



ADMINISTRATIVE OFFICE OF THE COURTS

MARYLAND JUDICIAL CENTER
187 HARRY S. TRUMAN PARKWAY
ANNAPOLIS, MARYLAND 21401

Pamela Harris
State Court Administrator
410-260-1295

October 30, 2020

Honorable Bill Ferguson
President of the Senate
State House, H-107
100 State Circle
Annapolis, MD 21401-1991

Honorable Guy Guzzone
Chair, Senate Budget &
Taxation Committee
3 West, Miller Senate Office Building
Annapolis, Maryland 21401

Honorable Adrienne A. Jones
Speaker of the House
State House, H-101
100 State Circle
Annapolis, MD 21401-1991

Honorable Maggie McIntosh
Chair, House Appropriations Committee
121 House Office Building
Annapolis, MD 21401

Re: Annual Report on Problem Solving Courts
CJP § 3-8C-12; 2007_p16_JUD_Annual Report
On Problem Solving Courts (and truancy)

Dear President, Speaker and Chairpersons:

Pursuant to Courts and Judicial Proceedings, § 3-8C-12, and the 2007 Joint Chairmen's Report page 16, please find enclosed the Annual Report on Problem Solving Courts (and truancy) for Fiscal Year 2020. As you will see, these court programs seek to address the behavioral manifestations associated with drug and alcohol addiction, mental health problems, and habitual truancy.

If you have any questions, please contact Richard Barton at (410) 260-3617, or via email at richard.barton@mdcourts.gov.

Sincerely yours,

Pamela Harris
State Court Administrator

Enc.

Hon. Bill Ferguson
Hon. Adrienne A. Jones
Hon. Guy Guzzone
Hon. Maggie McIntosh
October 30, 2020
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cc: Honorable Mary Ellen Barbera, Chief Judge, Court of Appeals
Honorable Laura S. Ripken, Chair, Conference of Circuit Judges
Honorable John P. Morrissey, Chief Judge, District Court
Honorable Nicholas E. Rattal, Chair, Specialty Courts and Dockets Committee
Honorable Cory V. McCray, Chair, Public Safety, Transportation, and Environment
Subcommittee
Honorable Keith E. Haynes, Chair, Public Safety and Administration Subcommittee
Faye Gaskin, Deputy State Court Administrator
Roberta Warnken, Chief Clerk, District Court
Kelley O'Connor, Assistant State Court Administrator, Government Relations & Public
Affairs
Matthew Bennett, Policy Analyst
Matthew Jackson, Policy Analyst
Kenneth Weaver, Budget Analyst
Sarah Albert, Mandated Reports Specialist

Fiscal Year 2020

**Problem-Solving Courts
Annual Report**



Administrative Office of the Courts

November 2020

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Executive Summary

Problem-solving courts continue to be central to the Maryland Judiciary’s mission to provide fair, efficient, and effective justice for all. Maryland’s problem-solving courts adapted quickly to the COVID-19 emergency, remained mostly operational, and in most instances, continued providing services to some of the most vulnerable individuals in our state. With the climate of uncertainty, fear, and worry enveloping the COVID-19 pandemic, problem-solving court professionals are rightfully concerned about the corresponding mental health effects and substance use increases, as well as a projected increase in suicide risk, health problems, and domestic violence. While that risk appears to be escalating, COVID-19 has made behavioral health treatment more relatable and more relevant. Because of the urgent need to reach problem-solving court participants quickly during the health emergency, Maryland’s problem-solving court teams played an important role in the Judiciary’s successful effort to adapt to pandemic remote operations.

Problem-solving courts continue to be the most intensive, community-based programs available to address aberrant behavior associated with substance use disorder and mental illnesses. During Fiscal Year 2020, 3,499 individuals participated in Maryland’s problem-solving courts. Judges and magistrates met with those program participants nearly 26,400 times in scheduled court hearings.

At the end of Fiscal Year 2020, there were 59 problem-solving courts in Maryland: 34 drug courts, eight truancy reduction courts, seven veterans’ courts, seven mental health courts, two re-entry courts, and one Back-On-Track program.

Problem-solving courts vary considerably by jurisdiction and case type. However, all focus on collaborating with the service communities in their jurisdictions and stress a multidisciplinary, problem-solving approach to address the underlying issues of individuals appearing in court.

Using its Fiscal Year 2020 appropriation, the Judiciary provided over \$7 million in grants to support problem-solving courts in circuit and District Court locations. These funds were used for staffing, treatment, drug testing, travel and training, remote court needs, and ancillary services that directly benefit court participants.

The Judiciary continues to provide direct assistance to both planned and operational programs to support continued positive outcomes and sustainability. Because of the COVID-19 health emergency, training and education for problem-solving court practitioners has continued through remote platforms and has been specific to the unique needs of the rapidly changing situation. The Judiciary continues to set high expectations for monitoring and evaluating problem-solving courts to maintain best practices.

Problem-Solving Court Definition

Problem-solving courts address matters that are under the court’s jurisdiction through a multidisciplinary and integrated approach that incorporates collaboration among court, government, and community-based organizations.

Oversight

Administrative Office of the Court's (AOC) Office of Problem-Solving Courts

The Office of Problem-Solving Courts (OPSC) assists problem-solving courts to develop, maintain, and advance a collaborative therapeutic system on behalf of the Maryland Judiciary. OPSC has overseen the creation of problem-solving court programs in 22 of the 24 jurisdictions in Maryland and works with public and private stakeholders to develop and establish best practices in problem-solving courts.

OPSC oversees the financial support for Maryland's problem-solving courts, enforces programmatic guidelines, maintains a statewide management information system, and identifies new and expanding populations for problem-solving courts. Working with justice partners, OPSC continues to serve as the courts' liaison to sustain and advance problem-solving courts in Maryland.

Direct Assistance

OPSC provides direct assistance, expertise, and guidance to court programs, helping them to improve operations, client services, and team communication. Teams may address protocol development, ancillary services, treatment service/types, funding opportunities, court proceedings, and role clarification through this assistance. Teams also discuss and devise plans to institute new research and evidence-based practices into their current operations.

Direct assistance to Maryland's problem-solving courts includes guidance to improve drug testing policies, enhance sanction and incentive responses, rework and expand program entrance criteria, develop therapeutic responses to relapse, and understand the roles and responsibilities of each team member. The teams also review staffing processes and court proceedings to help their programs operate more efficiently, effectively, and consistently.

In Fiscal Year 2020, OPSC staff had **327** face-to-face or virtual contacts with programs in the field ranging from attending events such as graduations, completing programmatic site visits, attending program staffing and court hearings, and completing financial (grant) visits.

Monitoring and Evaluation

The Statewide Maryland Automated Record Tracking (SMART) system is a web-based data management system that allows the collection and standardization of data related to problem-solving court outcomes. SMART provides problem-solving court team members with direct

Maryland's problem-solving court judges met with participants **26,395** times in court hearings during FY 2020.

access to information needed for making informed decisions about participants and the court. SMART is a multi-purpose tool used for identifying and prioritizing participant needs, developing knowledge about services available across agencies, and obtaining immediate access to information about participant status. In addition, individual problem-solving courts use SMART data to generate presentations for local community and oversight boards, to report mandated data to state or federal stakeholders, to provide outcome information and continuous quality improvement activities to accrediting bodies, and to evaluate program and service effectiveness.

Through an agreement with the University of Maryland’s Institute for Governmental Services and Research (IGSR), problem-solving court programs across Maryland are supported in maintaining their data. In addition to responding to thousands of technical assistance and training questions, IGSR’s project team developed a SMART Case Management training curriculum for all problem-solving court case managers. IGSR also modified several components of SMART to better capture data relating to the Adult Drug Court Performance Measures as well as participant employment and education.

COVID-19 – A Call to Action: Strategies to Maintain Services During the Pandemic

On March 16, 2020, in response to the COVID-19 health emergency and consistent with guidance issued by the Centers for Disease Control, Chief Judge Barbera issued an Administrative Order temporarily restricting Judiciary operations to emergency matters and essential court functions only. This section of the report highlights strategies developed, progress on those strategies, and the impact of COVID-19 on problem-solving court case activities.



Figure 1: Problem-Solving Court Staffing and Hearings During the Pandemic

Two days after the above-mentioned administrative order, OPSC convened a statewide teleconference of the state’s problem-solving court coordinators, Circuit Court Administrators, and District Court Administrative Clerks. Their task was to discuss and develop strategies to carry-out the work of Maryland’s problem-solving courts virtually, continuing the quality of services that help participants maintain hard-earned sobriety, and managing serious mental and behavioral health issues.

The challenge before problem-solving court teams was significant. With case management and treatment services limited to virtual communication, a fundamental tool and best practice of effective problem-solving court programs – frequent and regular in-person interactions with participants – was no longer an option. This meant case management activities that help maintain

sobriety, for example drug testing and administration of medications such as methadone, would need to be restructured to be safely managed remotely. The absence of in-person interactions would also necessitate that caseworkers identify new ways effectively to monitor increased risk factors unique to individuals with mental health issues or substance use disorder (SUD) such as secondary health problems, food, income, employment, and housing instability – all of which would likely be made much worse by the COVID-19 pandemic. These risk factors are highlighted in a recent study published by Diabetes and Metabolic Syndrome: Clinical Research and Reviews in June 2020, which concluded the following:

- “People with SUD are at greater risk of worse COVID-19 outcomes;
- There is a surge of addictive behaviors (both new and relapse) including behavioral addiction in this period;
- Withdrawal emergencies and death are also being increasingly reported;
- Addicted people are especially facing difficulties in accessing the healthcare services which are making them prone to procure drugs by illegal means.”¹

Developing Strategies

With an unknown end to the pandemic, it was clear that any strategies developed should be guided by the goal to *quickly develop and deploy remote methods of service delivery that are sustainable and effective*, and not simply to overcome an inconvenience. The strategies developed from the March 18th meeting included the following:

- Target Population Strategies:
 - Continue to admit new participants whenever possible: problem-solving court teams recognized that mental health and drug-related crimes would likely increase due to stress and fear caused by the pandemic
- Enhanced Communication Strategies:
 - Increase frequency of contact with participants using multiple teleservice approaches, including reaching out through social media platforms
 - Actively and creatively use all available methods of remote technology to conduct problem-solving court team meetings (staffings) and compliance hearings (phone contact plus face-to-face sessions via Skype for Business, GoToWebinar, and Zoom for Government)
 - Identify and share the location of areas in which free internet service is available
- Case Management and Treatment Strategies
 - Address participant phase advancement concerns early
 - Hold virtual graduations and acknowledgement of progress celebrations
 - Continue to utilize behavior modification treatment such as sanctions, incentives, and therapeutic adjustments
 - Utilize transdermal drug and alcohol testing where possible
 - When practicable and with the use of approved PPE, conduct in-person drug testing in locations with low and controlled COVID-19 infection levels

