

**Guilford County
Adult Drug Treatment Court
Process Evaluation Report**

2005



Prepared by innovation Research & Training, Inc.

*Address: 1415 W NC Highway 54 - Suite 121, Durham NC 27707
Voice: 919 493-7700 Fax: 919 493-7720*

Guilford County Adult Drug Treatment Court (GCADTC)

Process Evaluation Report

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Guilford County Adult Drug Treatment Court (GCADTC)

Process Evaluation Report

Executive Summary

Purpose:

- To describe the operation of the GCADTC Program.
- To compare the implementation of the court with the methods described in program grants, manuals, handbooks, and mandates.
- To examine the strengths and weaknesses of the current implementation of the court.
- To make recommendations regarding possible improvements to the current structure and operation of the court.

Background:

- The Guilford County Adult Drug Treatment Court was established as an alternative to incarceration for drug addicted offenders.
- The court was designed to provide substance abuse treatment and rehabilitative services, and to save the community the costs of incarcerating these individuals for their crimes.

Method:

- Focus groups were conducted with current court participants.
- Individual interviews were conducted with court team members, and graduated participants.
- Pre-court team meetings and court proceedings were observed.
- Current court participants completed a paper-and-pencil Consumer Satisfaction questionnaire.
- Demographic characteristics and program compliance information were obtained from court records in the North Carolina Adult Drug Court Management Information System.

Key Findings:

- Participants were almost equally distributed by gender, race, and marital status. However, slightly more than half of the participants served by the GCADTC were male, African American/Black, and single or never married.
- Crack was the most common primary drug of choice, followed by alcohol and cocaine.
- An examination of the outcome status of former GCADTC participants revealed that a larger percentage was discharged than had graduated. Less than one-sixth of the participants successfully completed the program. Both the graduation rate and the retention rate were below the average rates for Adult Drug Treatment Court's (DTC's) in North Carolina.
- Team members and participants highlighted the dedication and commitment of GCADTC team members.
- Compliance with DTC requirements is effectively monitored through case management, treatment, drug testing, probation supervision, and judicial supervision.
- The Team takes individual circumstances into consideration when making decisions about sanctions and incentives. In relation to this, many current participants reported that sanctions and incentives are not delivered in a consistent manner.

- Team members and participants expressed the need for long-term residential treatment options for women, as well as additional housing and employment services for all participants.

Conclusions:

The GCADTC program is a post-plea, drug court program designed to address the substance abuse problems of non-violent, adult offenders with Class H and Class I felonies in Guilford County. The program began accepting clients on December 18, 2002, and had served a total of 135 participants by April 29th, 2005. There are many strong qualities that characterize this program, and contribute to its effective implementation and functioning. The inter-disciplinary GCADTC Team is comprised of qualified individuals who are committed to the goals of the program and have good working relationships with one another. They implement the program in accordance with the court's goals, objectives, and policies, which are clearly documented in the Policy and Procedures Manual and other court documents. The court achieves its goals by providing participants with substance abuse treatment services, and monitoring their compliance through drug tests, case management, probation supervision, and judicial supervision. Participants receive ongoing support from team members and are referred to a variety of ancillary services within the community. Reports made by team members and participants indicate that the program has had a significant impact on the lives of participants. The most commonly reported changes included refraining from the use of alcohol and drugs, improved relationships with family members and friends, increased self-esteem, and becoming more responsible.

Some of the ongoing barriers identified by team members and participants included sustainable funding, effective use of sanctions and incentives, housing and employment services, long-term residential treatment options for women, and the lack of an aftercare program. In order to gain access to more public resource funds for treatment services, the court could consider revising its eligibility criteria to target offenders who have an intermediate punishment type. Suggestions were also made for making incentives more effective, including matching incentives with specific accomplishments or desired behaviors, and increasing the use of incentives that excuse participants from some court requirements. The Team could consider the use of individual behavior contracts as a way to ensure that they use the most effective and appropriate sanctions for each participant. This might also address participant concerns about the inconsistent application of sanctions. Housing and employment experts could be recruited to assist participants in accessing services, and the Team could contact the NCDDMHSAS regarding long-term residential options for women. It was also recommended that the Team develop an aftercare or alumni program to provide ongoing support to program graduates. Despite the challenges mentioned in this report, it appears that the GCADTC program has been implemented in a manner that is consistent with its stated goals and objectives. By addressing these challenges, the court can further strengthen its effectiveness in serving its target population.

Guilford County Adult Drug Treatment Court (GCADTC) Process Evaluation Report

Introduction

Purpose of the Report

The primary purpose of this process evaluation report is to provide a description of the structure, organization, and operations of the Guilford County Adult Drug Treatment Court (GCADTC), as well as to identify the strengths and barriers of the court. Process evaluations are required by North Carolina's Administrative Office of the Courts and the Bureau of Justice Assistance, and are supported by the North Carolina Governor's Crime Commission. The North Carolina Drug Treatment Court Advisory Committee is "established to develop and recommend to the Director of the AOC guidelines for the DTC and to monitor local courts wherever they are implemented" (N.C. Gen. Stat. §7A-795). A drug court process evaluation documents, describes, and monitors the current operation, strengths, and areas in need of improvement in the functioning of a court. Based on observations, interviews, and analyses of quantitative data, recommendations are made for improvements to the organization, structure, and overall operation of the program. A process evaluation differs from an outcome evaluation in that it does not examine and evaluate the effectiveness of the drug treatment court in terms of its effectiveness in reducing recidivism and substance abuse and addiction. This report describes the results of the process evaluation conducted on the functioning of the GCADTC. At various points within this report, excerpts from program materials and from interviews are reported verbatim in order to retain the exact language and nuances intended by the court or by the interviewee.

North Carolina Drug Treatment Court Goals

North Carolina Drug Treatment Courts

All North Carolina Drug Treatment Courts were funded and implemented under the authorization of the North Carolina Administrative Office of the Courts (AOC) based on legislation mandated in 1995 by the North Carolina General Assembly. The **goals** of North Carolina's Drug Treatment Courts, as adopted by the State legislature and recorded in the Report on the Status of North Carolina's Pilot Drug Treatment Court Program (1998), are as follows:

- 1. To reduce alcoholism and other drug dependencies among adult and juvenile offenders and defendants and among respondents in juvenile petitions for abuse, neglect, or both;*
- 2. To reduce criminal and delinquent recidivism and the incidence of child abuse and neglect;*
- 3. To reduce the alcohol-related and other drug-related court workload;*
- 4. To increase the personal, familial and societal accountability of adult and juvenile offenders and defendants and respondents in juvenile petitions for abuse, neglect, or both; and*
- 5. To promote effective interaction and use of resources among criminal and juvenile justice personnel, child protective services personnel, and community agencies.*

North Carolina Adult Drug Treatment Courts

The **goals** of Adult Drug Treatment Courts in North Carolina, as adopted by the State legislature and recorded in the Report on the Status of North Carolina's Pilot Drug Treatment Court Program (1998), are as follows:

- 1. To reduce alcoholism and other drug dependencies among offenders;*
- 2. To reduce recidivism;*
- 3. To reduce the drug-related court workload;*
- 4. To increase the personal, familial, and societal accountability of offenders; and*
- 5. To promote effective interaction and use of resources among criminal justice personnel.*

Local Program Mission, Goals and Objectives

Mission

The Guilford County Adult Drug Treatment Court's mission or goal, according to the GCADTC Policy and Procedures Manual is:

“To provide an effective and accountable response by the criminal justice system that breaks the cycle of drug addiction and the criminality in our community.”

