Treatment, Case Management and UA testing; and Upper Bay Counseling Services Family Intervention Specialist for Mental Health Treatment and Case Management	\$3,749
Harford County Office of Drug Control Policy	Drug Court Coordinator for Program Coordination and Drug and Alcohol Treatment Supervision; Assistant Coordinator/Data Manager; Life Skills Specialist; and Taxi service for transportation	\$6,138
Total		\$11,689

Because the Harford County Office of Drug Control Policy (HCODCP) provides leadership, administrative support and multiple resources to the HCJDC, it shoulders more than half of the total Drug Court costs. The HCODCP funds the Drug Court Coordinator's position, the Assistant Coordinator/Data Manager, and contracts with several agencies (Friends Medical lab, taxicab services,) to provide drug tests, transportation and additional resources. Early in the program's history funds that support these Drug Court services came from federal grants. Currently funding is provided through the Harford County operating budget and intergovernmental transfers from the State of Maryland.

²⁸ Average agency costs per participant have been rounded to the nearest whole dollar amount.

The Maryland Department of Health and Mental Hygiene incurs the next largest expense for the HCJDC Program. This expense is primarily for drug and alcohol treatment and drug testing. The Maryland Department of Health and Mental Hygiene also contracts with Upper Bay Counseling Services to provide mental health treatment.

The other agencies involved in the HCJDC program (Maryland Circuit Court, Harford County State's Attorney, Maryland Office of Public Defender, Maryland Department of Juvenile Services, and the Harford County School District) incur their costs primarily through staff attendance at Harford County Juvenile Drug Court sessions. The Maryland Department of Juvenile Services also provides some case management. Funding for these activities is provided through the operating budgets of the involved organizations. They generally represent the application of agency resources in support of HCJDC in the form of normally funded positions and other resources.

OUTCOME COSTS

The outcome statistics reflect data through April 30, 2006. There were 195 individuals for whom at least 12 months of outcome data were available (96 Drug Court participants and 99 comparison group members) and 157 individuals for whom at least 24 months of outcome data were available (75 Drug Court participants and 82 comparison group members). All Drug Court participants in the cohorts included in these analyses had exited the program (graduated or were terminated).

Outcome costs were calculated for the first and second year after Drug Court entry (or an approximate start date for comparison group members) respectively; and the first and second year combined. Caution should be exercised when comparing costs for the first year and second year. The costs for the first year and the costs for the second year are not additive because the second year sample represents a somewhat reduced subset of the first year sample. Given the fact that the second year results represent the experience of a substantial subset of the first year group, it is reasonable to compare the second year outcome costs to the first and second year combined outcome costs.

The outcome costs discussed below do not represent the entire cost to the criminal justice system. Rather, the outcome costs include the transactions for which NPC's research team was able to obtain outcome data and cost information. However, we believe that the costs represented capture the majority of system costs. Outcome costs were calculated using information from the Harford County Sheriff's Office, the Harford County Detention Center, the Maryland Circuit Court in Harford County, the Harford County State's Attorney's Office, the Maryland Office of Public Defender in Harford County, the Maryland Department of Juvenile Services in Harford County, and the Maryland State Operating Budget (FY 2006).²⁹

The methods of calculation were carefully considered to ensure that all direct costs, support costs and overhead costs were included as specified in the TICA methodology followed by NPC. It should be noted that, since NPC accounts for all jurisdictional and agency institutional commitments involved in the support of agency operations, the costs that appear in NPC's analysis typically will not correspond with agency operating budgets.

²⁹ The FY 2006 Maryland State budget was found on-line at www.dbm.maryland.gov/dbm_publishing/public_content/dbm_taxonomy/budget/publications/operating_budget_book/tocfy2006operbudgdetail.html

Outcome Transactions

Juvenile Arrests for Harford County are conducted by multiple law enforcement agencies. However, the Harford County Sheriff's Office is the primary arresting agency, accounting for approximately two-thirds of all arrests in the County. Therefore, this for the current study we used arrest cost information from the Harford County Sheriff's Office. Other arresting agencies include Maryland State Police, City of Aberdeen Police Department, City of Bel Air Police Department, City of Havre de Grace Police Department, Harford County Park Police, Amtrak Police and the Harford County Fire Marshal. The average cost of a single juvenile arrest (including paperwork and transportation) conducted by the Harford County Sheriff's Office is **\$250.97**.

After a juvenile arrest is made, **Case Intake** is conducted by Intake Officers at the Maryland Department of Juvenile Services. Intake Officers check cases for legal sufficiency and make decisions to close cases or to send them to court. The average cost of Case Intake is **\$35.75** per case.

Juvenile Court Cases include all court cases, including those cases that are reviewed and rejected by the Harford County State's Attorney's Office, as well as those cases that result in arraignment and are adjudicated. Court case costs are shared among the Maryland Circuit Court, the Harford County State's Attorney's Office, the Maryland Office of the Public Defender, and the Maryland Department of Juvenile Services. The average cost of a juvenile court case is **\$1,192.55**.

Community Services Supervision (Juvenile Probation) is provided by the Maryland Department of Juvenile Services. The average cost of supervision is **\$7.80** per person per day. The Maryland Department of Juvenile Services also performs **Community Detention including Electronic Monitoring**. The average cost of community detention is **\$23.83** per person per day.

Foster Care is primarily provided by Catholic Charities at a per diem rate funded by the Maryland Department of Juvenile Services. The average cost of foster care and therapeutic foster care is **\$173.22** per person per day.

Emergency Shelter Care is funded by the Maryland Department of Juvenile Services. Facilities providing shelter care include state-owned and operated facilities and several contract vendors such as Catholic Charities (TASC). The average cost of emergency shelter care is **\$275.08** per person per day.

Residential **Group Homes** are funded by the Maryland Department of Juvenile Services at a Statewide per diem rate. The average cost of group homes is **\$292.85** per person per day.

Juvenile Detention is provided by the Maryland Department of Juvenile Services. Detention facilities are State-owned and operated facilities. These facilities include the Charles Hickey School (for boys), Waxter Children's Center (for girls), Cheltenham Youth Facility, J. DeWeese Carter Youth Facility, and the Baltimore City Juvenile Justice Center Detention. The average cost of juvenile detention is **\$296.04** per person per day.