¹ Dubey, Mahua Jana; Ghosh, Ritwik; Chatterjee, Subhamn; Biswas, Payel; Chatterjee, Subhankar; Dubey, Souvik. *COVID-19 and Addiction*. Diabetes & Metabolic Syndrome: Clinical Research and Reviews. June 2020

- Program Sustainability Strategies
 - Identify funding for needed program enhancements such as providing cell phones for court employees and participants without access
 - Step-up referrals and engage with problem-solving court community members, government partners, and other stakeholders
 - Identify community service ideas such as making cloth face coverings for others, donating blood, and developing a communication tree to keep in contact with those most vulnerable
- Population Vulnerability Mitigation Strategies
 - Increase dissemination of community health, safety, and access to food resources
 - Identify and disseminate COVID-19 specific community resources and services
 - Establish relationships with new pandemic-related community service providers
 - Help coordinate telehealth services

Strategies in Action

Problem-solving court teams implemented the strategies outlined above and quickly adapted all program and court proceedings to the virtual environment. Metrics gathered from the Statewide Maryland Automated Record Tracking (SMART) system during the Judiciary’s COVID-19 Phase I court operational plan (March 16, 2020 - June 5, 2020) demonstrate the considerable effort made by problem-solving court teams to maximize attendance at court proceedings and hearings, maintain regular supervision and case management contacts, coordinate telehealth services, admit new participants, and maintain regular drug testing and administration of medication. Please see below, several examples of SMART metrics illustrating this effort:

1. Case Management Activities and Service Referrals

Case management activities (e.g., contacts, case planning, collateral contacts, etc.) increased 26% from March 16 – June 5, 2020 compared to the same period in 2019. The number of service referrals also showed significant increase, with 57% more referrals in April 2020 over April of 2019, and an overall increase of 38% in 2020 over 2019. ([Table 1](#), [Figure 2](#), [Figure 3](#))

Table 1: Number of Service Referrals and Case Management Activities, March 16-June 5, 2019 and 2020

	March 16-March 31			April			May			June 1-June 5		
	2019	2020	Percent Change from Last Year: 2019 & 2020	2019	2020	Percent Change from Last Year: 2019 & 2020	2019	2020	Percent Change from Last Year: 2019 & 2020	2019	2020	Percent Change from Last Year: 2019 & 2020
Adult Drug Court Drug Test Results												
# of Case Management Activities	3,478	4,841	39.2%	7,123	9,119	28.0%	7,037	7,914	12.5%	1,159	1,821	57.1%
# of Service Referrals	219	431	96.8%	480	752	56.7%	419	415	-1.0%	78	53	-32.1%

Figure 2: Number of Case Management Activities, March 16 - June 5, 2019 and 2020

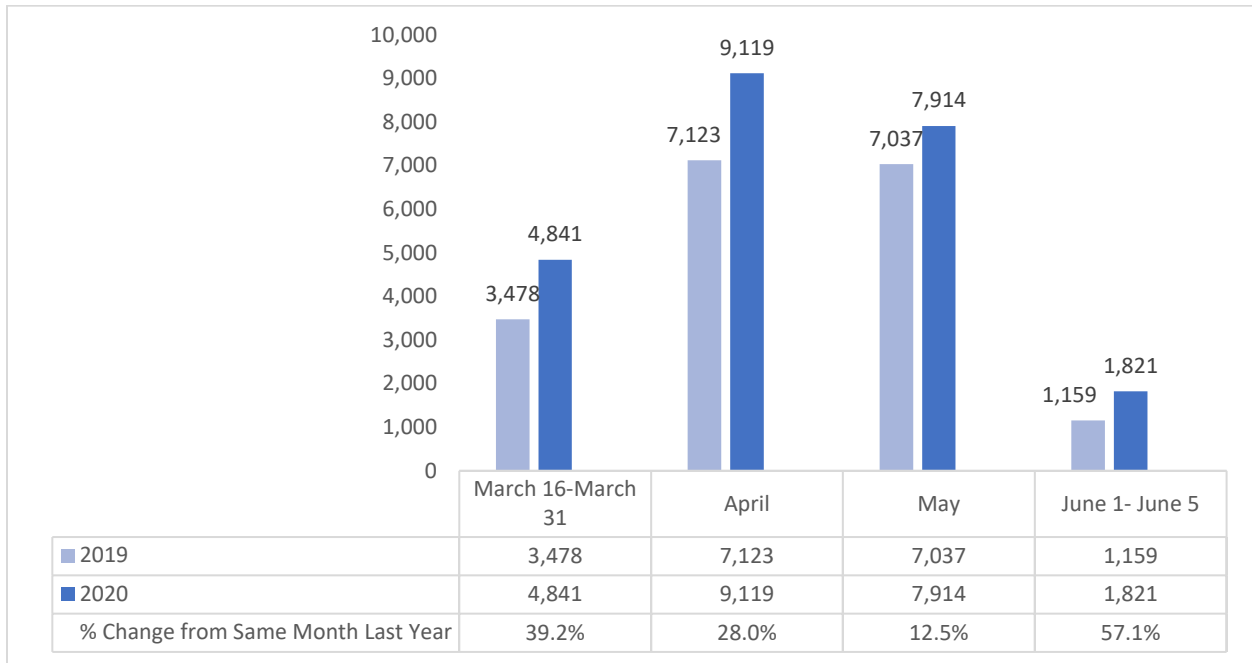
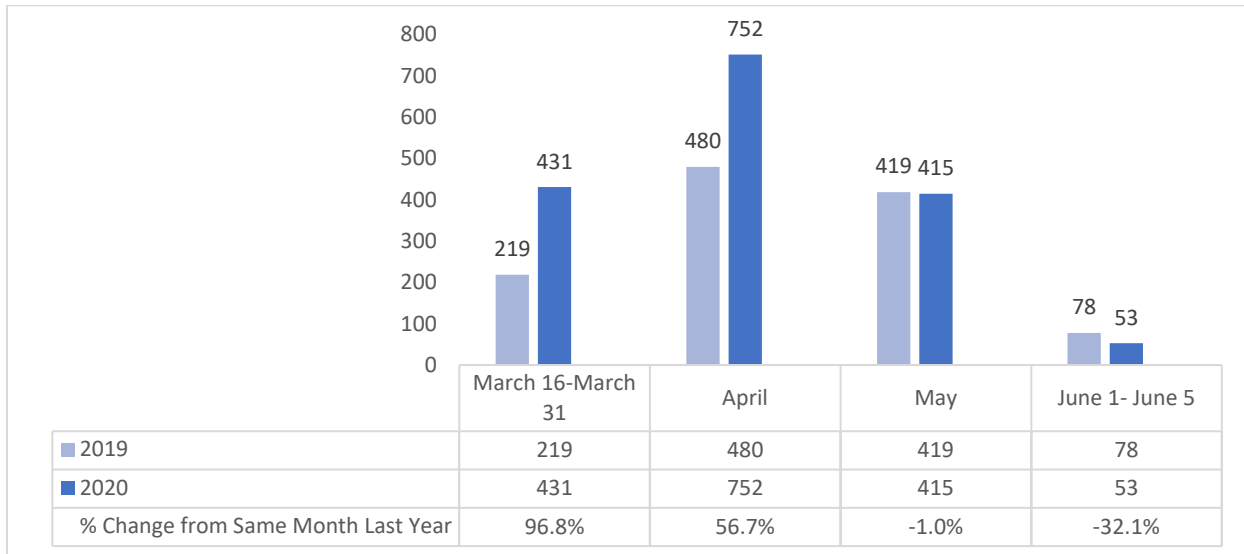


Figure 3: Number of Service Referrals, March 16 – June 5, 2019 and 2020



2. Drug Testing

Drug court teams facilitated the administration of 6,329 drug tests from March 16 through June 5, 2020. During that time 1,058 tests returned a positive result, indicating a 16.7% positivity rate compared to 13.7% in 2019. May of 2020 showed the greatest increase in positive test results, with a 34% increase over May of 2019. ([Table 2](#), [Figure 4](#), [Figure 5](#), [Figure 6](#))

Table 2: Drug Testing Outcomes: March-June 2019 and 2020

Adult Drug Court Drug Test Results	March 16-March 31			April			May			June 1-June 5		
	2019	2020	Percent Change from Last Year: 2019 & 2020	2019	2020	Percent Change from Last Year: 2019 & 2020	2019	2020	Percent Change from Last Year: 2019 & 2020	2019	2020	Percent Change from Last Year: 2019 & 2020
Number of Drug Tests Administered	2,818	1,113	-60.5%	5,719	2,108	-63.1%	5,727	2,499	-56.4%	881	609	-30.9%
Number of Drug Tests with a Positive Result	368	155	-57.9%	754	316	-58.1%	826	484	-41.4%	122	103	-15.6%
Percent Positive Drug Tests	13.1%	13.9%	6.6%	13.2%	15.0%	13.7%	14.4%	19.4%	34.3%	13.8%	16.9%	22.1%

Figure 4: Number of Drug Tests Administered, March 16 - June 5, 2019 and 2020

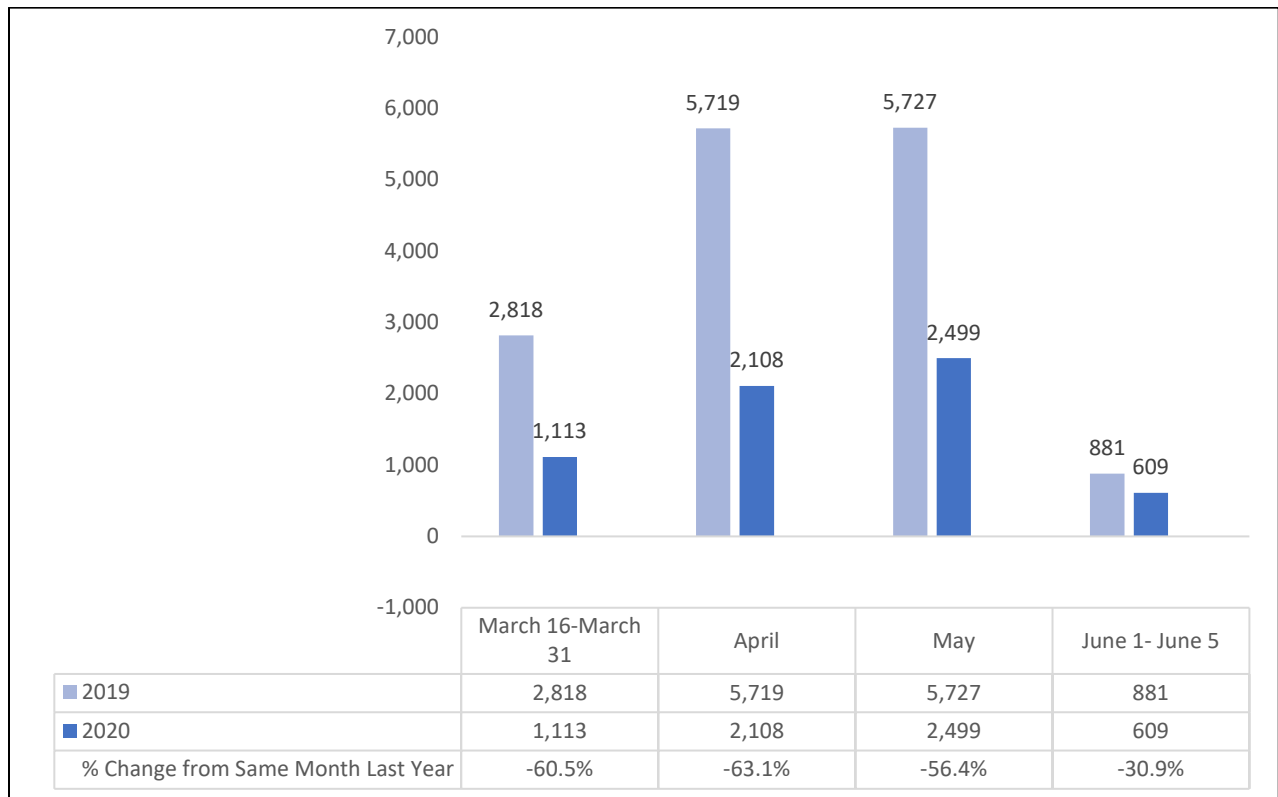


Figure 5: Number of Drug Tests with a Positive Test Result, March 16 - June 5, 2019 and 2020