Goals

The GCADTC's Program Goals, as specified in the Policy and Procedures Manual, are as follows:

- 1. Reduce alcoholism and other drug dependencies among offenders;*
- 2. Reduce Recidivism;*
- 3. Reduce drug related court workload;*
- 4. Increase the personal, familiar, and societal accountability of offenders;*
- 5. Promote effective interaction and use of resources among criminal justice personnel and community agencies.*

Objectives

The GCADTC's Program Objectives, as specified in the Policy and Procedures Manual, are as follows:

- 1. Random tests for substance abuse will be administered throughout the program; participants will not advance through the three treatment levels and graduate from program unless these tests are negative. Follow up interviews after program completion will monitor alcohol and other substance abuse;*
- 2. Data will be collected and analyzed to determine if participants return to substance abuse and/or are arrested on drug related charges after exiting the DTC program;*
- 3. The number of drug related cases handled by the court would be compared with the number processed before the inception of the DTC;*
- 4. Counselors will monitor clients after the program has been completed through the Continuing Care Program; Participation in the alumni association, speaker's bureau and sponsorship of current DTC dependents will be tracked;*
- 5. The management Information System (MIS) program will track referrals made to community agencies for each defendant.*

Conclusions and Recommendations Regarding Program Goals and Objectives

As a whole, the stated mission, goals, and objectives of the GCADTC Program are in line with the State's goals for Drug Treatment Courts (DTC). The mission statement clearly states the program's values and vision, but it does not clarify the method that the court plans to use to achieve its purpose. The GCADTC Team might consider adding a statement to the mission that describes the methods used by the court to achieve their goals, such as treatment, court supervision, and frequent urinalysis. Clarifying the methods of the treatment court might strengthen and complete the mission statement.

The local program goals are comprehensive and are almost identical to those outlined in the legislation for Adult Drug Treatment Courts. The local program objectives are clearly stated, measurable, and appear to be achievable. In addition, each objective is matched to one of the program goals. The first objective could be further clarified by specifying the duration of time for which participants are required to have negative drug tests before they can "advance through the treatment levels and graduate from the program." As this objective is currently stated, the language implies that participants who have any positive tests cannot eventually be promoted to another phase or successfully complete the program.

History of Guilford County Adult Drug Treatment Court (GCADTC)

In 1995, the North Carolina General Assembly enacted the North Carolina Drug Treatment Court Act, housing the pilot drug treatment programs in the Administrative Office of the Courts (AOC). The General Assembly gave the AOC the power to facilitate the creation and funding of local drug treatment courts in North Carolina. The GCADTC was initially funded by Federal Bureau of Justice Assistance grant in the sum of \$499,914. These funds were awarded on March 31, 2002 and due to expire on March 31, 2005. However, due to a delay in receiving notification of the award and problems with staffing, the program did not start admitting participants until December of 2002. Court administrators applied for, and a received a no-cost-extension of the grant until March, 2006. A primary focus of GCADTC administrators is to find sustainable sources of funding for the program in anticipation of the grant's expiration.

History of Program Implementation and Modifications

The GCADTC was implemented in response to a social problem outlined in the BJA grant proposal. According to a 1999 study conducted by the Guilford County Task Force on Substance Abuse, approximately 10% of Guilford County residents were addicted to alcohol and other drugs. In addition, 49% of Guilford County residents were estimated to have been affected by substance abuse. Over one-third of all cases filed at the Guilford County Superior Court between July 1, 1999 and March 31, 2000 were drug cases. A Drug Treatment Court (DTC) became a viable option for reducing crime rates and recidivism and helping prison-bound drug users to break their addiction cycle through a collaborative effort between law enforcement, the court system, and service provider agencies.

Several key individuals who recognized the need for this type of court were involved in the initial planning and fundraising for the court. The original planning team, which began meeting in 1999, included: two district court judges, Judge E. Raymond Alexander and Judge Patrice Hinnant; Jodi Barlow, the court's first Assistant District Attorney; Wheaton Casey, who became

the Program Director; and Jennifer Rierson, the court's first Public Defender. The two judges initially became interested in starting an adult DTC in Guilford County and attended several federal trainings on drug courts. At that time, Randy Monchick, the AOC DTC Program Director submitted an application for BJA grant to fund a Guilford County DTC, in 2000. The grant was not funded, and in 2001, Wheaton Casey was asked to assist the Planning Team in writing another grant. Together with the county grant writer, Wheaton wrote and submitted a grant proposal to the Bureau of Justice Assistance (BJA), which was initially awarded on September 20, 2001. However, the terms of the grant indicated that it was to be administered through Guilford County, rather than through the NC AOC. The Planning Team wrote a letter to BJA, requesting them to re-obligate the funds to the AOC.

Under these new terms, the BJA grant was again awarded to the GCADTC, on March 31, 2005. The project period for this grant was from April 1, 2002, to March 31, 2005. The Guilford County Adult Drug Treatment Court Program recruited staff in the middle of October, 2002 and began accepting clients on December 18, 2002. The BJA grant originally supplied the program with a budget of \$499,914 for three years. However, since the court did not receive notification of the award until June 25, 2002, it took some time to recruit staff members to implement the program. The court applied for, and received a no-cost extension on the grant until March, 2006. The program also collected \$2,300 in participant fees in 2003, and \$4,549 in 2004. These funds are held by the treatment agency and used at the discretion of the drug court Team for purchasing gifts, or providing for special needs that participants might have.

Team members identified two changes that have occurred in the implementation of the court that makes it different from the plan that was originally proposed in the BJA grant proposal. When the court first began, two judges shared the DTC work load by alternating court dates, so that each only saw the participants once a month. However, the court experienced a tragic loss when Judge Alexander passed away unexpectedly. Judge Burch was appointed to take his place and it was decided that one Judge would preside over the court with an alternative judge identified to take over in case of emergencies. In honor of Judge Alexander's death, the name of the court was officially changed to the E. Raymond Alexander Drug Court. For the purposes of this report, however, court administered authorized evaluators to refer to the court as the Guilford County Adult Drug Treatment Court (GCADTC). Another change reported by a team member was the widening of the eligibility criteria. Currently, the court sometimes accepts candidates who are on probation. The participant's probation requirements are then amended to fit the drug court program.

The GCADTC has conducted annual evaluations entitled SCOT (Strengths, Challenges, Opportunities and Threats) analyses. The SCOT analyses for Fiscal Years 2003 and 2004 are described below. These documents highlighted the program's strengths, the challenges faced by the administrators and the Team in implementing the program, and the opportunities that the court could utilize to improve its functioning.

GCADTC administrators were asked to review the challenges listed in the SCOT Analysis and comment on the program's progress in addressing these barriers. Four challenges were documented in the 2003 SCOT Analysis. The first challenge was working with a difficult client population. In response, program administrator reported that the Team had numerous discussions with ADS and Mental Health to find ways to address clients' needs while trying to understand their individual problems. In addition, the Program Coordinator and Case Coordinator examined the abilities of participants with dual-diagnoses to comply with the program requirements. They also identified and addressed cases in which participants were

attempting to manipulate team members. The second challenge was getting the program up and running smoothly. The Team dealt with this challenge by re-designing the referral system so that the Assistant District Attorney's office began to conduct eligibility screening for all cases. This allowed the program to have a larger client base. The Team reviewed the court's policies and procedures and they made recommendations for necessary changes. They also attended various state and federal trainings related to drug courts. The third challenge was finding resources to help clients with non-treatment related needs. Program administrators reported that the GCADTC established linkages with community agencies including vocational rehabilitation, halfway houses, and long-term treatment facilities. They also created an extensive resource catalog of various services available in Guilford County. Lastly, the court was limited by inadequate courtroom space. The Chief Judge arranged for the drug court to move to a small administrative courtroom which was sufficient for them at the time. Court administrators reported that an evaluation of courtroom space for entire courthouse and is currently underway, and the drug court has requested a larger courtroom.

For the 2004 SCOT Analysis, the Team identified four other challenges that they faced at the time. The first challenge was inconsistencies within the program. As reported by court administrators, these inconsistencies were eliminated through several changes in the operation of the court. The court moved from having two judges with different styles, to being assigned one presiding judge who consistently implemented sanctions and rewards in accordance with court guidelines. In addition, the Team revised the court's Policy and Procedures Manual, hired a new program coordinator, and the Team became a more cohesive group. According to the 2004 SCOT Analysis, the second challenge was locating new financial resources to sustain the court. Since the federal grant is due to expire in March, 2006, court administrators have been negotiating with the AOC and Guilford County to solicit future funding, and they have been researching other grant opportunities. The third challenge was the court's ability to handle a larger case load. Court administrators reported that they addressed this issue by learning to utilize the MIS system more efficiently. For example, the Probation Officer and the Treatment Provider Liaison began to enter probation and treatment information into the MIS database, which allowed the Case Coordinator to free up more time to meet with participants. The last challenge was enhancing the substance abuse treatment services provided through the court. The court implemented several strategies to make the treatment services more individualized. The Treatment Provider Liaison now holds individual sessions by request, to assess participants' needs and to alert the Team of proposed changes to their treatment plans. The treatment agency also provides participants with the option to attend a gender-specific group for females, or a dual-diagnosis group. In addition, the court began to make referrals to long-term substance abuse treatment facilities for participants who were at risk for being terminated from the program. They also began to place more emphasis on helping participants to obtain and maintain sponsors to assist them in the recovery process.