Adult Arrests were calculated based on the average cost of a single adult arrest, paperwork and transportation conducted by the Harford County Sheriff's Office. The Harford County Sheriff's Office is the primary arresting agency in Harford County. The cost of a single adult arrest conducted by the Harford County Sheriff's Office is **\$125.48**.

Harford County Detention Center provided the cost of an **Adult Jail Booking and Bed Day**. The cost per county jail booking is **\$23.66** and the cost of a jail bed day is **\$94.65**. One county jail booking occurs for each instance of incarceration.

Adult Prison facilities are operated by the Maryland Division of Corrections. These facilities include Maryland House of Correction, Maryland House of Correction Annex, Maryland Correctional Institution-Jessup, Metropolitan Transition Center, Baltimore Pre-Release Unit, Baltimore City Correctional Center, Maryland Reception, Diagnostic and Classification Center, Maryland Correctional Adjustment Center, Maryland Correctional Institution-Hagerstown, Maryland Correctional Training Center, Roxbury Correctional Institution, Eastern Correctional Institution, Poplar Hill Pre-Release Unit, Western Correctional Institution, and North Branch Correctional Institution. The average cost per prison bed day is **\$91.07**.

Adult Probation and Parole is provided by the Maryland Division of Parole and Probation and costs an average of **\$4.05** per person per day.

NPC's researchers were not able to acquire the individual level outcome data for the Drug Court group and comparison sample required to assess the impact of HCJDC on court costs. As a result, the cost of an **Adult Court Case** is not included in this analysis.

Table 21 presents the average number of these outcomes transactions (e.g., the average number of juvenile and adult re-arrests, the average number of subsequent juvenile court cases, etc.) incurred per participant for Harford County Juvenile Drug Court program graduates, unsuccessful terminations, all participants (both graduated and terminated combined), and for the comparison group.

Year 1 Outcomes

Table 21 (next page) represents the juvenile and adult criminal justice system experience of the Drug Court group and comparison sample for the first year after entry date.

Discussion of Year 1 Outcomes:

As can be seen in this table, Drug Court participants, particularly those who ultimately are discharged from the program, are responsible for the consumption of some criminal justice system services at higher rates than the comparison group. Since Drug Court participants are under much greater scrutiny and higher expectations of behavioral conformance from several perspectives (probation case managers, treatment staff, school staff, and the Judge) than is the case for juveniles in the "business as usual" juvenile justice system, it is not surprising that a larger number of arrests, detention days and community detention days are incurred by the participant group.

Table 21. Average Number of Outcome Transactions per Participant in the FIRST Year Post Drug Court Entry

Transaction	Graduates (n = 45)	Terminated Participants (n = 51)	All Drug Court Participants (n = 96)	Comparison Group (n = 99)
Juvenile Re-arrests	1	2	1.5	1.2
Community Detention	23	59	43	12
Detention Days	5	23	15	6
Shelter Care Days	0.02	1.1	.6	2
Foster Care	0	9	5	1.5
Group Home	0	0	0	7
Juvenile Probation Days	121	263	196	157
Juvenile Court Case	0.8	1	0.9	0.7
Adult Arrests	0.04	0.08	0.06	0.05
Adult Jail Bookings	0.04	0.08	0.06	0.05
Adult Jail Bed Days	0.0	11	6	2
Adult Prison Days	0	0	0	1
Adult Probation Days	0	0	0	39

Note: None of the youth in the Drug Court or comparison samples had data indicating that they were placed in outpatient drug and alcohol treatment.

Year2 Outcomes

Table 22 (next page) represents the juvenile and adult criminal justice system experience of the Drug Court group and comparison sample for the second year after entry date.

Discussion of Year 2 Outcomes

Table 22 demonstrates that there has been a dramatic improvement in Year 2 juvenile justice outcomes for the Drug Court group in comparison to their Year 1 experience. This group’s Year 2 experience is also substantially better than that of the comparison group. For each of the dimensions considered, the overall Drug Court participant group, the graduates sub-group and the terminated participants subgroup had more positive outcomes than did the comparison group.

In terms of adult criminal justice outcomes, the picture is less clear. In terms of adult arrests and bookings the experiences of the overall Drug Court group and the comparison sample are similar. In terms of incarceration the overall Drug Court group shows substantially more favorable experience. For days of adult probation served the overall Drug Court group exhibited a substantially higher rate than did the comparison group.

Table 22. Average Number of Outcome Transactions per Participant in the SECOND Year Post Drug Court Entry

Transaction	Graduates (n = 37)	Terminated Participants (n = 38)	All Drug Court Participants (n = 75)	Comparison Group (n = 82)
Juvenile Re-arrests	0.2	1	0.6	1
Community Detention	2	10	6	12
Detention Days	0.3	8	4	7
Shelter Care Days	0	1.7	0.8	2.4
Foster Care	0	0	0	0
Group Home	0	0	0	6
Juvenile Probation Days	0	61	31	131
Juvenile Court Case	0.5	0.5	0.5	0.6
Adult Arrests	0.08	0.21	0.15	0.12
Adult Jail Bookings	0.08	0.21	0.15	0.12
Adult Jail Bed Days	0.5	4	2.5	6.5
Adult Prison Days	0	6	3	9
Adult Probation Days	20	78	49	17

Note: None of the youth in the Drug Court or comparison samples had data indicating that they were placed in out-patient drug and alcohol treatment.

Among the more notable results seen in Table 22 is the experience of the Drug Court graduates group. From an epidemiological perspective this is the group of program participants that has received the full program “dosage” of the prescribed therapy. As can be seen in this Table, on every dimension except adult probation days the graduate group shows substantially more favorable experience than does the comparison group.

Year 1 Outcome Costs

Table 23 demonstrates the costs associated with the outcomes described above for Year 1 for the Drug Court group and the comparison sample.