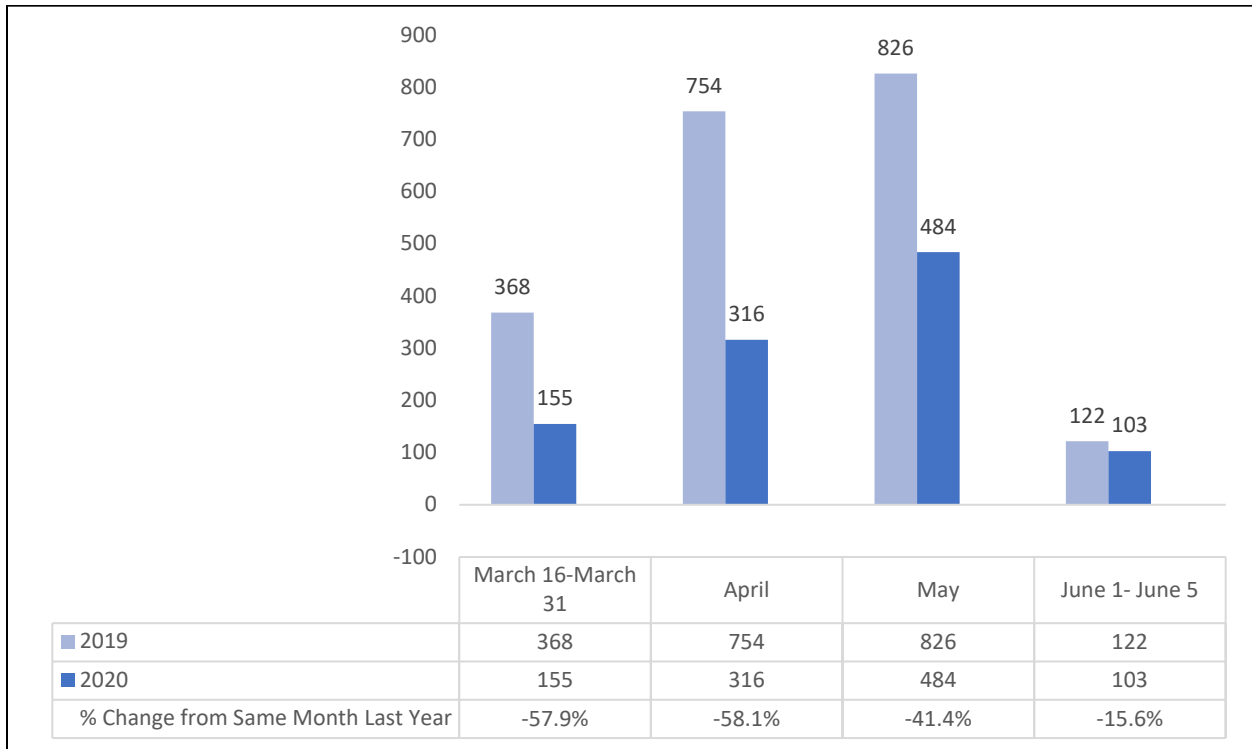
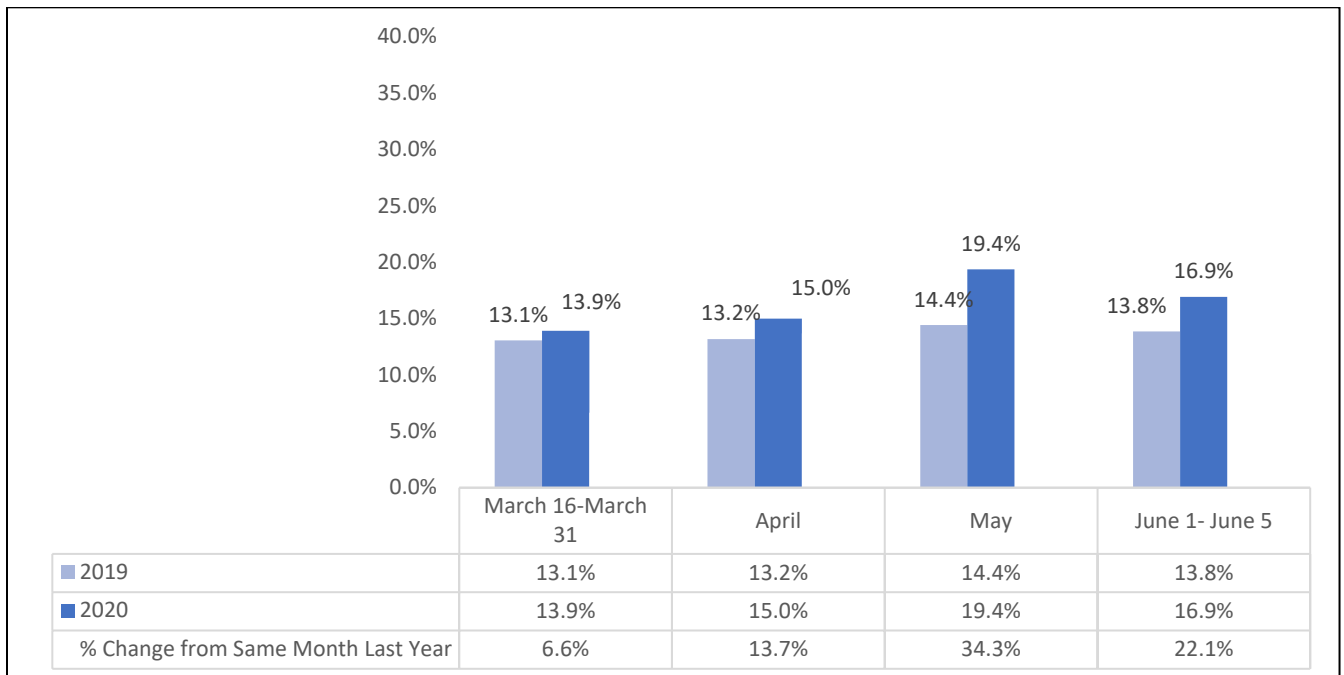


Figure 6: Percent of Drug Tests with a Positive Result, March 16 – June 5, 2019 and 2020



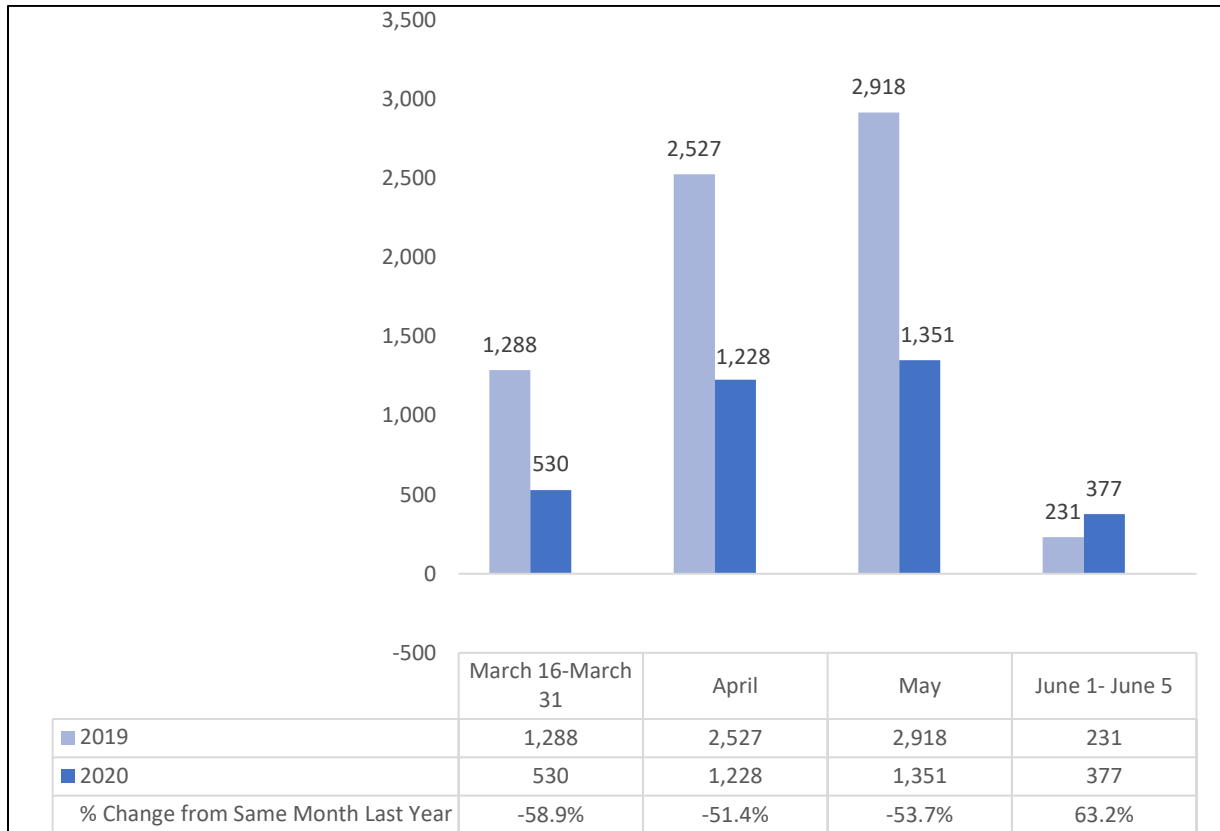
3. Participation in Court Hearing and Events

Between March 16 and June 5 of 2020, problem-solving court teams facilitated the attendance of 3,486 participants at court hearings. For the same period in 2019, the number of participants attending court hearings was 6,964, a 50% decrease (Table 3, Figure 7). Problem-solving courts reported multiple challenges with facilitating virtual attendance at status hearings such as equipment accessibility and issues with connectivity.