Methods and Procedures Used in the Process Evaluation

Planning and Orientation

In order to introduce and orient all relevant staff and team members to the process evaluation, an initial orientation meeting was held prior to beginning the evaluation. Present at this initial orientation meeting were Dr. Janis Kupersmidt, Project Director for the Process Evaluation; Dr. Jacqueline Hansen, AOC Evaluation Specialist / Research Coordinator; Dr. Ann Brewster, Dr. Elizabeth Jackson, Dr. Valerie Anderson and Ms. Eunice Muthengi, IRT Team Leaders for the Process Evaluation project; and Directors or Coordinators from each of the drug courts

participating in a process evaluation in May and June of 2005. The agenda for the orientation meeting included a welcome and discussion of the need for the process evaluation; an introduction of IRT team leaders and drug court administrators; a description of the respective roles of each entity (e.g., AOC, IRT, and treatment court team members) involved in the process evaluation; the research plan and methods to be used in conducting the evaluation; and the representative tasks and timelines for the evaluation. Treatment Court administrators were informed of the importance of providing all needed information in accordance with the stated timeline due to the brief period of time between data collection and report completion. Due to the stringent nature of the timeline, any materials that were not received from the courts by the stated deadline were not included in the final report.

Data Collection and Analysis

There were three types of data and methods used to collect and analyze data for this process evaluation report: quantitative data, qualitative data, and observational data. The collection and analysis of each of these forms of data is discussed in detail below.

Quantitative data

Quantitative data and methods were used to describe the population that has been served by Guilford County Adult Drug Treatment Court from its inception until April 29th, 2005, and to begin to describe the characteristics of current, terminated, and successfully graduated drug court participants. The data for these quantitative analyses were obtained from the current AOC Evaluation Specialist / Research Coordinator from the web-based adult MIS. The quantitative data collected included demographic characteristics of both the ineligible and the eligible populations, information regarding the primary drug of choice for each client, and information regarding the client's history and involvement in the Drug Treatment Court. The original datasets were stripped of identifying information such as names and identification numbers in order to ensure anonymity. A unique but non-identifying identification number was assigned to each participant, and questionnaire data were combined into a single database using this number. Analyses were conducted to describe the demographic and background characteristics of clients, such as age, race or ethnicity, educational, and employment status, primary drug of choice of drug court participants, and trends related to program capacity and compliance.

In addition, quantitative data methods were used to describe participants' level of satisfaction with their treatment court experience. Current participants completed a Consumer Satisfaction Questionnaire at the beginning of a focus group (described below). The Consumer Satisfaction Questionnaire asked participants to provide information regarding their demographic and background characteristics such as gender, race, ethnicity, employment status, marital status, and family composition. The Questionnaire also included basic demographic and background information items on various aspects of the drug court experience, such as length of time spent in court, primary drug of choice, criminal charges that led to drug court sentencing, and criminal and treatment history. Participants were then asked to rate their level of satisfaction with various aspects of the drug court program, including treatment services, sanctions and incentives, drug testing, community service activities, and court sessions. Finally, participants were asked to rate the level of difficulty of complying with various program requirements, including being able to attend scheduled appointments, cooperating with treatment programs and services, cooperating with drug testing, paying court fines and fees, and staying clean, sober, and drug-free. Analyses were conducted to describe mean-level responses on each item.

Qualitative data

Qualitative data were also collected based upon three different types of open-ended interviews. Three, one-and-a-quarter hour-long focus group interviews were conducted with a total of fifteen GCADTC participants. Focus group interviews were conducted in a grand jury room at the Guilford County Court House, and were led by trained project staff members from IRT. The Moderator's Guide used in conducting the interviews included topics such as the most and least helpful aspects of the drug court program, barriers to full program participation, feedback about sanctions and incentives, and the impact of the drug court on participants' lives. Prior to beginning the focus groups, the moderator reviewed the informed consent forms with focus group members and answered participants' questions. Then, the moderator followed the protocol outlined in the Moderator's Guide.

The GCADTC Program Coordinator also contacted former successful program graduates who had completed the program within the past year and scheduled individual phone interviews, which were conducted by IRT staff. Individual telephone interviews were attempted with all of the terminated participants for whom contact information was available. Despite multiple efforts to contact all of the individuals on this list, none of the recently terminated drug court participants were located for an interview. Three successful graduates were contacted and agreed to be interviewed. Trained project staff members from IRT conducted the interviews in person at the group treatment site.

Interviews for program graduates were guided using a semi-structured questionnaire. The interview questionnaire included such topics as the most and least helpful aspects of the GCADTC, barriers to participation in the program, feedback about sanctions and incentives, and how the drug court has affected the lives of the participants. Prior to beginning each interview, the interviewer reviewed the informed consent form with the participant and answered any questions that they had. The interviewer then followed the protocol outlined in the interview guide to complete the interview.

Finally, individual interviews lasting approximately one hour were conducted with all nine of the drug court team members. The main topics discussed in each individual staff interview included questions about program history, the most and least helpful aspects of the DTC program, the respective roles of team members, barriers to implementing the drug court program, feedback about sanctions and incentives, and how the drug court has impacted participants' lives. Individual interviews were conducted either in team members' offices or by telephone, and were led by trained project staff members from IRT. Prior to beginning the interview, the interviewer reviewed the informed consent form with the staff member being interviewed and answered any questions. Then, the interviewer followed the protocol outlined in the interview guide to complete the interview.

Responses to each question were summarized so that answers could be compared across current participants, team members, and former participants. If there was agreement across all respondents on an item, then it was reported as such. Cases in which there was disagreement across respondents were noted and described in the text.

Observational data

Observational methods were used to gather information regarding the processes used in pre-court team meetings and in court sessions. For the pre-court team meetings, trained IRT staff observed

and noted such factors as the types of issues discussed and the amount of time spent on each issue, the decision-making process, the interaction among team members, and the respective roles of each of the team members. For the court sessions, trained IRT staff observed and noted such factors as the overall atmosphere within the court, the interaction among team members, and interactions between the judge and the participants.

Historical Documents

Documents pertaining to the history, implementation, modification, and funding of the court were also analyzed for this process evaluation. Documents reviewed included original grant proposals submitted for the implementation of the court, award letters for grants received, legislative reports submitted to the Administrative Office of the Courts regarding the court's operation, Advisory Board meeting minutes, program policy and procedures manuals, SCOT analyses, and participant contracts. Trained IRT staff members collected, reviewed, and incorporated information from these documents into the process evaluation where appropriate.

Characteristics of Drug Court Participants

Demographic and background characteristics data were collected from GCADTC participants including current participants, inactive participants, successful graduates of the program, and participants who were terminated from the program due to rule infractions or other reasons. These data were retrieved from NC Adult MIS database, which the GCADTC uses to track participants, on April 29th, 2005. Demographic and background characteristics of the entire sample are shown first; then, the demographic and drug use characteristics are examined as risk factors in the prediction of each type of outcome (e.g., successful program completion, unsuccessful termination). Other variables examined are the sources of referral, sanctions and incentives, reasons for termination and ineligibility, average length of time from referral to admission, compliance with DTC requirements, and drug testing results. All reported results are based on results of descriptive statistics.

Table 1, below, shows the court status of all GCADTC participants as of April 29th, 2005. A total of 90 complete records were available for use in these analyses. This included 28 active participants, 1 inactive participant, and 61 former participants. Less than one-sixth of the former participants successfully completed the program (15%), while the others were discharged unsuccessfully (85%). This graduation rate is less than half of the average North Carolina graduation rate for Adult Drug Treatment Courts, which is 35% (NC Legislative Report, 2005). The retention rate was calculated by dividing the number of active, inactive and graduated participants by the total number of participants served by the program. The GCADTC retention rate was 42%, which is lower than the average North Carolina retention rate for Adult Drug Treatment Courts, which is 66%.