Table 23. Average Outcome Costs per Participant in the FIRST Year Post Drug Court Entry

Transaction	Transaction Unit Cost	Graduates (n = 45)	Terminated Participants (n = 51)	All Drug Court Participants (n = 96)	Comparison Group (n = 99)
Juvenile Re-arrests and Bookings	\$251	\$251	\$477	\$369	\$309
Community Detention	\$24	\$558	\$1,416	\$1,013	\$295
Detention Days	\$296	\$1,593	\$6,797	\$4,358	\$1,717
Shelter Care Days	\$275	\$6	\$303	\$162	\$484
Foster Care	\$173	\$0	\$1,597	\$849	\$258
Group Home	\$293	\$0	\$0	\$0	\$2,129
Juvenile Probation Days	\$8	\$1,012	\$2,205	\$1,570	\$1,254
Juvenile Court Case	\$1,193	\$954	\$1,145	\$1,061	\$882
Juvenile Outcome Costs Subtotal		\$4,372	\$13,939	\$9,382	\$7,329
Adult Arrests	\$125	\$5	\$10	\$8	\$6
Adult Detention Bookings	\$24	\$1	\$2	\$1	\$1
Adult Detention Bed Days	\$95	\$36	\$1,020	\$559	\$173
Adult Prison Days	\$91	\$0	\$0	\$0	\$100
Adult Probation/Parole Days	\$4	\$0	\$0	\$0	\$159
Adult Outcome Costs Subtotal		\$42	\$1,032	\$568	\$440
Grand Total		\$4,414	\$14,971	\$9,950	\$7,769

Note: Average costs per participant have been rounded to the nearest whole dollar amount.

Discussion Of Year 1 Outcome Costs

It is very clear from Table 23 that the Year 1 outcome costs are higher for the overall Drug Court group than for the comparison sample – the average total cost for the Drug Court group is 28% higher. The total outcome cost of the participants who fail to graduate is 92% higher than the cost of the comparison sample. However, just as notable is the total Year 1 outcome cost of the graduates, which is over \$3,355 LESS than the comparison group. This means that it has incurred about half of the outcome cost of the comparison group.

A closer look at the outcome cost results offers several interesting points of analysis. The average total Year 1 outcome cost of the overall Drug Court group is about \$2,189 higher than that for the comparison sample (\$9,950 versus \$7,769). However, it is notable that, for two dimensions, juvenile community detention and juvenile detention, the overall Drug Court group incurs an average cost \$3,359 more than that for the comparison group. If we consider that one of the primary operating objectives of HCJDC is to apply a higher than “business as usual” level of surveillance to participants, resulting in more supervision and detention consequences, this higher cost is reasonable and predictable. If we were to control for the cost difference on these dimensions, the total average cost of the Drug Court group would be 28% LESS than the comparison group. A similar pattern can be seen with terminated participants. This sub-group incurred over \$6,200 more cost for these dimensions than did the comparison group. If we were to control for the cost difference on these dimensions, the average total cost of the terminated group would be almost identical to that for the comparison group (\$8,770 versus \$8,774). Again, this seems intuitively reasonable and predictable.

Another interesting point of analysis involves the graduates. We have previously introduced the idea of considering this group from an epidemiological perspective – this is the group that has received the designed “dosage” and term of treatment for the therapeutic intervention under consideration. From this perspective the difference in average total cost between this sub-group and the comparison group of \$3,355 in Year 1 is a dramatic immediate return on the therapeutic investment in the graduate group.

Year 2 Outcome Costs

Table 24 (next page) represents the Year 2 costs associated with the outcomes of the Drug Court group and the comparison sample.

Discussion Of Year 2 Outcome Costs

The Year 2 outcome costs for Drug Court participants as compared to the comparison group largely demonstrate what supporters of the drug court approach predict and hope for – a notable difference in cost impact on the criminal justice system for Drug Court participants as compared to similar individuals who do not experience Drug Court. This result can be considered from several perspectives:

Cost of the overall Drug Court group compared to the comparison sample. The average total outcome cost of the overall Drug Court group was \$5,072 or 60% less than that for the comparison group (\$3,409 versus \$8,481).

Table 24. Average Outcome Costs per Participant in the SECOND Year Post Drug Court Entry

Transaction	Transaction Unit Cost	Graduates (n = 37)	Terminated Participants (n = 38)	All Drug Court Participants (n = 75)	Comparison Group (n = 82)
Juvenile Re-arrests and Bookings	\$251	\$48	\$238	\$143	\$253
Community Detention	\$24	\$43	\$233	\$139	\$287
Detention Days	\$296	\$98	\$2,478	\$1,303	\$2,152
Shelter Care Days	\$275	\$0	\$457	\$231	\$671
Foster Care	\$173	\$0	\$0	\$0	\$0
Group Home	\$293	\$0	\$0	\$0	\$1,725
Juvenile Probation Days	\$8	\$0	\$511	\$259	\$1,101
Juvenile Court Case	\$1,193	\$644	\$560	\$608	\$727
Juvenile Outcome Costs Subtotal		\$833	\$4,478	\$2,683	\$6,917
Adult Arrests	\$125	\$10	\$26	\$19	\$15
Adult Detention Bookings	\$24	\$2	\$5	\$4	\$3
Adult Detention Bed Days	\$95	\$48	\$411	\$232	\$621
Adult Prison Days	\$91	\$0	\$537	\$273	\$856
Adult Probation/Parole Days	\$4	\$80	\$315	\$199	\$69
Adult Outcome Costs Subtotal		\$140	\$1,295	\$727	\$1,564
Grand Total		\$973	\$5,773	\$3,409	\$8,481

Note: Average costs per participant have been rounded to the nearest whole dollar amount.

Cost of the overall Drug Court group for Year 2 as compared to Year 1. The average total outcome cost of the overall Drug Court group for Year 2 was \$6,295 or a 65% reduction as compared to Year 1 (\$3,409 versus \$9,704)

Cost of the terminated participants compared to the comparison sample. The average total outcome cost of the terminated participant sub-group was \$3,308 or 39% less than that for the comparison sample (\$5,773 versus \$8,481).

Cost of the terminated participants for Year 2 as compared to Year 1. The average total outcome cost of the terminated participant sub-group for Year 2 was \$9,198 or a 61% reduction as compared to Year 1 (\$5,773 versus \$14,971).

Cost of graduates for Year 2 as compared to Year 1. The average total outcome cost of the graduate sub-group for Year 2 was \$3,441 or a 78% reduction as compared to Year 1 (\$973 versus \$4,414).