Table 3: Participation in Court Hearings March 16-June 5, 2019 and 2020

	March 16-March 31			April			May			June 1-June 5		
	2019	2020	Percent Change from Last Year: 2019 & 2020	2019	2020	Percent Change from Last Year: 2019 & 2020	2019	2020	Percent Change from Last Year: 2019 & 2020	2019	2020	Percent Change from Last Year: 2019 & 2020
# Participating in Court Hearings	1,288	530	-58.9%	2,527	1,228	-51.4%	2,918	1,351	-53.7%	231	377	63.2%

Figure 7: Number Participating in Court Hearings March 16-June 5, 2019 and 2020



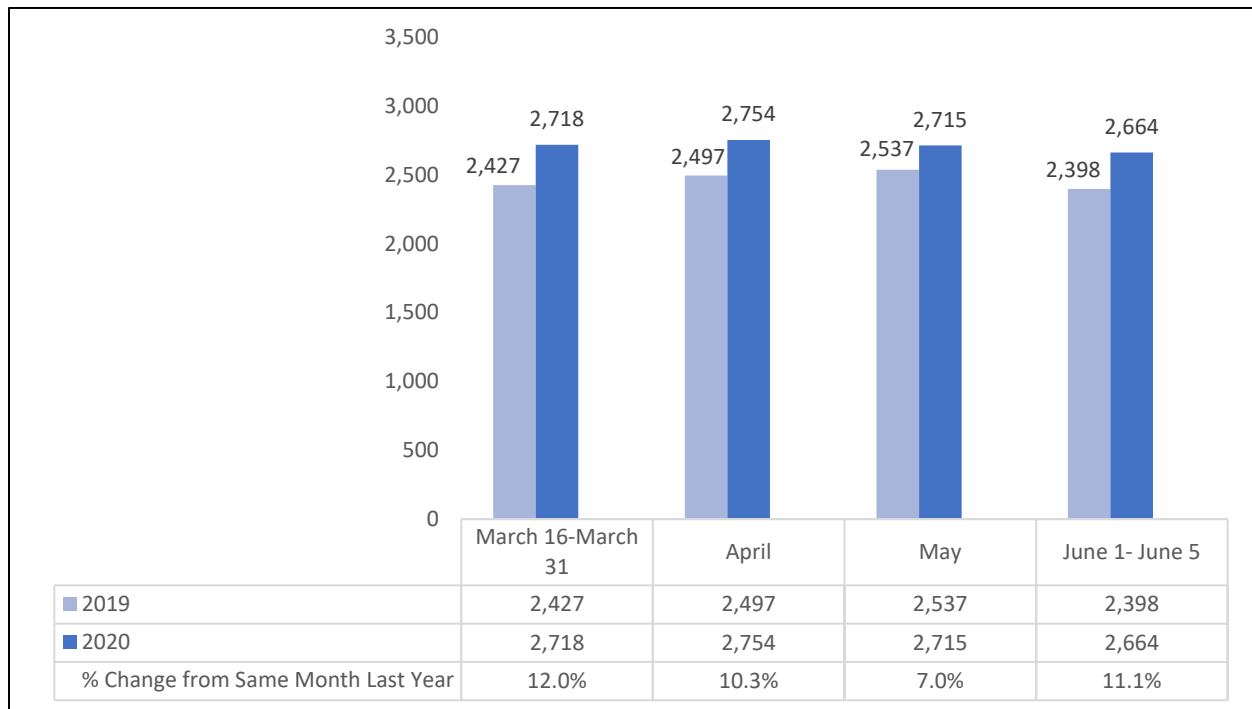
4. Active Participants in Problem-Solving Courts

From March 16 through June 5, 2020 there were an average of 2,713 active participants in problem-solving courts, 10% more than in 2019 when the average number of participants was 2,465.

Table 4: Number of Active Participants in Problem-Solving Courts, March 16 – June 5, 2020

	March 16-March 31			April			May			June 1-June 5		
	2019	2020	Percent Change from Last Year: 2019 & 2020	2019	2020	Percent Change from Last Year: 2019 & 2020	2019	2020	Percent Change from Last Year: 2019 & 2020	2019	2020	Percent Change from Last Year: 2019 & 2020
# of Active Participants in Problem-Solving Courts	2,427	2,718	12.0%	2,497	2,754	10.3%	2,537	2,715	7.0%	2,398	2,664	11.1%

Figure 8: Number of Active Participants in Problem-Solving Courts, March 16 – June 5, 2020



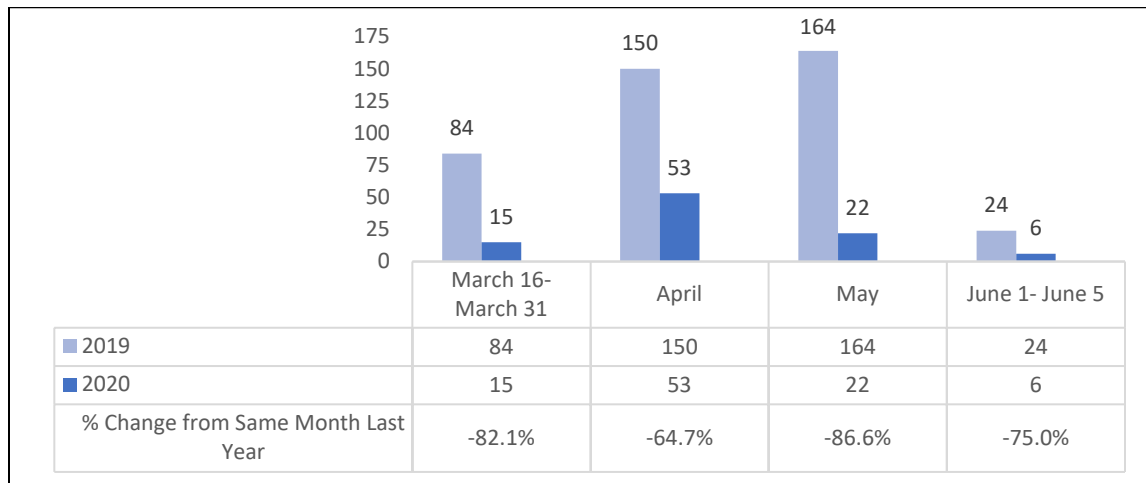
5. Number of Participants Admitted to Problem-Solving Courts

From March 16 through June 5, 2020 problem-solving courts admitted 96 new participants to drug and mental health court programs, compared to 422 in 2019, representing a 77.3% decrease. Much of the difference in admissions between 2019 and 2020 can be attributed to the observed decrease in arrests throughout Maryland during the time the State’s stay-at-home order was in place. Data on the number of arrests made during the months of March through June of 2020 is not yet available statewide, but Montgomery County² and Baltimore City³ both reported decreases in arrests during March, April, and May of 2020, which likely impacted problem-solving court admissions.

Table 5: Number of Participants Admitted to Problem-Solving Courts March 16 – June 5, 2019 and 2020

	March 16-March 31			April			May			June 1-June 5		
Problem-Solving Court Participants Admitted	2019	2020	Percent Change from Last Year: 2019 & 2020	2019	2020	Percent Change from Last Year: 2019 & 2020	2019	2020	Percent Change from Last Year: 2019 & 2020	2019	2020	Percent Change from Last Year: 2019 & 2020
# of Participants Admitted to Problem Solving Courts	84	15	-82.1%	150	53	-64.7%	164	22	-86.6%	24	6	-75.0%

Figure 9: Number of Participants Admitted to Problem-Solving Courts March 16 – June 5, 2019 and 2020



² WJLA ABC “Montgomery Co. arrests drop by 63 percent amid few calls and officer fears of COVID-19”. <https://wjla.com/news/local/arrests-in-montgomery-co-drop-by-63-percent-amid-fewer-calls-and-officer-fears-of-covid> April 7, 2020

³ Baltimore Sun “Baltimore crime during coronavirus: property crime plummets, gun violence continues”. <https://www.baltimoresun.com/news/crime/bs-md-ci-cr-baltimore-crime-coronavirus-20200404-4yjfurpd4jcfvogxssaut232ty-story.html> March 19, 2020

6. *Participant Deaths*

Despite the extraordinary efforts made by problem-solving court teams to overcome treatment and case management limitations created by pandemic social distancing protocols, program coordinators reported 12 deaths from March 16 through June 5, 2020. This number is in stark contrast to the same period in 2019 in which there were 4, reflecting a 200% increase. Although exact cause of these deaths is not certain, their incidence underscores the extreme vulnerability of this population. Problem-solving courts are often a literal lifeline for participants, and the Judiciary will continue to support problem-solving court teams in helping participants to access needed services.

7. *Continuing Education During the Pandemic*

Technical assistance and education for problem-solving court teams remains a priority for the Judiciary. On an annual basis, OPSC staff and the Specialty Courts and Dockets Committee plan educational events to support excellence among problem-solving court teams and criminal justice professionals. In the spring of 2020, many planned trainings either had to be cancelled or adapted to online-only options. From March 16 through June 5, 2020, OPSC held three short virtual training sessions during the noon hour dubbed *Problem-Solving Court Lunch & Learn* to better accommodate court schedules and minimize service delivery disruptions. Below are examples of the *Lunch & Learn* events held during the pandemic:

- Judge Mary Jane Knisley, 13th Judicial District, Billings, MT demonstrated how she has been using remote hearings, supervision, and telehealth for several years in her problem-solving courts.
- Vanessa Price, Division Director for the National Drug Court Institute provided “Equity and Inclusion in Problem-Solving Courts” in July 2020. This training was for jurisdictions interested in addressing racial disparities and bias to ensure equivalent access, retention, treatment, incentives and sanctions and dispositions. This will be followed up with a full-day training for all problem-solving court team members in September 2020.

Aaron Arnold, Director of Technical Assistance for the Center for Court Innovation presented “Constitutional and Legal Issues in Problem-Solving Courts”. This presentation went over recent case law on topics important to problem-solving courts such as:

- “Can a PSC judge require a participant to take prescription medication or risk termination from the program?”
- “Can a PSC prohibit a person from going to certain locations or from associating with specific individuals?”
- “How does a problem-solving court address dress code restrictions?”
- Case law relating to staffing and ex parte communications in PSC’s were also discussed.

New Problem-Solving Court

[Maryland Rule 16-207](#) provides a formal process for problem-solving courts to become operational and be recognized as such by the Court of Appeals. Applicants are expected to provide a completed application and any supporting materials to provide the most accurate detail of the proposed problem-solving court.



The prospective problem-solving court leadership confers with OPSC and each state, local, or federal agency or official whose participation in the program will be required under the plan. Examples of officials to be consulted, depending on the nature of the proposed program, include, but are not limited to the Office of the State's Attorney, Office of the Public Defender; Department of Juvenile Services; health, addiction, and education agencies; the Department of Parole and Probation; and the Department of Human Services.

The Judicial Council's Specialty Courts and Dockets Committee reviews the application to:

- Determine whether the program is comprehensible;
- Identify potential program weaknesses or areas of concern; and
- Determine whether the application has adequate facilities, staff, and management capacity.