Table 1. Drug Court Status of All GCADTC Participants

Characteristics Of Participants (As of 04/29/2005)	Number of Participants	Frequency (Percent)
Total Number of Participants	90	
Total Active (Current) Participants	28	31%
Total Inactive Participants	1	1%
Total Former Participants	61	68%
Status of Former Participants		
Graduated	9	15%
Terminated	52	85%
Retention Rate	38	42%

The demographic and background characteristics of the total number of drug court participants at the time of enrollment can be seen below in Table 2. The program served a slightly higher proportion of male participants (57%) than females (43%). Participants were almost evenly distributed according to their racial characteristics. Slightly more than half were African American (54%) and the others were Caucasian (46%). Their ages ranged from 16 years to 66 years, and the average age was 36 years. At least half of the participants were single (56%), half were unemployed (55%), and two-thirds had attained either a high school diploma, GED, or some college education (68%). The most common primary drugs of choice were crack (51%), followed by alcohol (18%), and cocaine (16%). Approximately two-fifths of the participants (41%) indicated that they had received some type of mental health treatment before they were admitted to the GCADTC program.

Table 2. General Demographic and Basic Characteristics of all GCADTC Program Participants

Characteristics Of Participants (At the Time of Enrollment)	Number of Participants	Frequency (Percent)
Age of Participants		
Average age in years	Age-36	Range (16-66)
Gender		
Female	38	43%
Male	50	57%
Race / Ethnicity		
African / African American	48	54%
Caucasian / White	40	46%

Table 2. General Demographic and Basic Characteristics of all GCADTC Program Participants (Cont.)

Characteristics Of Participants (At the Time of Enrollment)	Number of Participants	Frequency (Percent)
Marital Status		
Married	10	11%
Divorced	17	19%
Separated	13	15%
Single/Never married	48	56%
Educational Attainment (Years of School Completed)		
Middle school (6-8)	4	5%
High school (No diploma)	20	27%
High school diploma / GED	32	43%
Some college or technical college	7	9%
Two-year college / Associate degree	7	9%
Four-year college degree	3	4%
Graduate or Professional degree	2	3%
Employment Status		
Unemployed (available for work and/or actively seeking work)	42	55%
Full-time (35 hours or more per week)	12	16%
Part-time (under 35 hours per week)	9	12%
Homemaker	1	1%
Disabled	5	7%
Not in labor force and not available for work	4	5%
Other	3	4%
County of Residence		
Guilford	78	100%
Primary Drug of Choice		
Alcohol	15	18%
Cocaine (powder)	13	16%
Crack	42	51%
Heroin	1	1%
Marijuana	7	9%
Narcotics/Opiates (other than heroin)	3	4%
Stimulants (other than crack/cocaine)	1	1%
Ever Received Mental Health Treatment		
No	48	59%
Yes	33	41%

The following six tables (Tables 3 to 8) show GCADTC participant characteristics (race, gender and primary drug of choice) by treatment court status, and rates of program completion as a function of participant characteristics. Table 3 indicates that African-Americans comprised about three-fifths of the active participants (61%), two-fifths of the graduates (44%), and half of the terminated participants (54%).

Table 3. Racial Background by Court Status

Race	Court Status			
	Active	Graduated	Terminated	Total
African/African American	61%	44%	52%	47
Caucasian/White	39%	56%	48%	40

Table 4 indicates that the rates for graduation from the GCADTC program were slightly higher for Caucasian/White participants (17%) than for African Americans (13%).

Table 4. Rates of Program Completion by Race

Race	Court Status		
	Graduated	Terminated	Total
African/African American	13%	87%	30
Caucasian/White	17%	83%	29

As shown in Table 5, one-quarter of the active participants and one-third of the graduates were female. Although the program has served a higher number of male participants, females made up more than half of the terminated participants (56%).

Table 5. Gender by Court Status

Gender	Court Status			
	Active	Graduated	Terminated	Total
Female	25%	33%	56%	38
Male	75%	67%	44%	49

Table 6 shows the rates of program completion by gender. Graduation rates seem to differ considerably by gender, with the rate of program completion for males (20%) being twice that of females (10%).

Table 6. Rates of Program Completion by Gender

Gender	Court Status		
	Graduated	Terminated	Total
Female	10%	90%	31
Male	21%	79%	28

According to Table 7, crack was the primary drug of choice for about half of the active (48%) and terminated participants (55%). It was also the primary drug of choice for approximately

two-fifths (38%) of the participants who successfully completed the program. The second most prevalent primary drug of choice was cocaine for active participants (26%) and alcohol for terminated participants (21%). For graduates, the second most common drugs of choice were alcohol (25%), and marijuana (25%).

Table 7. Primary Drug of Choice by Court Status

Primary Drug of Choice	Court Status			
	Active	Graduated	Terminated	Total
Alcohol	11%	25%	21%	15
Cocaine (powder)	26%	0%	13%	13
Crack	48%	38%	55%	42
Heroin	4%	0%	0%	1
Marijuana	4%	25%	9%	7
Narcotics/Opiates	7%	0%	2%	3
Stimulants	0%	13%	0%	1

Table 8 indicates that the rates of program completion are highest for participants whose primary drugs of choice were marijuana (33%) and alcohol (17%). The program completion rate for stimulant users is 100%, but this rate only represents one participant. The program completion rate for marijuana users is two times the overall GCADTC program completion rate.

Table 8. Rates of Program Completion by Primary Drug of Choice

Primary Drug of Choice	Court Status		
	Graduated	Terminated	Total
Alcohol	17%	83%	12
Cocaine (powder)	0%	100%	6
Crack	10%	90%	29
Heroin	0%	0%	0
Marijuana	33%	67%	6
Narcotics/Opiates	0%	100%	1
Stimulants	100%	0%	1

The next four tables (Tables 9 to 12) examine the sources that initially referred participants to the DTC program. Table 9 shows the referral sources for 328 current, former and ineligible GCADTC participants. The majority of the referrals to the GCADTC program were made by the District Attorney (80%), and almost one-sixth of the cases were referred by the Public Defender (15%). Other referral sources, such as the Judge, Probation Officer, or the Pre-trial Release Program, each referred only about one percent of all cases.

Table 9. Primary Referral Source

Primary Referral Source	N	Percentage
CJPP Pre-trial Release Program	2	1%
DCC (Probation/Parole Officer)	1	0%
District Attorney	261	80%
Family	1	0%
Judge	3	1%
Other	3	1%
Other Pre-trial Release Program	3	1%
Private Defense Attorney	4	1%
Public Defender	49	15%
TASC	1	0%
Total	328	100%

Table 10 shows the primary referral source by gender for adults who completed the eligibility interview upon referral. Demographic information such as race and gender was not available for most of the ineligible candidates. Referral sources were similar for males and females, with most of the referrals being made by the District Attorney or the Public Defender. The Public Defender referred a slightly higher proportion of females (18%) than males (13%).

Table 10. Primary Referral Source by Sex

Primary Referral Source	Court Status		
	Female (N=76)	Male (N=104)	Total
CJPP Pre-Trial Release Program	0%	1%	1
District Attorney	76%	80%	141
Family	1%	0%	1
Judge	1%	2%	3
Other	0%	3%	3
Other Pre-trial Release Program	0%	2%	2
Private Defense Attorney	3%	0%	2
Public Defender	18%	13%	27

As seen in Table 11, the sources of referral to the GCADTC program appear to remain consistent across the represented racial and ethnic groups. Based on the results displayed in this table, it appears that the Public Defender referred a slightly higher proportion of African-Americans (19%) than Caucasians (12%).

Table 11. Primary Referral Source by Race

Primary Referral Source	Court Status			
	African / African American (N=95)	Caucasian / White (N=75)	Other (N=3)	Total
District Attorney	77%	79%	100%	135
Family	0%	1%	0%	1
Judge	3%	0%	0%	3
Other	1%	1%	0%	2
Other Pre-trial Release Program	0%	3%	0%	2
Private Defense Attorney	0%	4%	0%	3
Public Defender	19%	12%	0%	27

The primary referral source was also examined by participant status for active, current and former participants. As Table 12 shows, almost all of the active participants (96%) were referred by the District Attorney. In comparison, only two-thirds of the graduated and terminated participants were referred by the District Attorney. Referrals from the Public Defender accounted for almost one quarter of the terminated participants and a much smaller proportion of active (4%) and terminated participants (11%).