2-Year Cumulative Outcome Costs

Figure 8 (next page) offers graphic representation of the average total outcome costs for Year 1, Year 2, and the cumulative experience of the Drug Court and comparison groups included in this study.³⁰ The groups are broken out as Drug Court graduates, terminated participants, all Drug Court participants, and the comparison group.

Discussion Of Cumulative Outcome Costs

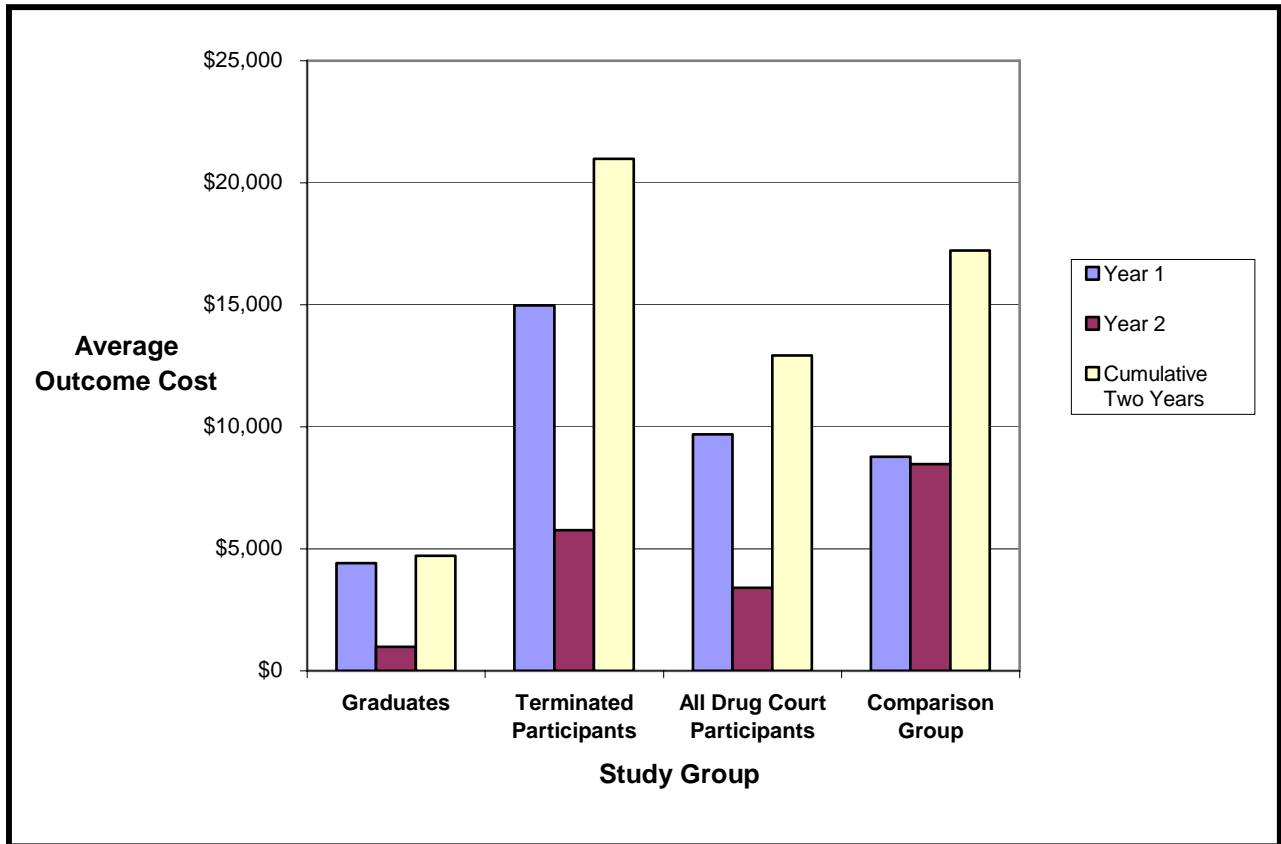
The cumulative outcome cost experiences of the study groups represented in Figure 8 (next page) demonstrate a positive picture for HCJDC participants:

Drug Court participants compared to comparison sample. The average 2-year outcome cost of the overall Drug Court group was \$4,303 or 25% less than the comparison sample (\$12,925 versus \$17,228). The \$4,303 difference between the study groups can be seen as the net benefit to the Harford County/State of Maryland criminal justice system as the result of the operation of the Harford County Juvenile Drug Court. In that we have not included potential victimization cost savings that normally accrue to reductions in criminal justice experience, this net benefit amount can be viewed as understated or conservative.

HCJDC return on investment. The net criminal justice benefit associated with HCJDC can also be viewed as a return on the public financial investment in the program. As noted earlier, we have calculated it costs the taxpayers of Harford County and Maryland on average \$11,689 per HCJDC participant. Therefore, the 2-year criminal justice system savings that we identified as associated with Drug Court participants can be seen as a 37% return on investment for the program. If the positive pattern seen in the Year 2 outcome costs were to continue into the future, the public investment in HCJDC would be returned via criminal justice savings in less than 3 ½ years after the entry date.

³⁰ A table for the cumulative 2-year cost experience similar to those referred to in the Year 1 and Year 2 discussions appears in Appendix C.

Figure 8. Average Year 1, Year 2 and Cumulative Outcome Costs for the Study Groups



Outcome Costs by Agency

As was noted above in our discussion regarding the attractiveness of the TICA approach to program cost analysis, in this study NPC was able to identify the criminal justice outcome costs on an agency-by-agency basis. In Appendix C we present the outcome costs by agency. The costs associated with the agencies considered the following commitments to criminal justice system transactions:

- The Maryland Circuit Court, Harford County State’s Attorney’s Office, Maryland Office of the Public Defender, and Maryland Department of Juvenile Services are involved in juvenile court case transactions.
- The Maryland Department of Juvenile Services transactions include case intake, juvenile court case processing, juvenile probation, community detention, foster care, residential treatment, emergency shelter care, group homes, and detention.
- Harford County Sheriff’s Office outcome transactions include juvenile re-arrests and adult re-arrests.
- Harford County Sheriff’s Office/Detention Center outcome transactions include adult bookings and adult detention days.
- Maryland Division of Corrections outcome transactions include adult prison days.

- Maryland Division of Parole and Probation outcome transactions include adult probation and parole.