The Committee may request clarification and offer recommendations or corrections as necessary.

- In Fiscal Year 2020, the Court of Appeals, with the recommendation from the Judicial Council's Specialty Courts and Dockets Committee, approved the Frederick County District Mental Health Court under Maryland Rule 16-207. The Frederick County District Mental Health Court offers defendants with mental disorders an opportunity to obtain an array of services, from evaluations to a judicially supervised treatment plan. Participants obtain a positive criminal disposition and aftercare/support plan upon successful program completion.

Figure 10: Operational Problem-Solving Courts in Maryland

MARYLAND PROBLEM SOLVING COURTS		Adult District Court Drug Court	Adult Circuit Court Drug Court	Juvenile Drug Court	Family/ Dependency Drug Court	DUI/ Drug Court	Circuit Court Mental Health Court	District Court Mental Health Court	Truancy Reduction Court	Re-Entry Court	Veterans Court	Back on Track
	Allegany County		•									
	Anne Arundel County	•	•			•					•	
	Baltimore City	•	•		•		•	•			•	
	Baltimore County			•	•							
	Calvert County		•									
	Caroline County		•									
	Carroll County		•									
	Cecil County		•									
	Charles County				•							
	Dorchester County	•							•		•	
	Frederick County		•					•				
	Garrett County											
	Harford County	•	•		•			•	•			
	Howard County	•					•					
	Kent County								•			
	Montgomery County		•				•	•				
	Prince George's County	•	•	•				•	•	•	•	•
	Queen Anne's County											
	St. Mary's County		•		•	•						
Somerset County		•						•		•		
Talbot County		•						•	•			
Washington County		•										
Wicomico County		•						•		•		
Worcester County	•	•						•		•		



6/30/20

Funding

Over the past several years, the Judiciary has recognized and responded to state budget trends by accessing resources from federal, state, and local partners to sustain programs. State agencies with common missions often join to fund and support problem-solving courts. The Judiciary continues to collaborate with state partners, such as the Behavioral Health Administration (BHA), Department of Public Safety and Correctional Services (DPSCS), Maryland Highway Safety Administration (MDOT, SHA), and Governor's Office of Crime Control & Prevention (GOCCP) to maximize access to existing resources.

HOPE Act

On May 25, 2017, Maryland Governor Larry Hogan signed into law, The [HOPE Act](#), a multi-agency emergency bill that consolidates several provisions intended to respond to the opioid crisis in Maryland, including the expansion and enhancement of Maryland drug courts. Specifically, The HOPE Act instructs the State Court Administrator to “assess drug court programs in circuit courts, including juvenile courts, and the District Court to determine how to increase these programs in a manner sufficient to meet each county’s needs,” and to disburse grants authorized by the multi-year appropriation based on the population of each county.

Over the last two years, the Judiciary has led local drug courts to consider changing or eliminating specific offense or offender disqualifications utilized to screen eligibility of potential drug court participants. National research indicates that drug using offenders considered to be high-risk according to the criminological *Risk and Need Principle* paradigm are also some of the most successful in terms of drug court program graduation and in contributing to the beneficial societal effects of drug courts such as reduction in crime and substance abuse, improved family relationships, and earning potential.⁴

Prior to this, many of Maryland's drug court eligibility guidelines included several offenses that disqualify drug using offenders from being referred to drug court programs. In many programs, these disqualifying offenses are also applied to an individual's criminal history, so even in instances where the current offense does not disqualify an individual from being referred to a drug court program, they were disqualified due to their criminal history.

By expanding the drug court eligibility criteria, more services are provided for program participants such as drug testing (higher costs for fentanyl and carfentanyl), transportation, housing, case management, and other ancillary services.

Problem-Solving Court Grants and Budget Requests

In Fiscal Year 2020, the Judiciary solicited grant applications from circuit courts and budget requests from District Court programs to support and maintain the capacity of existing and planned problem-solving courts across Maryland. The Problem-Solving Court Discretionary Grant and Problem-Solving Court Budget Request process address staffing needs within the Judiciary and collaborating agencies, provide support for needed ancillary services, cover critically needed drug and alcohol testing costs, support trainings, and fund services that are deemed non-reimbursable by managed care. See [Table 6](#) for a list of problem-solving court grant and budget requests funded by the Maryland Judiciary.

Table 6: Problem-Solving Court Grant/Budget Request Awards FY 2020

Problem-Solving Court Grant/Budget Request Awards FY 2020		
Problem-Solving Court Jurisdiction	OPSC Grant/Budget Request Awards	Total by County
Allegany Circuit Court	\$149,139.00	\$149,139.00
Anne Arundel Circuit Court	\$370,832.00	\$765,832.00
Anne Arundel District Court	\$395,000.00	
Baltimore City Circuit Court	\$579,065.00	\$812,563.00
Baltimore City District Court	\$233,498.00	
Baltimore Co. Circuit Court	\$206,251.00	\$286,922.00
Baltimore Co. District Court	\$80,671.00	
Calvert Circuit Court	\$264,435.00	\$264,435.00
Caroline Circuit Court	\$101,342.00	\$101,342.00
Carroll Circuit Court	\$321,282.00	\$321,282.00
Cecil Circuit Court	\$377,722.00	\$377,722.00
Charles Circuit Court	\$180,000.00	\$180,000.00

⁴ Marlowe, Douglas B. J.D., Ph.D. Research Update on Adult Drug Courts. December 2010

Problem-Solving Court Grant/Budget Request Awards FY 2020		
Problem-Solving Court Jurisdiction	OPSC Grant/Budget Request Awards	Total by County
Dorchester District Court	\$140,000.00	\$421,586.50
Dorchester Circuit Court	\$281,586.50	
Frederick Circuit Court	\$315,464.00	\$415,464.00
Frederick District Court	\$100,000.00	
Harford Circuit Court	\$187,051.00	\$372,345.00
Harford District Court	\$185,294.00	
Howard District Court	\$150,000.00	\$150,000.00
Kent Circuit Court	\$87,000.00	\$87,000.00
Montgomery Circuit Court	\$351,479.00	\$411,479.00
Montgomery District Court	\$60,000.00	
Prince George's Circuit Court	\$550,000.00	\$658,534.00
Prince George's District Court	\$108,534.00	
Somerset Circuit Court	\$140,056.78	\$140,056.78
St. Mary's Circuit Court	\$288,299.00	\$288,299.00
Talbot Circuit Court	\$150,502.00	\$150,502.00
Washington Circuit Court	\$154,076.00	\$154,076.00
Wicomico Circuit Court	\$344,675.78	\$344,675.78
Worcester Circuit Court	\$237,352.00	\$257,117.00
Worcester District Court	\$19,765.00	
TOTAL	\$7,110,372.06	\$7,110,372.06

Behavioral Health Administration (BHA) Grant for Non-Reimbursable Services

In Fiscal Year 2020, BHA provided \$1 million and the Judiciary provided \$800,000 for a total of \$1.8 million in combined resources to provide drug court grant awards allowing local drug court treatment providers to purchase non-reimbursable services delivered in ambulatory treatment settings. Jurisdictions used these funds for service providers' time spent in court on behalf of the client such as at status hearings, pre-court meetings, and case consultation meetings with drug court personnel; non-reimbursable clinical case management associated with substance use disorder treatment services; correspondence with court officials on behalf of participants; and transportation as needed for substance use disorder treatment.

Training and Education

Professional development among problem-solving courts remains a priority for the Judiciary. On an annual basis, Judiciary staff and the Specialty Courts and Dockets Committee plan and fulfill pre-implementation trainings, continuing education workshops, and tutorials for new staff to stay up on today's best practice in problem-solving courts. Having a well-trained team means learning new skills that can improve outcomes, reduce mistakes, build confidence in your team, and create a better working environment. In Fiscal Year 2020, the Judiciary hosted over 750 problem-solving court judges and staff, clinicians, attorneys, law enforcement officers, public safety personnel, Department of Human Resources staff, and ancillary service organizations from every region of the state.

In addition to the education events listed above, pre-COVID-19 education and training included an adult drug court tune-up for three teams sponsored by the National Drug Court Institute and a family recovery court tune-up for all five family recovery court teams sponsored by Children and Family Futures. Mental Health First Aid for Veterans was conducted by Mosaic Community Services, as part of the Sheppard Pratt Health System under a grant from the Substance Abuse and Mental Health Services Administration (SAMSHA).

The 15th Annual Problem-Solving Court Symposium featured state and national experts presenting timely and relevant topics and materials. The event has expanded each year, and in Fiscal Year 2020, the Problem-Solving Court Symposium hosted over 400 problem-solving court judges and staff, clinicians, attorneys, law enforcement officers, public safety personnel, Department of Human Resources staff, and ancillary service organizations from every region of the state. Held at the Sheraton Baltimore North Hotel in Towson, Maryland, the Symposium featured 14 plenary and breakout sessions covering various topics.

Drug Courts

Drug courts constitute a Judiciary-led, coordinated system that demands accountability of staff and court participants and provides immediate, intensive, and comprehensive drug treatment, supervision, and support services using a variety of incentives and sanctions to encourage participant compliance. Drug courts represent the coordinated efforts of criminal justice, behavioral health, and social service agencies, along with treatment communities that actively intervene in, and break the cycle of substance abuse, addiction, and crime. As an alternative to less effective interventions, such as incarceration or general probation, drug courts quickly identify substance-abusing offenders and place them under strict court monitoring and community supervision coupled with effective, individually assessed treatment, and ancillary services. [Table 7](#) provides a comprehensive list and basic characteristics of all Maryland adult, family, and juvenile drug courts, and DUI courts.



Figure 11: Carroll County Circuit Adult Drug Court Judge Fred Hecker recognizing recent graduates.