Table 12. Primary Referral Source by Participant Status

Primary Referral Source	Court Status			
	Active	Graduated	Terminated	Total
District Attorney	96%	67%	67%	66
Family	0%	0%	2%	1
Judge	0%	0%	2%	1
Other	0%	11%	0%	1
Other Pre-trial Release Program	0%	0%	4%	2
Private Defense Attorney	0%	11%	2%	2
Public Defender	4%	11%	23%	13

GCADTC Program participants can be discharged for a variety of reasons. Table 13 shows the primary reasons for discharge due to termination, for 52 former participants. Although the MIS requires reasons for discharge to be designated as primary, secondary, tertiary, etc, there were a few cases in which a participant was assigned two different primary reasons. The percentages were calculated using the actual number of terminated participants (52), rather than the total number of recorded reasons for discharge (57); therefore they do not add up to 100%. Slightly more than half of the participants (56%) were terminated because of noncompliance with GCADTC requirements (DTC noncompliance), while a third of the terminations were a result of a “neutral discharge.” Team members reported that a neutral discharge often occurs when a participant decides not to participate in the program during the two-week “opt out” period, or the Team determines that the participant is not appropriate for the program.

Table 13. Primary Reason for Discharge due to Termination

Primary Reason for Discharge	Number	Percentage (N=52)
DTC noncompliance	29	56%
Positive drug/alcohol tests	4	8%
Neutral discharge	20	39%
Other	4	8%
Total	57	

Participants could have more than one type of noncompliance listed. These reasons for noncompliance are further described in Table 14. The most common types of noncompliance for the 29 participants whose primary reason for discharge was DTC noncompliance, were “failure to make case manager [case coordinator] contacts” (72%), “failure to meet other requirements” (69%), and “failure to attend treatment” (62%). In addition, almost half of these terminated participants did not make their probation contacts and did not attend court sessions as required. Due to the prevalence of participants’ failure to meet “other” requirements (69%), it would be helpful if this category of noncompliance were further specified to identify what these other requirements might be.

Table 14. Types of DTC Non-compliance Leading to Discharge

Type of non-compliance *	Number (N=29)	Percentage
Failure to attend treatment	18	62%
Failure to attend court	14	48%
Failure to make case manager contacts	21	72%
Failure to make probation contacts	16	55%
Failure to meet other requirements	20	69%
Other	2	7%

**Note: Participants may have more than one recorded type of DTC noncompliance.*

Table 15, below, shows the average length of time between various program time periods. According to this data, an average of 29 days elapsed between referral to the GCADTC and the Eligibility Interview. Participants were typically admitted to the program 50 days after the date of referral and 22 days after the eligibility interview date. The large standard deviations for these calculations indicate that the actual time periods differed greatly from the means. Upon further examination of the greatest time intervals, including the maximum of 380 days between referral and admission, it was observed that some participants were referred to the program but did not submit to an eligibility interview until up to one year later. In one case, the time interval between eligibility interview and admission was a negative value (i.e. -1) because the eligibility interview was conducted after the participant was admitted to the program.

On average, participants attended their GCADTC court sessions immediately (3 days) following admission. Most participants (73%) were admitted to the program on their first GCADTC court date, so these two program dates were the same. All but four of the other participants (22%) were admitted two weeks after their first court date. The GCADTC admission policy includes a

two-week “opt-out” period before participants are formally admitted. It appears that the admission date was not always recorded in a consistent manner. For some, it was the first day of the opt-out period, while for others it was the first court date after the completion of the “opt-out” period.

In two cases with negative values, such as the minimum value of -28 days between admission and the first court date, candidates attended several court sessions before they were officially admitted to the GCADTC program. The average number of days from admission to the intake interview was 3 days, and the greatest interval between these time periods was 117 days. In almost one-third of these cases the time interval between admission and intake interview was represented by a negative value, which means that the interview was conducted prior to admission. For 52 participants who were discharged from the program either due to program completion or for other reasons, the total average length of time between admission and discharge was 143 days. However, this time interval varied greatly and ranged from as few as 12 days to as many as 560 days.

Table 15. Average Length of Time for Program Referral, Interview and Admission

Time Interval	N*	Mean	Std Dev	Minimum	Maximum
Average Number of Days from Referral to Eligibility Interview	81	28.58	48.50	0	373
Average Number of Days from Eligibility Interview to Admission	81	22.11	22.75	-1	121
Average Number of Days from Referral to Admission	89	50.53	50.75	0	380
Average Number of Days from Admission to First GCADTC Court Session	79	3.22	8.36	-28	42
Average Number of days from Admission to Intake Interview	70	3.23	23.18	-71	117
Average Number of days from Admission to Discharge	60	142.57	160.35	12	560

**N refers to number of participants for whom data were available.*

Compliance with DTC requirements was examined for all current and former participants (see Table 16). GCADTC participants demonstrated high levels of compliance with attendance of case management appointments, AA/NA appointments, and court sessions. They attended 98% of their case management appointments, 99% of their required AA/NA meetings, and 82% of required court sessions. Slightly more than half of the missed court sessions were excused absences.

Table 16. Compliance with GCADTC Requirements

Compliance Issue	Mean Proportion
Proportion of number of case management appointments attended to number of appointments required.	98%
Proportion of number of AA/NA appointments attended to number of appointments required.	99%
Proportion of number of court sessions attended to number of court sessions required.	82%
Proportion of number of excused absences to number of missed court sessions.	55%
Proportion of number of unexcused court absences to number of missed court sessions.	45%

Analysis of drug test data indicated that there were at least 1,357 entries with missing data for drug test results. Court administrators reported that they are aware of this problem and have recruited someone to enter the relevant data into the MIS database. Based on the data available, participants appear to be compliant with drug testing, which is used to monitor their ability to abstain from using drugs (see Table 17). Negative drug tests were recorded for almost all participants tested for methamphetamines (97%). A slightly lower rate of compliance was observed for marijuana (92%), and opiates (93%) results. The lowest rates of drug test compliance were for alcohol (88%) cocaine (82%), which are also the most common primary drugs of choice for GCADTC participants. Eleven percent of the participants either admitted or tested positive for alcohol use, while the rate for cocaine use was fifteen percent. Approximately two percent of all tests were rejected by the lab, while one percent of marijuana and opiates tests were not submitted for analysis. These findings describe results from 1859 tests for methamphetamines, 1976 tests for opiates, 2214 tests for marijuana, 2840 tests for cocaine, and 114 tests for alcohol. Fewer tests were submitted for alcohol because GCADTC team members generally conduct alcohol tests only upon suspicion of use. Further analyses of positive test results indicated that over four-fifths (85%) of the 87 participants included in the drug testing database had at least one positive drug test result. Of the 74 participants with positive test results, the average number of positive tests was seven, the minimum was one, and the maximum was 36.

Table 17. Drug Test Results

Type of Result	Type of Drug Tested *				
	Alcohol	Cocaine	Marijuana	Opiates	Methamphetamines
Admitted use	4%	2%	0%	0%	0%
Contaminated specimen	0%	0%	0%	0%	0%
Did not show for test	0%	1%	0%	1%	0%
Excused positive	0%	0%	0%	1%	0%
Inconclusive results	0%	0%	0%	0%	0%
Lab rejected specimen	2%	2%	2%	2%	2%
Negative, based on test	88%	82%	92%	93%	97%
Positive, based on test	7%	13%	4%	2%	0%
Specimen not submitted for analysis	0%	0%	1%	1%	0%

** Numbers are rounded to the nearest whole number. Therefore, 0% represents proportions that are below 0.5%.*

Table 18. Sanctions

A variety of sanctions are used by team members in response to noncompliant behavior. Sanctions were recorded for 57 (63%) of the total number of 90 GCADTC participants. Table 18 shows the number of times that each type of sanction was used. The most commonly used sanction was jail, which accounts for almost one-quarter (23%) of all the sanctions used. Other sanctions that were used frequently included AA/NA meetings (19%), treatment attendance (11%), case manager appointments (11%), and other types of sanctions (11%). Overall, the average number of sanctions received by each of these 57 participants was six sanctions. The number of sanctions received by each individual participant ranged from one sanction to twenty-three sanctions.