Discussion Of Agency Outcome Costs

Similar to many of the drug court studies in which NPC has been involved, greater outcome savings associated with Drug Court participants accrue to some agencies than others:

- 72% in outcome costs savings was demonstrated for Maryland Division of Corrections;
- Harford County Sheriff's Office was shown to experience a 44% savings in outcome costs; and,
- 24% in outcome cost savings was shown for Maryland Division of Probation and Parole.

These savings were accrued in just 2 years from drug court entry. If the positive Year 2 trend continues for Drug Court participants (which has occurred consistently in other drug courts) savings will continue to accrue.

A focus on Drug Court graduate outcome costs illuminates even more dramatic agency-specific outcome cost impacts. The largest impact is associated with the Maryland Department of Juvenile Justice. After 2 years the graduate sub-group had experienced over \$14,700 less in DJS outcome costs as had the comparison group. This can be interpreted as a 70% savings for the agency that is involved in more outcome costs than any other juvenile or adult agency included in this study.

TREATMENT COSTS

In our interest to consider a broad range of costs to the taxpayers of Harford County and Maryland associated with the juveniles considered in this study, NPC acquired a substantial amount of data related to the utilization and costs of treatment services consumed by the Drug Court participants and comparison sample that we examined. The results of this research can be found in Appendix D.

NPC's researchers acquired treatment data for the Drug Court and comparison groups from Maryland Alcohol and Drug Abuse Administration (ADAA). The data represents the utilization by the study groups of a continuum of treatment services defined through standards set by the American Society of Addiction Medicine (ASAM). Unfortunately, difficulty was encountered with the completeness of the data that made it impossible to fully represent and compare the complete experience of the Drug Court and comparison groups.

Despite the problems with the treatment data that prohibit a full analysis, as noted in the Outcomes section, the data suggests that Drug Court is strongly associated with getting juveniles into needed treatment more effectively than is the case in the "business as usual" world. Viewed as an interesting anecdote, the Year 2 treatment utilization data suggests an emerging positive trend wherein Drug Court participants may be accruing lower treatment costs than the comparison group. This could mean that timely treatment intervention results in lower future treatment costs – an intuitively reasonable interpretation that is supported by a substantial body of research.

THE HARFORD COUNTY JUVENILE DRUG COURT: A SYSTEMS FRAMEWORK

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

The challenges and strengths found in the HCJDC can be categorized into three levels of issues: community, agency, and program. By addressing problems at the appropriate level, change is more likely to occur and be sustained. In this section of the report, we provide an analytic framework for implementing the recommendations discussed earlier in the report. Additional suggestions that may not have fit into the preceding sections are also included.

Community Level

Juvenile justice involved adolescents with substance abuse issues must be seen within an ecological context; that is, within the environment that contributes to their attitudes and behaviors, risks and protective factors. This environment includes their neighborhoods, families, and schools. We must understand the various social, economic and cultural factors that affect them.

Social service and criminal/juvenile justice systems are designed to respond to community needs. To be most effective, they need to reflect a clear understanding of those needs. These two critical support systems need to analyze and agree on the problem to be solved, as well as what the contributing factors are, who is most affected, and what strategies are likely to be most successful when addressing the problem. A formal/informal needs analysis will help to define what programs and services should look like, who the stakeholders are, and what role each will play.

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

SUMMARY OF COMMUNITY LEVEL RECOMMENDATIONS

- The Drug Court Team should develop a strategic vision through which it can identify program needs, ways to meet those needs, and the specific resources that would be needed. For example, the program could benefit from a local halfway house or supported independent living program.
- HCJDC should create a policy (or steering) committee made of up Drug Court Team members and representatives from public and private community organizations. This committee would be responsible for advising partner agencies on program design and ensuring that the program was meeting community needs.

- The program should identify new community partners, connections, or resources that would be interested in supporting the program. It should also strengthen relationships with existing agency partners.
- To improve participant prospects for employment and enhance program experience, HCJDC should take advantage of opportunities that exist within and beyond the community. These opportunities include the Maryland Drug Treatment Court Commission’s developing program model that supports job readiness and employment placement for adolescents and adults through partnerships with private non-profit organizations that specialize in such services.

Agency Level

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

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

SUMMARY OF AGENCY LEVEL RECOMMENDATIONS

- The HCJDC should conduct a review and analysis of case flow from referral to eligibility determination to Drug Court entry to locate bottlenecks or structural barriers, and points in the process where more efficient procedures may be implemented. The Judge and Coordinator should use the Drug Court Team to brainstorm—and test—possible solutions to issues that are identified. The program should set a goal for the most desirable length of time it should take to get participants into the program and work toward achieving that goal.
- The program should focus on enhancing the participation of the State’s Attorney’s Office in the HCJDC. Including the Assistant State’s Attorney in decision-making, such as selecting potential sanctions, could reinforce the importance of this agency to the program. In addition, the Team should encourage interagency communication and each agency’s commitment to its participation in the program, as demonstrated by participation in Drug Court Team, Policy, and Steering Committee meetings.
- The program, in collaboration with its partner agencies, should ensure that all Team members receive initial and then continuing drug court training. There should be an expectation of and encouragement for staff to take advantage of ongoing learning opportunities (both locally and nationally). To support this goal, a training plan and log system should be established, the re-

sults of which should be reviewed by program administrators. These tools will be useful in keeping track of training activities and in reinforcing the importance of professional development. The Assistant State's Attorney has benefited from the experience of the person who previously served in his position. However, to enhance his extensive personal practice-based understandings of drug court theory and operations, it would be beneficial for him to attend drug court conferences and training programs.

- The HCJDC Team should develop more extensive interagency communication and provide in-service training for partner agency representatives to clarify the purpose and philosophy behind juvenile drug courts, and to delineate the roles of key agency.