Table 7: Drug Court Statistical Summary

Drug Court Statistical Summary July 1, 2019 – June 30, 2020								
County	Location	Type of Program	Year Est.	Entered Program	Graduated	Neutral ^a	Terminated	Total Served in FY 2020
Allegany	Circuit	Adult	June-18	11	1	0	1	41
Anne Arundel	Circuit	Adult	Dec-05	38	32	9	21	163
Anne Arundel	District	Adult DUI	Feb-97 Jan-05	97	42	4	28	294
Baltimore City	Circuit	Adult	Oct-94	25	51	4	8	180
Baltimore City	Circuit	Family	Aug-05	55	23	5	40	107
Baltimore City	District	Adult	Mar-94	43	4	2	13	91
Baltimore Co	Circuit	Juvenile	Mar-03	2	7	0	1	14
Baltimore Co	Circuit	Family	Aug-10	11	5	1	3	23
Calvert	Circuit	Adult	Feb-15	22	22	1	7	102
Caroline	Circuit	Adult	Nov-11	9	7	3	4	21
Carroll	Circuit	Adult	Apr-07	24	24	0	6	88
Cecil	Circuit	Adult	Jun-06	24	21	0	14	110
Charles	Circuit	Family	Jan-11	25	5	3	15	39
Dorchester	District	Adult	Jul-04	4	8	1	10	31
Frederick	Circuit	Adult	May-05	25	11	3	6	67
Harford	Circuit	Family	May-04	13	3	2	14	26
Harford	Circuit	Adult	Dec-18	20	0	1	3	25
Harford	District	Adult	Nov-97	9	8	0	5	23
Howard	District	Adult	Jul-04	11	4	0	1	21
Howard	District	DUI	Jul-04	12	17	1	0	40
Montgomery	Circuit	Adult	Nov-05	19	11	4	4	103
Prince George's	Circuit	Adult	Aug-02	15	14	0	1	77
Prince George's	Circuit	Juvenile	Aug-02	4	4	0	6	28
Prince George's	Circuit	Re-Entry	Oct-13	3	4	1	0	14
Prince George's	District	Adult	Apr-06	18	9	4	12	46
St. Mary's	Circuit	Adult DUI	July-09	14	9	0	5	38
St. Mary's	Circuit	Family	Aug-16	13	4	1	15	27
Somerset	Circuit	Adult	Aug-18	12	0	0	1	23
Talbot	Circuit	Problem-Solving	Aug-07	8	12	1	1	26
Washington	Circuit	Adult	May-19	16	0	0	0	23
Wicomico	Circuit	Adult	Sep-05	11	12	1	3	46
Worcester	Circuit District	Adult	Dec-05	11	8	0	10	43
Total				624	382	52	258	2,000

^a Neutral is defined as administratively discharged during the reporting period (e.g., death, probation expired, moved jurisdictions).

Adult Drug Court Performance Measures

The Maryland Adult Drug Court Performance Measures report, completed by the National Center for State Courts (NCSC) in September 2017, documents the performance measures selected for Maryland adult drug courts. The Ten Key Components of Drug Courts (National Association of Drug Court Professionals: NADCP, 1997) and the Adult Drug Court Best Practice Standards (NADCP, 2013; 2015) provide the basis for the NCSC model. Based on these NADCP best practices and the overall goal of reducing recidivism, NCSC recommended 10 supporting objectives for Maryland's adult drug courts (see [Appendix C](#)). These objectives guided NCSC's development of the adult drug court performance measures. Each recommended performance measure includes a benchmark that sets a quantitative goal to inform courts about their current performance, and over time can be used to measure their progress (see [Appendix D](#) for a full list of all 24 performance measures).

Full implementation of a performance management system and all performance objectives, measures, and benchmarks is heavily reliant upon the regular collection and input of data in the Statewide Automated Record Tracking (SMART) system, a web-based tool created by the Maryland Institute for Governmental Research (IGSR) that provides consent-driven tracking and analysis of drug court program and participant data. Due to this requirement, some benchmarks, and their corresponding measures will need to be implemented in stages to accommodate the collection of new data elements necessary to measure performance.

Full implementation will occur in three tiers and on a rolling basis as relationships and data collection systems are established: (1) benchmarks implemented for measures and data collection already in place; (2) benchmarks implemented for measures following the data collection of new court data; and (3) benchmarks implemented for measures following the establishment of data collection and sharing by entities outside of the court system.

Implementation Status by Tier

Tier 1: Implementation of measures from data collection already in place

Although SMART data collection for performance measures has been in place for several years, implementation of these measures requires the accurate application of the data to the NCSC performance measurement tool. In March 2019, drug court coordinators and their teams were trained to use the new SMART system performance measure reporting and data-capture capabilities as part of the NCSC performance measure implementation training. To ensure that performance metrics are accurate, continuous data quality review and oversight will be ongoing throughout the implementation of all Tier 1 measures. Of note, over the past year, drug courts implemented the following new performance measures and benchmarks through the application of currently collected (existing) data:

- Processing Time Measures and Benchmarks: Time from Arrest to First Treatment (measure 3) and Time from Referral to First Treatment Episode (measure 4).
- Social Functioning Measures and Benchmarks: Quality of Residency Status (measure 15) and Employment and Education Status (measure 17).
- Sanction and Incentives Measures and Benchmarks: Sanctions (measure 8); Incentives (measure 9); Ratios of Incentives to Sanctions (measure 10) and; Response Time to Negative Behavior (measure 11).

Since launching SMART in 2003, adult drug courts have routinely collected the following data elements to measure areas of program performance: (1) status hearing measures (number of hearings attended); (2) sanctions and incentive measures (average number of sanctions and incentives administered across participants); (3) program retention measures (percentage of participants admitted who have successfully completed the program); (4) dosage measures (length of time in program); (5) drug testing and sobriety measures (number of drug and alcohol tests, and percent positive); (6) in-program reoffending measures (the percentage of participants who have a case filed for a new jail-eligible offense while in the program) and; (7) processing time measures (time from arrest to referral and time from referral to first treatment episode).

Tier 2: Implementation of benchmarks and measures following the data collection of new court data

Procedural Fairness (measure 6): In order to implement the procedural fairness measure, the Judiciary developed a survey that elicits feedback from drug court participants about their experiences related to access and fairness during their time in the program. In January 2020, the Judiciary trained all drug court coordinators to implement this measure and piloted the survey in Wicomico and Frederick adult circuit drug courts. Following the successful administration of the Access and Fairness Survey to drug court participants in both pilot courts, Judiciary staff summarized and packaged survey results with data visualizations for program teams to review and evaluate performance using the measure's benchmark. Implementation of this performance measure will be rolled out in all drug courts as the Judiciary enters Phase IV of reopening under the COVID-19 emergency court operational environment in Fiscal Year 2021.

Target Population (measure 1): Facilitation of data collection for this measure is a priority for the Judiciary. As outlined in NCSC's report, the objective of this measure is to target high risk, high need populations, with a benchmark of achieving 100% target population admissions. To enable drug courts to meet this benchmark, NCSC recommends the application of a validated risk-need assessment tool for use in identifying this population. Per this recommendation, the Judiciary has provided grant funding to drug courts to procure and implement a validated risk-needs assessment tool with about half of Maryland's drug courts currently using the tool. The Judiciary anticipates remaining drug courts will procure and begin using an assessment tool over the next 18 months.

Tier 3: Implementation of benchmarks following the establishment of data collection and sharing by entities outside of the court system

There are several additional new data requirements specific to the implementation of NCSC performance measures that necessitate the sharing and collection of data by entities outside of the court system. Progress in the implementation of new data collection currently held by entities outside of the courts (Tier 3).

Technical Assistance for Adult Drug Courts

The Judiciary secured technical assistance from NCSC to support courts in continuing their implementation of the drug court performance measures. Technical assistance will focus on courts that are having difficulty implementing the performance measures standards as well as those that meet most standards but are seeking support in fully implementing others. In the coming year, OPSC and NCSC will be hosting webinars for all courts on use of the goals and benchmarks, and to identify obstacles facing specific courts. These webinars will allow OPSC

and NCSC to better target specific courts for follow-up. Beginning in early 2021, OPSC and NCSC will be conducting multi-site virtual meetings to allow adult drug courts facing similar issues (e.g., data collection efforts, implementation, and management considerations regarding specific measures, interpreting results) to develop best practice ideas. From this multi-site collaboration, coordinators and teams will have the ability to continuously make necessary adjustments in process, resource allocation, and other operational elements to move towards meeting performance benchmarks and improving outcomes. Further, the Judiciary is partnering with NCSC to develop a guidebook to accompany the drug court performance measures training manual. This guidebook will include standards for implementation of performance measures, all performance measures tools and materials, and practical lessons that highlight real-world obstacles in drug court performance measurement and how to overcome them.

Mental Health Courts

In Maryland, as in other states, deinstitutionalization of those with mental health conditions has led to increased instances of that population becoming involved in the criminal justice system. Mental health courts were established in response to the increased numbers of individuals with mental health disorders found caught in the revolving door of the criminal justice system. See [Table 8](#) for a comprehensive list and basic information of all mental health courts.

A mental health court is a specialized court docket established for defendants with a primary mental health diagnosis. A problem-solving approach substitutes for the traditional adversarial criminal court process. Participants are identified through mental health screenings and assessments, and they voluntarily participate in a judicially supervised treatment plan developed jointly by a team of court staff and mental health professionals. The overarching goal of the mental health court is to decrease the frequency of participants' contact with the criminal justice system by providing judicial oversight to improve their social functioning with respect to employment, housing, treatment, and support services in the community.



Figure 12: Judge Aileen Oliver, Judge Marina Sabbett, and Judge Sherri Koch preside over a Montgomery County District Mental Health Court Graduation

Mental health courts rely on individualized treatment plans and ongoing judicial monitoring to address mental health needs and public safety concerns. These courts also seek to address the underlying problems that contribute to criminal behavior and overall recidivism rate of this population.

Table 8: Mental Health Court Statistical Summary

Mental Health Court Statistical Summary July 1, 2019—June 30, 2020							
County	Location	Year Est.	Entered Program	Graduated	Neutral^a	Terminated	Total Served in FY 2020
Baltimore City	Circuit	May-17	97	0	1	0	227
Baltimore City	District	Oct-02	43	11	84	12	378
Frederick	District	July-20	0	0	0	0	0
Harford	District	Jan-03	7	6	1	1	18
Montgomery	Circuit	Jan-17	4	1	3	1	18
Montgomery	District	Jan-17	32	15	9	8	77
Prince George's	District	July-07	119	59	33	20	266
Total			302	92	131	42	984

^a Neutral is defined as administratively discharged during the reporting period (e.g., death, probation expired, moved jurisdiction).

Mental Health Court Performance Measures

In Fiscal Year 2019, the Judiciary contracted with NCSC to create Mental Health Court Performance Measures. Throughout the past year, NCSC visited mental health courts in Maryland to gather data and engage mental health court programs in the creation of performance measures.

Implementing performance measurement is important because mental health courts compete for resources with other facets of the criminal justice system. Therefore, mental health courts must demonstrate that the limited resources provided to them are used efficiently and that this expenditure of resources produces the desired outcomes for participants. To this end, mental health court performance measures permit stakeholders to demonstrate that: (1) participants are identified and linked to services in a timely manner, (2) that participation improves their capability to function effectively in society, (3) to reduce criminal activity, and (4) that participants have access to resources in the community to maintain their mental health stability after their program participation ends.

Performance measures are used to gauge the efficacy of current policies and highlight any areas that may benefit from a change. They also give courts the ability to examine the effects of newly implemented policies to determine if they are functioning as intended or if further revision is needed.

The final Mental Health Court Performance Measures report presented the performance measures and associated benchmarks as endorsed by the Specialty Courts and Dockets Committee in 2019. The final and essential component to the performance management system is training on how to use this framework to assess performance and make any necessary modifications.

To accomplish this training objective, NCSC, with input from the Judiciary, designed a course based on realistic scenarios that represent performance issues and challenges frequently encountered by mental health courts. These scenarios demonstrate how performance measures can be used to address an issue. This two-day training for all mental health court teams was scheduled in April 2020 but was postponed due to COVID-19. In-person and virtual options are being considered for Fiscal Year 2021.