Type of Sanction	Frequency (N=57)	Percentage
AA/NA meetings	66	19%
Case Manager appointment	39	11%
Community service	12	3%
Court attendance	4	1%
Curfew	16	5%
Discharged from DTC	5	1%
Drug/alcohol tests	3	1%
Electronic house arrest	1	0%
Inpatient Placement	8	2%
Jail	81	23%
Judicial Directives	16	5%
Other, specify	38	11%
Phase demotion	8	2%
Treatment attendance	38	11%
Verbal reprimand	1	0%
Written report	13	4%
Total Number of Sanctions	349	100%

Rewards were awarded to about half (52%) of the participants in response to achievements or compliant behavior. Forty-seven participants received between one and twenty-nine rewards, and the average number of rewards per participant was 11. As can be seen in Table 19, Judicial praise was used a third of the time (31%), followed by applause (28%), and certificates (27%). These three types of rewards constituted 87% of all rewards given to participants.

Table 19. Rewards

Type of Reward	Frequency (N=47)	Percentage
Applause	147	28%
Case Manager appointment	8	2%
Certificate	140	27%
Court attendance	1	0%
Curfew	6	1%
Gifts	28	5%
Graduation	6	1%
Judicial praise	160	31%
Other, specify	20	4%
Treatment attendance	2	0%
Total Number of Rewards	518	100%

A total of 243 candidates were ineligible for participation in the GCADTC Program for a variety of reasons. As seen in Table 20, there was missing data for 12% of these cases. Candidates could have multiple reasons listed for ineligibility, which were recorded in the database by entering a response of either “true” or “false,” for each reason. In about half of the records (49%), all of the reasons for ineligibility were marked “false.” Therefore, it is not clear why these candidates were ineligible. Percentages for reasons for ineligibility were calculated using the total number of ineligible candidates (243). The most prevalent reason was “other reason,” which was recorded for two-fifths of the candidates. About one quarter of the participants (24%) were unwilling to participate in the program. In order to provide a more accurate depiction of the reasons for ineligibility for the GCADTC program, AOC might consider adding more reasons to the database and creating a field that would allow team members to specify what the “other” reasons might be.

Table 20. Reasons for Ineligibility

Reason for Ineligibility	Number (N=243)	Percentage
Not chemically dependent	13	6%
Not willing to participate	53	24%
History of violent offenses	11	5%
Charged/Convicted of ineligible nonviolent or domestic offenses:	2	1%
Disqualifying pending charges:	14	6%
Does not reside in DTC service area:	17	8%
Active sentence required by law:	2	1%
DTC team determination of ineligibility or inappropriateness:	20	9%
Other reason for ineligibility	88	40%
Non-compliant with DTC pre-admission requirements	5	2%
<i>None of the ineligibility reasons apply</i>	118	49%
<i>Ineligible reason missing</i>	17	12%

Summary Of Main Findings From Analysis Of MIS Data

1. All participants served by the GCADTC were residents of Guilford County, and the average age was 36.
2. More than half of the participants were male, and the program completion rate for males was two times the rate for female participants.
3. Approximately two-thirds of the participants entered the program with a high school diploma, college education, or a GED. Slightly more than half of the participants were unemployed at the time of enrollment.
4. An examination of the outcome status of former GCADTC participants revealed that a larger percentage was terminated (85%) than had graduated (15%). Less than one-sixth of the participants successfully completed the program. The program completion rate and the retention rate for the GCADTC were both lower than the average rates for North Carolina Adult Drug Treatment Courts.
5. The program has served a slightly larger proportion of African Americans (54%) than Caucasians (46%), and has not served participants from other ethnic groups. The rate of program completion was slightly higher for Caucasians.
6. Crack was the most prevalent drug of choice, followed by alcohol. At the time of enrollment, two-thirds of the GCADTC participants identified their primary drug of choice as either crack or cocaine, and one-sixth of the participants said it was alcohol. Crack and cocaine were the primary drugs of choice for almost three-quarters of the active participants.
7. The program completion rate for participants whose primary drug of choice was marijuana was double the overall rate of program completion. None of the six former participants whose primary drug of choice was cocaine completed the program successfully.
8. The District Attorney's office served as the primary source of referral for two-thirds of former GCADTC participants and almost all of the current participants. About one-seventh of all participants were referred by a public defender.
9. DTC noncompliance was the primary reason for discharge for over half of the terminated participants. In addition, two-fifths of the terminated participants were documented as having a "neutral discharge." This mainly refers to participants who choose to opt-out of the program during the "opt out" period.
10. On average, the period of time between referral and admission to the program was 50 days. However, for some participants this included the two-week "opt out" period between the first court date and official admission to the program. Admitted participants immediately began attending court and completed an intake interview within an average of three days after the admission date. The average total program time between admission and discharge was approximately 142 days. These time intervals varied greatly among participants as evidenced by the high standard deviations from the means.
11. Participants demonstrated high rates of compliance in fulfilling program requirements. Findings indicated high levels of compliance with drug testing for alcohol, marijuana, opiates, and methamphetamines.
12. The highest proportion of positive drug tests results were for cocaine and alcohol.
13. Jail was the most commonly used sanction, accounting for almost one-quarter of all the sanctions used by the court. The most common rewards were judicial praise, certificates, and applause; in total, these types of rewards accounted for 86% of all rewards used by the court.
14. The most frequently recorded reason for program eligibility was "other reason," followed by "not willing to participate."

Description of Drug Court Team

Composition, Roles, and Responsibilities of Team Members

The GCADTC Core Team consists of the Presiding Judge, Program Director, the Program Coordinator, the Prosecutor(s), DTC Defense Attorney, Case Coordinator, Probation Officer, and a Clinician/Treatment Provider Liaison. The GCADTC Policy Manual indicates that the Team should also include a Law Enforcement Officer. Court administrators reported that Law Enforcement Officers assist in serving warrants, but are not members of the Core Team. The GCADTC Team has undergone staff turnover in several positions since the court began in December, 2002. The current Program Coordinator is the second individual to hold this position, while the Case Coordinator is the third. The Court also had a previous Probation Officer and a previous Surveillance Officer assigned to the Team. The Prosecutor position was formerly held by an individual who was reassigned to another court. The GCADTC Team was then assigned two dedicated Assistant District Attorneys (ADA's) for this position, so that there would always be an alternate if one ADA was unavailable. In addition, the Court initially had two Judges who shared the position; they were later replaced by the current presiding Judge.

The GCADTC Team meets twice a month during pre-court planning and staffing meetings to make decisions regarding responses to participant compliance and general issues related to the functioning of the court. Interviews with team members revealed that there are other key personnel who they think should be added to the GCADTC Team. Three team members identified the need for an additional Case Coordinator, more Probation Officers, and additional Surveillance Officers to perform curfew checks more often. Two team members mentioned the need for an administrative assistant. The following personnel needs were reported by one team member: a psychiatrist, a medical doctor who can serve as a consultant regarding drug testing, and a consultant on homelessness or housing issues.

The GCADTC Policy Manual provides a brief description of the roles of each core team member. These duties are cited below for each team member and compared with the AOC Best Practice guidelines and the team member's own comments regarding his or her role in the treatment court.

According to the GCADTC Policy Manual, the Judge is the ultimate decision-making authority and motivator. The Judge holds participants accountable for their behavior through the imposition of sanctions and rewards. It is also a responsibility of the Judge to hold the team members accountable for fulfilling their roles in "a timely, honorable, and integrated fashion." Additional roles reported by the Judge include presenting program expectations to participants, and serving as the liaison to the court system. As stated in the Best Practice Guidelines, another role of the Judge is to "motivate participants toward success" and to be a "taskmaster, confessor, cheerleader and mentor for program participants." Based on observations of the court session and the Judge's own comments regarding her role, the GCADTC presiding Judge is aware of these additional responsibilities and appears to be adequately fulfilling them.