Program Level

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

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

SUMMARY OF PROGRAM LEVEL RECOMMENDATIONS

- The program should conduct an assessment of treatment intensity and discuss whether to increase the amount of service provided in Phase I. The Team should also review the findings from the current outcome study to determine if the program is reaching the population in need in the community with the most effective services and accomplishing the program's desired results.
- It is important that sanctions are applied as learning experiences for participants and do not interfere with opportunities for success in the program. Incentives and sanctions should be designed to reinforce or modify the behavior of participants and their families. Therefore, sanctions such as removing transportation services need to be imposed with caution. If the juvenile is being sanctioned for missing court or treatment sessions, for example, removing transportation may have the unintended effect of increasing rather than decreasing missed sessions.
- It is clear that the development of a relationship between a Drug Court participant and the Judge impacts the participant's behavior, engagement, and success in the program. It is important for the Judge to establish uniform rules and follow through with incentives and sanctions consistently across participants for compliant and non-compliant behavior while still utilizing discretion that takes into account individual participant circumstances. Participants must understand the connection between program (including judicial) expectations, their behavior, and subsequent sanctions and rewards, and they need to know that they are being treated fairly. The appearance of special treatment for some participants over others can undermine a youth's commitment to participation and their level of trust of authority.

- HCJDC staff should be trained to use the new State SMART Management Information System (MIS), both in entering data consistently and extracting information to use for program review and planning. The Drug Court Team should initiate and continue analysis of data about the Drug Court and its participants and use it to inform the Team concerning the characteristics and experiences of program participants and their programmatic needs.
- We recommend that the program examine their goals (with evaluator assistance) to determine the necessary information that will allow future evaluations to better assess these goals. The program should then begin to gather this data and enter it regularly into the database.
- As a means of strengthening contact with the day-to-day environment of participants and reducing challenges associated with program requirements such as UA administration, the program Team should explore the potential of expanding in-home, and in-neighborhood services. Some programs in the United States have established relationships with police departments who perform home visits, hang-out checks and other services. Some police departments go as far as to administer drug tests in participant homes for drug courts. HCJDC should consider if this sort of program enhancement is desirable and feasible. This review of alternative service delivery approaches could be a component of the Team's strategic visioning process.

REFERENCES

- Carey, S. M., & Finigan, M. W. (2003). A Detailed Cost Analysis in a Mature Drug Court Setting: Cost-Benefit Evaluation of the Multnomah County Drug Court. *Journal of Contemporary Criminal Justice*, 20(3), 292-338.
- Carey, S. M. (2004). *Clackamas County Juvenile Drug Court Evaluation Final Report*. Submitted to the Bureau of Justice Assistance, 2004. Complete text can be found at www.npcresearch.com.
- Carey, S. M., Finigan, M. W., Waller, M. S., Lucas, L., & Crumpton, D. (2005). *California drug courts: A methodology for determining costs and avoided costs, Phase II: Testing the methodology, final report*. Submitted to the California Administrative Office of the Courts, November 2004. Submitted to the USDOJ Bureau of Justice Assistance in May 2005.
- Cooper, C. (2000). *2000 Drug Court Survey Report: Program Operations, Services and Participant Perspectives*. American University Web site:
<http://spa.american.edu/justice/pubcats.php?subnumber=50>;
<http://spa.american.edu/justice/publications/execsum.pdf>
- Crumpton, D., Brekhus, J., Weller, J. M., & Finigan, M. W. (2004). *Cost Analysis of Anne Arundel County, Maryland Drug Treatment Court*. Report to the State of Maryland Judiciary, Administrative Office of the Courts and Baltimore Substance Abuse Systems, Inc.
- Crumpton, D., Brekhus, J., Weller, J. M., & Finigan, M. W. (2004). *Cost Analysis of Baltimore City, Maryland Drug Treatment Court*. Report to the State of Maryland Judiciary, Administrative Office of the Courts and Baltimore Substance Abuse Systems, Inc.
- Finigan, M. W., Carey, S. M., & Cox, A. (2006). *An Analysis of the Impact of the Multnomah County Drug Court on the Drug Court Eligible Population from 1991 to 2001*. Submitted to the U.S. Department of Justice, National Institute of Justice, July 2006. NIJ Contract 2005M073.
- Government Accounting Office (2005). *Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes*. www.gao.gov/new.items/d05219.pdf February 2005 Report.
- Little, G. L. (2005). "Meta-Analysis of Moral Reconciliation Therapy(r): Recidivism Results From Probation and Parole Implementations." *Cognitive-Behavioral Treatment Review* 14:14-16.
- Longshore, D. L., Turner, S., Wenzel, S. L., Morral, A. R., Harrell, A., McBride, D., Deschenes, E., & Iguchi, M. Y. (2001). Drug Courts: A Conceptual Framework. *Journal of Drug Issues*, 31(1), Winter 2001, 7-26.
- National Drug Court Institute (2003). *Juvenile Drug Courts: Strategies in Practice*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance.
- U. S. Department of Justice, Office of Justice Programs, Drug Courts Program Office (1997). *Defining Drug Courts: The Key Components*. www.nadcp.org/docs/dkey.pdf

APPENDIX A: DRUG COURT TYPOLOGY INTERVIEW GUIDE

Drug Court Typology Interview Guide

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

**APPENDIX B: PARTICIPANT AND PARENT/GUARDIAN
FOCUS GROUPS**

Harford Juvenile Drug Court
Active Participant/Graduate Focus Group, April 2006
Summary of Responses

Focus Group Participants: 7 participants in Phase I, 2 participants in Phase II, 2 participants in Phase II, and 1 graduate

What worked well in the program?

- He's [Judge] pretty cool.
- He's [Judge] fair; nice to me.
- It [Drug Court] makes you more cautious; teaches you how not to get caught when you get out
- They send you to [Life Skills Specialist], and she helps with filling out applications and making resumes. That kind of helps. That's one of the things that helped me when I was trying to get a job. They teach you some job skills.
- She helps people do their homework.
- It's important for some people that they are successful [in Drug Court] to get the charges off their record. There are certain jobs that you can't get with a felony on your record.
- Court's cool.
- I like [Probation representative].
- I was offered either 3 years in jail or Drug Court. It was an easy decision for me.

What didn't work?