Veterans Courts

Veterans courts provide services to those who served in the military and suffer from conditions such as post-traumatic stress disorder, traumatic brain injuries, other mental health issues, and/or substance use disorders. Veterans can resolve outstanding criminal offenses, obtain the treatment and services they need, and stabilize their lives. A veterans court connects eligible participants to U.S. Department of Veterans Affairs (VA) benefits, long-term supportive housing, and other benefits for participants whose service-related disabilities prevent their return to the workforce. The veterans court can also access local resources where the veteran does not qualify for VA benefits. See [Table 9](#) for a comprehensive list and basic characteristics of all veterans courts.



Figure 13: Prince George's County Circuit Veterans Court Graduation

Table 9: Veterans Court Statistical Summary

Veterans Court Statistical Summary July 1, 2019-June 30, 2020							
County	Location	Year Est.	Entered Program	Graduated	Neutral ^b	Terminated	Total Served in FY 2020
Anne Arundel	District	Nov-18	19	13	5	1	45
Baltimore City	District	Oct-15	18	18	2	3	50
Dorchester ^a	District	June-18	7	2	1	1	23
Prince George's	Circuit	Apr-15	8	7	0	0	15
Total			52	40	8	5	133

^a Dorchester Regional Veterans Treatment Court consists of Dorchester, Somerset, Wicomico, and Worcester Counties.

^b Neutral is defined as administratively discharged during the reporting period (e.g., death, probation expired, moved jurisdiction).

Truancy Reduction Pilot Program

In accordance with § 2-1546 of the State Government Article, established under Chapter 718, Acts of 2009, this section of the report provides the status of the Truancy Reduction Pilot Program. The purpose of the Truancy Reduction Pilot Program is to improve school attendance and positively affect the youth's attitude about education through a nurturing approach that ultimately will build a relationship between the family, the school, and the court. The program is an alternative to punitive measures such as having parents prosecuted in criminal court or stigmatizing the child and further souring their outlook on education and the criminal justice system. A social worker, counselor, or case manager works with families to determine reasons for poor attendance and makes referrals to community-based services when appropriate.

Truancy courts found themselves in a very difficult position during the COVID-19. As schools raced to implement remote learning, identifying students who were truant during Maryland's mandatory school closures in spring 2020 became increasingly difficult. Many schools simply stopped taking attendance altogether or focused on preparing teaching materials and getting students access to technology before determining whether they were using it. Some schools took attendance but emphasized leniency, especially when using completion of assignments as an attendance tracking approach. However, several truancy courts continued to make contact with their current participants and their families. Providing needed resources and motivation to continue with their lessons.

Table 10: Truancy Reduction Pilot Program Statistical Summary

Truancy Reduction Pilot Program Statistical Summary							
July 1, 2019-June 30, 2020							
County	Location	Year Est.	Entered Program	Graduated	Neutral^a	Terminated	Total Served in FY 2019
Dorchester	Circuit	Mar-07	32	6	12	2	70
Harford	Circuit	Jan-08	4	3	2	2	14
Kent	Circuit	Sept-14	11	19	5	2	39
Prince George's	Circuit	May-09	17	23	10	9	66
Somerset	Circuit	Nov-05	17	8	5	6	40
Talbot	Circuit	Jan-11	0	0	0	0	0
Wicomico	Circuit	Dec-04	39	19	14	4	86
Worcester	Circuit	Jan-07	14	9	11	5	67
Total			134	97	59	30	382

^a Neutral is defined as administratively discharged during the reporting period (e.g., death, probation expired, moved jurisdiction).

Conclusion

With all the challenges posed by the COVID-19 health emergency, Maryland's problem-solving courts responded to this extremely difficult situation with innovative ideas and determination. Adding to this challenge is the fact that these courts are different from the traditional criminal court in that they have a collaborative relationship between traditional court actors and outside organizations. As the opioid epidemic was forced to cede priority to the more immediate crisis of COVID-19, many of the resources devoted to the prevention and treatment of opioid abuse were curtailed or put on pause. Problem-solving courts across Maryland are determined to help participants and their families avoid both illicit drugs and COVID-19. This required piecing together innovative approaches, such as creating online support groups, holding remote court hearings, and providing easier access to medications like methadone.

Attempting to solve problems rather than focusing on adjudicating cases is a difficult task anytime; then add in a once-in-a-lifetime pandemic and the amount of collaboration required by all problem-solving court stakeholders becomes evident. Given that each problem-solving court is typically shaped by local circumstance, the challenge of supporting and overseeing problem-solving courts on a statewide level was significant. However, in the end, problem-solving courts saw a 26% increase in case management contacts and a 57% increase in referrals to services during the Judiciary's COVID-19 Phase I court operational plan (March 16, 2020 - June 5, 2020) at a time when in-person contacts, including court hearings and drug testing, were reduced dramatically.

This trying time highlighted the dedication and commitment of our problem-solving courts and their staff. They rose to the occasion and confronted the challenges put before them. Their immediate mobilization and redefining of their processes to serve their population as best can be expected during COVID-19 was valiant. Deploying new technologies and providing remote access where just a few months before there was none, expanded the reach of the physical courtroom.

COVID-19 presented challenges for courts to manage operations and ensure ongoing access to justice while providing a profound opportunity for change. After the urgency settles, problem-solving courts will be faced with taking the lessons learned and implementing lasting new ways of doing business in a way that measures successes and outcomes.

For more information, please contact Gray Barton, OPSC Program Director at 410-260-3617 or richard.barton@mdcourts.gov.

Appendix A: Problem-Solving Courts in Maryland: History and Governance

In 1994, one of the first drug courts in the country was initiated in Baltimore City to address substance use issues for those involved in the criminal justice system. In 2002, the Maryland Judiciary established the Drug Treatment Court Commission, which led the Judiciary's effort to implement and maintain drug court programs statewide. Commission members included circuit and district court judges, legislators, and representatives from all appropriate executive branch agencies.

In December 2006, then-Chief Judge Robert M. Bell issued an administrative order establishing a Judicial Conference Committee on Problem-Solving Courts to institutionalize the work of the Commission and to expand its scope to include all problem-solving courts.

In 2015, Chief Judge Mary Ellen Barbera revamped the Judiciary's committee structure by appointing a new Judicial Council and a new set of Judicial Council committees including a Committee on Specialty Courts and Dockets. The Judicial Council continues to serve as the principal policy advisory body to the Chief Judge of the Court of Appeals. The Specialty Courts and Dockets Committee continues to promote and oversee the development, implementation, and evaluation of specialty courts and dockets statewide. The committee advances best practices in areas such as substance abuse, mental health, alcoholism, and business and technology. The committee monitors and directs the evaluation of the delivery of evidence-based training, direct assistance, research, funding, and support for specialty courts and dockets. See [Appendix B](#) for more information on the Judicial Council, this committee, and its membership.

The above-mentioned committee has a Problem-Solving Courts Subcommittee to assist courts and provide a comprehensive and collaborative approach to assist each program in employing best practices, including providing performance measurement, evidence-based training, direct assistance, research, and funding.

In addition, the Mental Health, Alcoholism and Addiction Subcommittee explores trial court sentencing alternatives for the treatment and rehabilitation of individuals with mental health needs and those with substance use disorder not enrolled in specialty courts. This subcommittee works closely with the Maryland Department of Health (MDH) and other governmental agencies to monitor and provide information regarding community and residential-based treatment.

Appendix B: Maryland Judicial Council - An Overview

The Judicial Council serves as the principal policy advisory body to the Chief Judge of the Court of Appeals. In 2013, Chief Judge Mary Ellen Barbera, the administrative head of the Maryland Judiciary, commissioned a comprehensive review of the governance and operational structure of the Maryland Judiciary, which led to the reconstitution of the Judicial Council, as well as the restructuring of the Judiciary's myriad committees, subcommittees, and workgroups. The reconstituted Judicial Council and the new committee structure became effective January 1, 2015. Since that time, the Council and its committees have worked to advance the Judiciary's mission *to provide fair, efficient, and effective justice for all*, with the strategic plan and eight key goals as their guide.

The Judicial Council consists of twenty-two members, including the Chief Judge of the Court of Appeals, the Chief Judge of the Court of Special Appeals, the Chair and Vice Chair of the Conference of Circuit Judges, the Chief Judge of the District Court, the State Court Administrator, the Chair and Vice Chair of the Conference of Circuit Court Clerks, the Chair and Vice Chair of the Conference of Circuit Court Administrators, the Chair of the Court of Appeals Standing Committee on Rules of Practice and Procedure, the Chief Clerk of the District Court, the Chair of the Retired and Recalled Judges Committee, three Circuit Court judges, four District Court judges, and two District Administrative Clerks. The Deputy State Court Administrator serves as Secretary to the Judicial Council. The Judicial Council's Executive Committee, which meets at the request and direction of the Chief Judge of the Court of Appeals to provide input to the Chief Judge on matters that arise between sessions of the Judicial Council, consists of the Chief Judge of the Court of Appeals, the Chief Judge of the Court of Special Appeals, the Chair of the Conference of Circuit Court Judges, the Chief Judge of the District Court, and the State Court Administrator.

As indicated above, several of the members serve by virtue of their position, while the remaining members are appointed by the Chief Judge of the Court of Appeals. Each appointed member of the Judicial Council is appointed to a two-year term but can be reappointed to one additional consecutive two-year term as the Chief Judge deems necessary and appropriate. Unless otherwise directed by the Chief Judge, the Judicial Council meets bi-monthly.

As the highest governance body, the Judicial Council is the central hub for all Judiciary-wide policy changes, judicial reforms, legislative issues, and other internal and external developments that impact the administration of justice. To that end, the committees develop recommendations for the Judicial Council's consideration and the Chief Judge's approval that address policies, programs, and initiatives that help to ensure the effective and efficient administration of justice in Maryland. In addition, the Judicial Council takes up external matters that impact the Maryland Judiciary.

The diverse and focused members of the Judicial Council and its committees, including judges, magistrates, trial court clerks and administrators, and commissioners, represent all areas of the State. It is through their collective work that the Maryland Judiciary is fulfilling its mission and achieving its goals, all for the betterment of those who enter the courts and utilize the services the Judiciary offers.