According to the GCADTC Policy Manual, the responsibilities of the Program Director include overseeing the overall administration of the court, including hiring staff, directing activities of the Program Coordinator, and serving as a linkage to local service providers. In addition, the Director reports to the Senior Resident Superior Court Judge regarding the program's progress or problems. According to the Program Director, other duties that she fulfills include administering drug tests, facilitating Local Management Committee meetings, conducting public education

activities regarding the program, and ensuring consistency in the functioning of the court. Some of the additional duties listed in the Best Practices Guidelines for a Program Director are fulfilled by the Program Coordinator. Otherwise, the role of the Program Director, as documented in court materials and described in her own reports, is consistent with duties prescribed in the Best Practice Guidelines.

According to the GCADTC Policy Manual, the Program Coordinator is responsible for developing and enhancing the program, developing local policies and procedures, as well as supervising the Case Coordinator. It is also the role of the Program Coordinator to conduct strategic planning, fundraising, fiscal administration, prepare court reports, and monitor service provider contracts. The Program Coordinator reported that she performs some additional duties including case management, and processing referrals made to the program. Although the Best Practice Guidelines do not make reference to a Program Coordinator position, this individual's role is complementary to that of the Program Director. The Program Coordinator fulfills some of the administrative duties listed in the Best Practice Guidelines under the supervision of the Director.

According to the GCADTC Policy Manual, the Prosecutor (Assistant District Attorney) is the public safety representative of the community. The GCADTC currently has two dedicated Assistant District Attorneys (ADA's) who perform the duties of the Prosecutor during alternate court sessions. Once participants are enrolled in the program, the Prosecutor is responsible for protecting the rights of any victims and the community at large by ensuring that participants are held legally accountable for their actions through the imposition of sanctions and rewards. The Prosecutor's role is described as, "non-adversarial, supportive, and constructive." The Prosecutor also conducts the initial eligibility screening for potential candidates and is viewed as the "gatekeeper" into the program. In addition, the Prosecutors reported that they call cases during court sessions, and inform new participants of the consequences they will face if they fail the program. Another responsibility listed in the Best Practice Guidelines is to work towards achieving the long-term rehabilitative goals of the program. Based on observations of the court session and the comments made by these two individuals, the GCADTC Prosecutors are aware of this additional responsibility and appear to be adequately fulfilling it.

According to the GCADTC Policy Manual, the Defense Attorney is responsible for ensuring that participant's rights are protected. The Defense Attorney reported additional roles, such as reviewing cases prior to program admission to determine whether the defendant could pursue an alternative option instead of the drug court program. Other responsibilities include upholding the best interests of participants, and providing them with guidance throughout the program. The duties of Defense Attorney, as documented in court materials and described in her own reports, are consistent with those prescribed in the Best Practice Guidelines.

According to the GCADTC Policy Manual, the Probation Officer (PO) is responsible for ensuring the timeliness and integrity of all drug testing and reporting drug test results to the case manager. With the assistance of the Case Coordinator, the PO also monitors daily compliance with the program, including treatment, curfew, employment, payment of fees and community service. The PO reported that she has a partner who visits participants at their residences to perform curfew checks. The duties of Probation Officer, as documented in court materials and described by her reports, are consistent with those prescribed in the Best Practice Guidelines.

According to the GCADTC Policy Manual, the Case Coordinator conducts ongoing needs assessments of the participants, coordinates the staff meetings and status hearings, connects them

with needed services, interviews and screens all referrals to DTC, administers drug tests, and enters relevant information in the State's DTC tracking system (MIS). The Case Coordinator reported that he also develops and maintains participant case plans. Some of the case management duties described in the Best Practice Guidelines, such as preparing court reports, are performed by the Program Coordinator. Taking this into consideration, the duties of the Case Coordinator, as documented in court materials and described by his reports, are consistent with those prescribed in the Best Practice Guidelines.

According to the GCADTC Policy Manual, the role of the Clinician/Treatment Provider is to provide individual, group, and family based treatment services to participants. The Treatment Provider Liaison provides progress reports during bi-weekly team meetings and communicates regularly with the Program Coordinator and the Case Coordinator regarding participants' progress in treatment. The Liaison also addresses and interprets clinical issues that arise during Team meetings. The ADS Treatment Liaison reported that it is also her role to supervise the treatment team and to review all treatment and clinical decisions. The role of a Treatment Provider Liaison is not described in the Best Practice Guidelines.

Conclusions and Recommendations Regarding Team Composition, Roles and Responsibilities

The GCADTC Team is comprised of all the individuals required by the AOC Best Practices Guidelines. Clear representations of the roles of the GCADTC team members were obtained by supplementing the Court's written descriptions with reports made by team members during interviews. The Team might consider revising the stated roles to include the additional responsibilities described by team members, and to make the descriptions more consistent with the Best Practice Guidelines. Although the descriptions of the roles are documented in the GCADTC Policy Manual, they are not included in the Participant Handbook. Adding these descriptions to the Participant Handbook would inform new participants of the role that each team member plays in the Court, and the nature of his or her relationship with participants.

In the two and a half years that the court has been in existence, the Team has been faced with turnover in five positions. Some of the positions involve personnel who are employed through collaborating agencies, while others are employed directly by the court. Although the Team is currently comprised of highly qualified and dedicated individuals, it is recommended that court administrators take steps to minimize turnover within these positions. These steps could include bringing this issue before the Local Management Committee, for discussion on strategies for increasing staff retention.

According to the information gathered through team member interviews, team meeting observations, and court observations, the GCADTC team members appear to be fulfilling their roles and duties as required. Each team member's role was clearly evident based on his or her theoretical perspective and contributions to the discussions. Their roles on the Team are complementary and they are appropriately related to their positions in the treatment court or affiliated agency. As recommended by team members, the functioning of the Team could be strengthened through consultation with several other professionals. They include a psychiatrist, a medical doctor who can serve as a consultant regarding drug testing, a consultant on housing or homelessness issues. Team members also expressed the need for administrative assistance, another Case Coordinator, and more Probation and Surveillance Officers. The Local Management Committee could evaluate the ability of the Court to either hire additional personnel, request more staff members to be appointed by affiliated agencies, or recruit these professionals as consultants to the Team.

Background Training and Continuing Education

This section describes the background training, orientation experiences, and continuing education opportunities provided to each of the GCADTC team members. According to team members, there is no official procedure for orienting new personnel to the drug court program. Most team members reported that they were oriented to their positions through hands-on training, and direction from court administrators or other team members. One team member was also trained by the individual who previously held the position. Five team members stated that the current orientation strategies are effective, while two team members expressed the need for a more formal orientation process.

Training of team members has included observations of other drug courts and attendance at national and state drug court training conferences through the National Drug Court Institute (NCDI), and the NC Administrative Office of the Courts (AOC). Team members received both role specific and general training on the drug courts. One team member reported that the sanctions and incentives trainings were particularly helpful. Five GCADTC team members mentioned areas of improvement needed in drug court training. They suggested the need for more training on criminal justice, substance abuse treatment or other issues, and the MIS system. One team member commented that although the AOC provides some ongoing training on the MIS, these trainings are actually updates for those who received the full training. This individual requested for more opportunities to receive the basic training in the MIS.

Each team member's background training and work experiences are briefly described below.

Judge

Judge Susan R. Burch has a Juris Doctor (JD) degree from the Wake Forest University School of Law and a Bachelor of Arts degree in Economics from Wake Forest University. She has previous experience as a self employed attorney, a member of a law firm, and an Assistant Public Defender for the 18th Judicial District of NC. She was elected as District Court Judge in 2000 and re-elected to a second four-year term in November of 2004. She was appointed as the Presiding Judge of the E. Raymond Alexander Drug Court in 2002, upon the death of the previous Judge. Since becoming a Judge, she has taken advantage of many continuing education opportunities including the National Judicial College, and the District Court Judge's Association. She frequently teaches and lectures to lawyers, judges, and courts on a broad range of topics including Family Law, Ethics in Business Law, Role of the Judge in Court Process, and Physiological Effects of Narcotics. She is a member of the North Carolina Bar Association and the District Court Judge's Association.