- I've been here X months, and I haven't learned anything that I already didn't know [like drugs and issues about addiction].
- In group, you sit and talk about stories; it makes you want to go out and get high. You talk about it all day.
- Those people [at AA/NA groups] are crazy in there.
- Coming in here all the time.
- I don't like that if you come up dirty, they send you back (in the phase) 60 days. It should be less than that. I was told that I could do 3 months in jail or 6 months in Drug Court. After being here for X months, I wish I had gone to jail because I've been sent to so many places while I've been here anyway.
- [Several people felt that the Judge was harder on some people than on others]

Suggestions

- Drug Court should be for people who are on harder drugs, and not marijuana. Marijuana is not physically addictive.
- If they want Drug Court to be a better program, they need to make it more hands-on, engage you more. You actually have to do stuff, rather than just sitting here for an hour. Something to motivate us.
- They need to make it more enjoyable.
- Need to let them know that Hickey is not a good place to send people.

- Even though I'm in Phase III, there are times when I have to be here 4 times a week. It would be good if they were able to coordinate it so I do everything on the same day (or in fewer days).
- If you come into the program clean, you shouldn't have to do the groups (just the drug tests).
- I'd like the Judge to be more positive.
- More food during groups.

Harford Juvenile Drug Court
Parent/Guardian Focus Group, April 2006
Summary of Responses

Participants: 3 mothers, 2 guardians

What worked well in the program?

- The drug testing works.
 - [Though the parents/guardians related that the participants know how long every substance stays in their systems, and they think they can get away with drinking alcohol, “It’s only a 12-hour period that alcohol stays in your system, so they can drink every day if they want to.”]
- The Community Detention person was very helpful.
- Parents/guardians talked about how important it is to receive support while their kids are going through the program (to know what the other kids are doing and know that you’re not alone).
- A couple of the parents provide each other support while their kids are in groups, etc. [though parent meetings haven’t worked, according to the Coordinator].
- Being honest (with employers about being in drug court) worked with my son.
- The community doesn’t really have anything out there. Drug Court is the only thing that’s offered to help kids.
- From the moment my son got into the program, there wasn’t a week that went by that [male case manager who is no longer there] didn’t call and touch base with me and talk to me. He was awesome.
- The Community Detention people really work well with you. They don’t want to see your child locked up.
- The program does try to do things for the kids (such as trips to ball games).
- I don’t know what I would have done without the Drug Court—let me say that. I needed somebody to help because I didn’t have any other help.
- It’s [Drug Court] been very, very helpful.
- It keeps his head clear long enough to think straight. He had D’s last semester, and now he’s getting B’s and C’s, and he’s going to graduate.
- The kids get rewards. When they’re doing well, sometimes (the Drug Court) gives them coupons and gift certificates...So, they do give kids incentives.
- It makes them feel good. It’s positive.

What hasn’t worked?

- [parents/guardians discussed Mountain Manor (“It’s not a therapeutic environment”) and Hickey (“...the Judge really tries not to send the kids to Hickey, if they can avoid it.”)]
- I was co-dependent. I protected my son, which wasn’t helpful.
- Friends play a big part in the individual not following the rules/using...and also other family members (are a bad influence).

- Parents/guardians acknowledged that, because of their schedules, it is difficult to coordinate anything with consistency.
- Parents/guardians talked about AA/NA groups and some of the problems with kids being thrown in with “a whole group of people who are worse off than they are.”

Suggestions?

- My son goes to alternative education, but it’s only for two days a week. He has way too much time on his hands.
- My son’s self-esteem is so low. If there was something offered that could show these kids that they are somebody, that would be helpful.
- I would like to see the program build them up; acknowledge that they are good people.
- They (the Drug Court) need to stick to the rules. If they say something (threaten a consequence), they need to follow through with that. If they threaten jail as a sanction, they need to send the kid to jail (if they don’t comply). [Another parent said the reason they didn’t follow through is because Hickey is full so much of the time.]
- They need to help the kids set goals.
- Maybe the program could come up with something where the parents could get together once a month. [see earlier: the program tried having parent meetings]

APPENDIX C: ADDITIONAL COST TABLES

Cumulative 2-Year Outcome Cost Experience of Drug Court Participants and Comparison Group

Table 25. Average Outcome Costs per Participant in Total TWO Years Post Drug Court Entry

Transaction	Transaction Unit Cost	Graduates (n = 37)	Terminated Participants (n = 38)	All Drug Court Participants (n = 75)	Comparison Group (n = 82)
Juvenile Re-arrests and Bookings	\$251	\$299	\$725	\$514	\$590
Community Detention	\$24	\$607	\$1,661	\$1,141	\$572
Detention Days	\$296	\$1,081	\$9,894	\$5,545	\$4,050
Shelter Care Days	\$275	\$8	\$825	\$421	\$1,255
Foster Care	\$173	\$0	\$2,143	\$1,086	\$312
Group Home	\$293	\$0	\$0	\$0	\$4,296
Juvenile Probation Days	\$8	\$1,012	\$2,715	\$1,825	\$2,355
Juvenile Court Case	\$1,193	\$1,526	\$1,693	\$1,622	\$1,705
Juvenile Outcome Costs Subtotal		\$4,533	\$19,656	\$12,158	\$15,134
Adult Arrests	\$125	\$18	\$33	\$25	\$24
Adult Jail Bookings	\$24	\$3	\$6	\$5	\$4
Adult Jail Bed Days	\$95	\$92	\$431	\$264	\$830
Adult Prison Days	\$91	\$0	\$537	\$274	\$974
Adult Probation/Parole Days	\$4	\$80	\$315	\$199	\$262
Adult Outcome Costs Subtotal		\$193	\$1,322	\$767	\$2,094
Grand Total		\$4,726	\$20,978	\$12,925	\$17,228

Note: Average costs per participant have been rounded to the nearest whole dollar amount.

Outcome Costs Associated with the Agencies of the Harford County Criminal Justice System

Table 26. Average Outcome Cost per Participant by Agency in FIRST Year

Agency	Graduates (n = 45)	Terminated Participants (n = 51)	All Drug Court Par- ticipants (n = 96)	Comparison Group (n = 99)
Maryland Circuit Court	\$156	\$187	\$173	\$144
Maryland Department of Juvenile Services	\$5,200	\$22,558	\$14,023	\$11,291
Maryland Division of Corrections	\$0	\$0	\$0	\$100
Maryland Division of Parole and Probation	\$0	\$0	\$0	\$159
Maryland Office of the Public Defender	\$167	\$201	\$186	\$155
Harford County State's Attorney	\$225	\$270	\$250	\$208
Harford County Sheriff's Office	\$293	\$1,509	\$937	\$489
Total	\$6,041	\$24,724	\$15,570	\$12,547

Note: Average costs per participant have been rounded to the nearest whole dollar amount.