2020 Judicial Council

***Honorable Mary Ellen Barbera, Chair**

Chief Judge, Court of Appeals

Melissa Batic

Chair, Conference of Circuit Court
Administrators
Circuit Court for Wicomico County
Term: January 1, 2020 – December 31, 2020

Honorable Keith A. Baynes

Vice-Chair, Conference of Circuit Judges
Circuit Court for Cecil County
Term: January 1, 2019 – December 31, 2020

Honorable Pamila J. Brown

District Court in Howard County
Term: January 1, 2019 – December 31, 2020

Honorable Angela M. Eaves

Circuit Court for Harford County
Term: January 1, 2020 – December 31, 2021

***Honorable Matthew J. Fader**

Chief Judge, Court of Special Appeals

Marina R. Fevola

Vice-Chair, Conference of Circuit Court
Administrators
Circuit Court for Kent County
Term: January 1, 2020 – December 31, 2020

Markisha Gross

Administrative Clerk
District Court in Montgomery County
Term: January 1, 2019 – December 31, 2020

Honorable Katherine Hager

Vice-Chair, Conference of Circuit Court Clerks
Term: January 1, 2020 – December 31, 2020

***Pamela Harris**

State Court Administrator
Administrative Office of the Courts

Honorable James A. Kenney III

Chair, Senior Judges Committee

Honorable Karen H. Mason

Circuit Court for Prince George's County
Term: January 1, 2019 – December 31, 2020

Honorable Patricia L. Mitchell

District Court in Montgomery County
Term: January 1, 2019 – December 31, 2020

***Honorable John P. Morrissey**

Chief Judge, District Court of Maryland

Honorable Charlene M. Notarcola

Chair, Conference of Circuit Court Clerks
Circuit Court for Cecil County
Term: January 1, 2020 – December 31, 2020

***Honorable Laura S. Ripken**

Chair, Conference of Circuit Judges
Circuit Court for Anne Arundel County
Term: January 1, 2019 – December 31, 2020

Honorable Bonnie G. Schneider

District Court in Cecil County
Term: January 1, 2020 – December 31, 2021

Mary K. Smith

Administrative Clerk
District Court in Howard County
Term: January 1, 2020 – December 31, 2021

Honorable Alan M. Wilner

Chair, Standing Committee on Rules of Practice
and Procedure

Roberta Warnken

Chief Clerk, District Court of Maryland

Honorable Brett W. Wilson

Circuit Court for Dorchester County
Term: January 1, 2019 – December 31, 2020

Honorable Dorothy J. Wilson

District Court in Baltimore County
Term: January 1, 2020 – December 31, 2021

Faye D. Gaskin, Secretary

Deputy State Court Administrator
Administrative Office of the Courts

***Executive Committee Member**

The Judicial Council's Specialty Courts and Dockets Committee

Purpose

The Specialty Courts and Dockets will promote and oversee the development, implementation and evaluation of specialty courts and dockets in the courts.

Scope of Activity

The Committee will ensure the utilization of best practices by specialty courts and special dockets, in areas such as substance abuse, mental health and alcoholism, business and technology, and science and technology. It will monitor and direct the evaluation of the delivery of evidence-based training, technical assistance, research, funding and support for specialty courts and special dockets. The Committee will report on its initiatives and other activities, at least annually, to the Judicial Council.

Committee Membership

Hon. Nicholas E. Rattal, Chair

<i>Name</i>	<i>Term Expires</i>
Hon. Mark S. Chandlee, Vice Chair, Circuit Court, Calvert County	December 31, 2020
Hon. Keith A. Baynes, Circuit Court Cecil County	December 31, 2020
Hon. James A. Bonifant, Circuit Court, Montgomery County	December 31, 2019
Hon. Philip T. Caroom, Senior Judge Circuit Court, Anne Arundel County	December 31, 2020
Hon. Karen C. Friedman, Circuit Court, Baltimore City	December 31, 2020
Hon George M. Lipman, Vice Chair, Senior Judge District Court, Baltimore City	December 31, 2020
Hon. Thomas J. Pryal, District Court, Anne Arundel County	December 31, 2020
Hon. Holly D. Reed III, District Court, Montgomery County	December 31, 2020
Hon. Mary C. Reese, District Court, Howard County	December 31, 2020
Hon. Ronald A. Silkworth, Senior Judge Circuit Court, Anne Arundel County	December 31, 2019
Hon. Rachel E. Skolnik, District Court, Baltimore City	December 31, 2020
Hon. Ann Wagner-Stewart, District Court, Prince George's County	December 31, 2019
Hon. Beverly J. Woodard, Circuit Court, Prince George's County	December 31, 2019
Hon. Ricardo D. Zwaig, District Court, Howard County	December 31, 2019

Gray Barton, *Staff*

Appendix C: NCSC Maryland Adult Drug Court Performance Measures: Objectives

1. To target defendants for admission who are addicted to illicit drugs or alcohol and are at substantial risk for reoffending or failing to complete a less intensive disposition, such as standard probation or pretrial supervision.
2. To identify eligible participants early and place them promptly in drug court.
3. To provide ongoing judicial interaction with each drug court participant.
4. To conduct all drug court team interactions with participants in a manner that is consistent with procedural justice.
5. To provide community supervision to hold participants accountable and protect public safety.
6. To employ graduated sanctions and rewards to hold participants accountable, promote recovery and protect public safety.
7. To provide appropriate evidence-based alcohol, drug, and other related treatment and rehabilitation services to drug court participants in sufficient dosages as to reasonably expect impacts on participant behavior.
8. To monitor abstinence by frequent alcohol and drug testing.
9. To improve the ability of participants to function effectively in society.
10. To provide all defendants the same opportunities to participate and succeed in the drug court regardless of race, ethnicity, gender, and age.

Appendix D: NCSC Maryland Adult Drug Courts Performance Measures and Benchmarks

Target Population Measures

1. *Admissions Classified as High Risk/High Needs (Measure 1)*: The percent of participants who fall into the high-risk/high-needs category as determined by a validated risk-needs tool. (Benchmark = 100%)
2. *Admissions Classified as Low Risk (Measure 2)*: The percent of participants who fall into the low risk categories as determined by a validated risk-needs tool. (Benchmark = 0%)

Processing Time Measures

3. *Time From Arrest to First Treatment Episode (Measure 3)*: The average processing time (i.e., number of days) between the date of arrest leading to first treatment episode.
4. *Time From Referral to First Treatment Episode (Measure 4)*: The average number of days between the date of referral in drug court until the participant is engaged in treatment. (Benchmark = Less Than 50 Days)

Status Hearing Measures

5. *Drug Court Status Hearings Attended (Measure 5)*: The average number of status hearings attended by participants per month during each phase of program participation, by type of discharge. (Benchmark = More Than Twice Per Month During Phase One)

Procedural Justice Measures

6. *Procedural Fairness (Measure 6)*: Procedural justice is measured by administering a procedural fairness survey designed to assess participants' perceptions of fairness of their interactions with critical members of the drug court team with whom the participant has substantial ongoing interaction (including the judge and treatment providers, possibly probation and the coordinator, where appropriate). Another set of survey questions measure similar attributes for the court, generally. (Benchmark = Score Greater Than 4)

Supervision Measures

7. *Accountability Contacts (Measure 7)*: Average number of monthly accountability contacts conducted with participants face-to-face while in phase 1. (Benchmark = Greater Than 4 Times Per Month During Phase 1)

Sanctions and Incentive Measures

8. *Sanctions (Measure 8)*: The average number of sanctions administered across participants. These include increases in requirements, jail or detention, reprimands, additional meetings with supervision agents, community service, writing assignments, or additional restrictions (e.g., home electronic monitoring, curfew imposed).
9. *Incentives (Measure 9)*: The average number of incentives administered to participants. Incentives include praise or acknowledgement, rewards, reduced requirements, phase promotions, and other recognition (e.g., offender of the month award).
10. *Ratio of Incentives to Sanctions (Measure 10)*: Measure 10 combines Measures 8 Sanctions and 9 Incentives. For each participant, compute a ratio of incentives to sanctions and then calculate the average across participants.

11. *Response Time to Negative Behavior (Measure 11)*: Measure 11 is the average response time (in days) between the date of the precipitating negative behavior (i.e. violation of the program rules) and the date of the response. (Benchmark = Less Than or Equal To 7 Days)

Dosage Measures

12. *Units of Treatment (Measure 12)*: The average number of units of service attended by participants, reported by treatment type, and by type of discharge (Successful Completion, Unsuccessful, and Neutral). (Benchmark = More Than or Equal To 200 Hours)
13. *Length of Time in Program (Measure 13)*: The average length of time (days) participating in drug court, measured from admission to discharge and reported by type of discharge. (Benchmark = 15-21 Months)

Drug Testing Measures

14. *Drug/Alcohol Testing (Measure 14)*: The average number of drug and alcohol tests administered is measured per week. This measure will be reported by type of test (drug or alcohol test) and by phase in the program. Tests are counted by specimen rather than by the number of substances tested. (Benchmark = Greater Than or Equal To 2 Times Per Week)

Social Functioning Measures

15. *Quality of Residency Status (Measure 15)*: Programs will assess the quality of housing status by calculating the percentage of participants with an improved quality in residency status between time of admission and time of discharge. (Benchmark = Greater Than 75%)
16. *Residential Stability (Measure 16)*: Improvement in residential stability compares the number of residency changes in the year prior to discharge as compared to the year prior to admission. Stability is defined as less than two residential changes in a one-year time frame. (Benchmark = Greater Than 60%)
17. *Employment/Education Status (Measure 17)*: Rate of enrollment in educational and employment status and identifies improvements between admission and discharge. (Benchmark = Greater Than 60%)

Access and Fairness Measures

18. *Access and Fairness (Measure 18)*: At each of three processing points, the percentage of each demographic group of the referral cohort are examined to identify changes in its composition, as members drop out and/or change status from previous processing steps. (Benchmark = Less Than or Equal To 5% For Race, Ethnicity, And Gender; Less Than 10% For Age)

Improve Retention in Program Measures

19. *Successful Completion (Measure 19)*: The percentage of participants in the admissions cohort who have successfully completed the program. (Benchmark = Greater Than 60%)

Sobriety Measures

20. *Positive Discrete Drug and Alcohol Tests (Measure 20)*: Average percentage of total

scheduled drug and alcohol tests that return positive for an illegal or banned substance (e.g., alcohol, prescription drugs used for non-medical purposes or without a valid prescription, etc.) or have results that the program considers positive (e.g. admissions of use, late or missed test, diluted test, or tampered sample). (Benchmark = Less Than Or Equal To 10%)

21. *Positive Continuous Monitoring Tests (Measure 21)*: Average percentage of days for which a participant had a positive result on continuous monitoring drug or alcohol tests of total days monitored. Positive results include indication of use, admissions of use, and tampering with the monitoring device. (Benchmark = Less Than or Equal To 10%)
22. *Time From Last Positive Drug Test to Program Discharge (Measure 22)*: Average number of days between the last positive drug test and discharge by type of discharge. (Benchmark = Greater Than 90 Days)

Reducing In-Program Reoffending Measures

23. *In-Program Reoffending (Measure 23)*: The percentage of participants who have a case filed for a new jail-eligible offense with an offense date occurring between admissions and discharge. (Benchmark = Less Than or Equal To 20%)

Reducing Post-Program Recidivism Measures

24. *Post-Program Reoffending (Measure 24)*: The percentage of participants who were convicted of at least one jail-eligible offense within three years from time of discharge from drug court, reported by type of discharge. Post-program recidivism for drug court participants is defined as any new arrest that results in a conviction for a jail-eligible offense following discharge from the program. (Benchmark = Less Than or Equal To 20% Within 1 Year; Less Than or Equal To 30% Within 3 Years)