Table 27. Average Outcome Cost per Participant by Agency in SECOND Year

Agency	Graduates (n = 37)	Terminated Participants (n = 38)	All Drug Court Par- ticipants (n = 75)	Comparison Group (n = 82)
Maryland Circuit Court	\$105	\$92	\$99	\$119
Maryland Department of Juvenile Services	\$756	\$9,098	\$4,983	\$8,995
Maryland Division of Corrections	\$0	\$537	\$273	\$856
Maryland Division of Parole and Probation	\$80	\$315	\$199	\$69
Maryland Office of the Public Defender	\$113	\$98	\$107	\$127
Harford County State’s Attorney	\$152	\$132	\$144	\$172
Harford County Sheriff’s Office	\$108	\$681	\$397	\$892
Total	\$1,314	\$10,953	\$6,202	\$11,230

Note: Average costs per participant have been rounded to the nearest whole dollar amount.

Table 28. Average Outcome Cost per Participant by Agency in TWO Years

Agency	Graduates (n = 37)	Terminated Participants (n = 38)	All Drug Court Par- ticipants (n = 75)	Comparison Group (n = 82)
Maryland Circuit Court	\$249	\$277	\$265	\$279
Maryland Department of Juvenile Services	\$6,178	\$35,313	\$20,659	\$20,916
Maryland Division of Corrections	\$0	\$537	\$274	\$974
Maryland Division of Parole and Probation	\$80	\$315	\$199	\$262
Maryland Office of the Public Defender	\$267	\$297	\$284	\$299
Harford County State’s Attorney	\$360	\$400	\$383	\$402
Harford County Sheriff’s Office	\$411	\$1,195	\$808	\$1,448
Total	\$7,547	\$38,333	\$22,872	\$24,580

Note: Average costs per participant have been rounded to the nearest whole dollar amount.

APPENDIX D: TREATMENT UTILIZATION AND COSTS

Table 29. ADAA Treatment Cost per Participant by ASAM Level

Treatment Level of Care	Cost per Day per Participant
Level .5 – Early Intervention	\$1.74
Level I – Outpatient Treatment	\$4.00
Level II.1 – Intensive Outpatient	\$12.29
Level III.3 – Clinically Managed Medium Intensity Residential Treatment	\$27.01
Level III.7 – Medically Monitored Intensive Inpatient Treatment	\$52.82

Note: Average costs per participant have been rounded to the nearest whole dollar amount.

Table 30. Average Number of Publicly Funded Treatment Days per Participant by ASAM Level FIRST Year Post Drug Court Entry

	Drug Court Graduates (n = 21)	Drug Court Discharge (n = 29)	Entire Drug Court Sample (n = 50)	Comparison (n = 19)
Level 0.5	0	0	0	0
Level I	358	232	297	0
Level II.1	0	229	229	0
Level III.3	0	148	148	0
Level III.7	0	54	54	0

Table 31. Average Number of Publicly Funded Treatment Days per Participant by ASAM Level SECOND Year Post Drug Court Entry

	Drug Court Graduates (n = 18)	Drug Court Dis-charge (n = 24)	Entire Drug Court Sample (n = 42)	Comparison (n = 15)
Level 0.5	0	0	0	95
Level I	0	223	223	227
Level II.1	0	0	0	0
Level III.3	0	0	0	0
Level III.7	0	0	0	11

Table 32. Average Number of Publicly Funded Treatment Days per Participant by ASAM Level total TWO Years Post Drug Court Entry

	Drug Court Graduates (n = 18)	Drug Court Discharge (n = 24)	Entire Drug Court Sample (n = 42)	Comparison (n = 15)
Level 0.5	0	0	0	95
Level I	368	235	298	226
Level II.1	0	229	115	0
Level III.3	0	148	148	0
Level III.7	0	54	54	11

Table 33. Average Outcome Costs per Participant in FIRST Year Post Drug Court Entry

	Unit Cost	Drug Court Graduates (n = 21)	Drug Court Discharge (n = 29)	Entire Drug Court Sample (n = 50)	Comparison (n = 19)
Level 0.5	\$2	\$0	\$0	\$0	\$0
Level I	\$4	\$1,432	\$925	\$1,186	\$0
Level II.1	\$12	\$0	\$2,748	\$2,748	\$0
Level III.3	\$27	\$0	\$3,996	\$3,996	\$0
Level III.7	\$53	\$0	\$2,862	\$2,862	\$0
Total		\$1,432	\$10,531	\$10,792	\$0

Note: Average costs per participant have been rounded to the nearest whole dollar amount.

**Table 34. Average Outcome Costs per Participant in
SECOND Year Post Drug Court Entry**

	Unit Cost	Drug Court Graduates (n = 18)	Drug Court Discharge (n = 24)	Entire Drug Court Sample (n = 42)	Comparison (n = 15)
Level 0.5	\$2	\$0	\$0	\$0	\$190
Level I	\$4	\$0	\$890	\$890	\$908
Level II.1	\$12	\$0	\$0	\$0	\$0
Level III.3	\$27	\$0	\$0	\$0	\$0
Level III.7	\$53	\$0	\$0	\$0	\$583
Total		\$0	\$890	\$890	\$1,681

Note: Average costs per participant have been rounded to the nearest whole dollar amount.

**Table 35. Average Outcome Costs per Participant in Total TWO Years
Post Drug Court Entry**

	Unit Cost	Drug Court Graduates (n = 18)	Drug Court Discharge (n = 24)	Entire Drug Court Sample (n = 42)	Comparison (n = 15)
Level 0.5	\$2	\$0	\$0	\$0	\$190
Level I	\$4	\$1,472	\$941	\$1,190	\$904
Level II.1	\$12	\$0	\$2,748	\$1,374	\$0
Level III.3	\$27	\$0	\$3,996	\$3,996	\$0
Level III.7	\$53	\$0	\$2,862	\$2,862	\$583
Total		\$1,472	\$10,547	\$9,422	\$1,677

Note: Average costs per participant have been rounded to the nearest whole dollar amount.