Program Director

Wheaton Pike, the Program Director, has a Bachelor of Applied Science Degree in Criminal Justice, from Guilford College. In addition, she has participated in continuing education and certification programs in a variety of topics related to substance abuse and criminal justice. She has held positions such as Director of the Treatment Alternatives to Street Crimes (TASC), Interim Executive Director of the Greensboro Drug Action Council, and the Executive Director of The Sycamore Center (formerly the Greensboro Drug Action Council). She designed and Guilford County Pretrial Services in Greensboro in 1990, established a second office in High Point in 1994, and presently continues to serve as the director of Guilford County Pretrial. In

2002, she was part of the planning team that applied for and received a federal grant to operate an Adult Drug treatment Court in Guilford County. She has served as the Program Director for the GCADTC since its inception. She is a member of several boards and professional organizations including: the Professionals in Pretrial Services Association (PIPS), National Association of Pretrial Services (NAPSA), and the Criminal Defense Attorneys Association.

Program Coordinator

Carri Munns, the Program Coordinator, received a Bachelor of Science degree in Criminal Justice, with a Minor in Sociology, from Appalachian State University. After working for a few years as a Community Specialist in the South Carolina Department of Juvenile Justice, she moved to North Carolina and worked as a Correctional Program Assistant, and a Correctional Program Supervisor at Brown Creek Correctional Facility. She worked as a Pretrial Screener for Guilford County Pretrial Services before accepting a position as the GCADTC Program Coordinator in March of 2005. She is a member of Winston Salem Jaycees, and the Professionals in Pretrial Services organization.

Case Coordinator

Donald Harris, the Case Coordinator, received a Masters degree in Education, and a Bachelor of Arts in Clinical Psychology from the University of North Carolina at Greensboro. He also has some doctoral training in Marriage and Family Therapy from Florida State University. His job experience includes working as a Staff Assistant at the After School and Summer Day Care Program Greensboro Association of retarded Citizens (GARC); Crisis Intervention Aide at Drug Action Council/Switchboard Crisis Center; Program Assistant/Court Representative for the FOCUS Program/Turning Point Family and Children's Services; and, Lead Clinician and Therapist for an adolescent treatment program at the Apalachee Center for Human Services (ACHS). He also has experience working as a Marriage and Family Therapist, a Substance Abuse Counselor, and a Specialist in Student Counseling. He accepted a position as a Case Coordinator for the Guilford County Adult Drug Treatment Court in May, 2004. He is a member of the American Counseling Association, International Association of Addictions and Offender Counselors, American College Counseling Association, International Association of Addictions and Offender Counselors, and the Florida Coalition Against Domestic Violence.

Treatment Provider Liaison #1

Amy Stern, the Treatment Provider Liaison, has a Masters in Marketing and Advertising from Georgia State University, and a Bachelor of Arts in Psychology from Alfred University. She also received a certification as a Substance Abuse Counselor from Guilford Technical Community College, completed the Treatment Alternatives to Street Crimes (TASC) Clinical Training Curriculum, and is a State Trainer for North Carolina TASC. She has experience working as an Art Therapist, Substance Abuse Technician, and Admissions Coordinator for LINKS Adolescent Services. She also held a position as a Judicial Services Case Manager II for the Felony Drug Diversion Program in Guilford County. Since May of 2001, she has continued to serve as the South Regional TASC Director, an Outreach Coordinator for Greensboro and High Point Department of Social Services, and a Treatment Provider Liaison for the GCADTC. She is a member of National TASC and NAADAC Association for Addiction Professionals. She is also a member of the Board of Directors for One Step Further, and a Vice President of the Advisory Board for Big Brothers Big Sisters of Greensboro.

Assistant District Attorney #1

Randi Spiker, an Assistant District Attorney, has a Juris Doctor (JD) degree from Campbell University and a Bachelor of Arts in Political Science from the University of North Carolina at Chapel Hill. She has experience working as an intern in the Durham County Public Defender's Office, and a Research Assistant for Chesire & Parker, and NC Supreme Court Justice, Robert Orr. In 1997, she took her current position as an Assistant District Attorney for the Guilford County District Attorney's Office. It is in this capacity that she became a Prosecutor for the GCADTC.

Assistant District Attorney #2

K. Michelle Fletcher, an Assistant District Attorney, has Juris Doctor (JD) degree from North Carolina Central School of Law, and a Bachelor of Arts in Psychology from the University of North Carolina at Greensboro. She has experience working as a Family Law Paralegal Instructor at Guilford Technical Community College in Greensboro. She also held a position as a Contract Attorney for Womble, Carlyle, Sandridge & Rice. She joined the Guilford County District Attorney's Office in 1997, where she worked as a District Court Supervisor and an Assistant District Attorney. It is in this capacity that she became a Prosecutor for the GCADTC. She is a member of the North Carolina State Bar Association, and Alcohol and Drug Services.

Public Defender

Jennifer L. Rierson earned has a Juris Doctor (JD) degree from North Carolina Central University and a Bachelor of Arts in Speech Communication from Wake Forest University. Her previous experiences include practicing law as a Sole Practitioner, and working as a Contract Attorney for Womble, Carlyle, Sandridge & Rice. She was also an Assistant Public Defender for North Carolina Judicial District 27A for two and a half years. In 1998 she accepted a position as an Assistant Public Defender for North Carolina Judicial District 18, and it is in this capacity that she became a member of the original planning team for the GCADTC. In 2000, she attended three National Drug Court Treatment Court Trainings (North Carolina, New York, and Kentucky) in order to assist in writing the federal grant that currently funds the GCADTC program. She also attended a National DTC training in Wisconsin in June of 2004, and has attended numerous statewide DTC trainings.

Probation Officer

Tekla Ludwig, the Probation Officer, has a Bachelor of Arts in Business Management from the University of North Carolina at Greensboro. She has received four weeks of basic training, one week of firearms training, and two weeks of intensive officer training from the Department of Corrections. She began working as a probation officer for the North Carolina Department of Corrections in 1994. She has held positions as a Judicial Case Intake Officer, High Risk Officer, School Initiative Officer, Day Reporting Case Officer, and an Intensive Officer. She was appointed as the Probation Officer for the GCADTC Team in 2003.

Conclusions and Recommendations Regarding Background Education and Training

GCADTC team members appear to exhibit adequate levels of educational training and appropriate background experience in substance abuse and the justice system. In accordance with the *Drug Court Key Components*, team members have observed other treatment courts and participated in national and state conferences providing both role specific and general training. At least half of the team members indicated a need for additional cross-disciplinary training opportunities. It is recommended that the court's administrators continue to seek funding and opportunities to provide interdisciplinary training for all drug court team members. Some specific needs identified were training on criminal justice, substance abuse treatment or other issues, and the MIS system. Such efforts would improve the functioning of the court by strengthening team relationships, improving the level of professionalism, and creating a better understanding of the court's mission, goals, and operating procedures. In order to increase the competence of each team member in his or her field of expertise, the Court might also consider establishing continuing education requirements for each position and including these in the Policy Manual.

Although most team members reported that they were well-prepared to assume their duties and responsibilities, two team members suggested that a more formal orientation process would be ideal. In light of the staff turnover rate that the court has experienced, the development of a standardized orientation procedure might be helpful in facilitating the transition for new team members. This procedure could include an orientation packet with information such as a description of one's role in the court, copies of procedural handbooks, and other pertinent information. The proposed procedure would ensure that new team members are completely and quickly prepared to fulfill the duties required of their positions.

Court Administration & Decision Making Process

According to the AOC Best Practice Guidelines, all DTC's should have a Local Management Committee that meets regularly to ensure the effective operation of the court. The duties of the Local Management Committee include reviewing and updating the court's mission, goals, guidelines, and procedures; exploring possible funding sources; reviewing the results of self-evaluations; reviewing the performance of agencies or individuals providing services; and overseeing the court's budget.

The Guilford County Adult Drug Treatment Court operates under the direction of the Guilford County Drug Court Local Management Committee. As stated in the Policy Manual, this Management Committee is "responsible for adopting local guidelines and procedures necessary for the operation, evaluation, and success of the Drug Treatment Court program." Meetings are held four times a year and are coordinated by the GCADTC Program Coordinator, and led by the District Court Judge. The Policy Manual contains a list of Management Committee Members, which is almost identical to that recommended by the AOC in the Best Practice Guidelines. They include:

- The Senior Resident Superior Court Judge, 18th District or a Superior Court Judge
- The Chief District Court Judge or a District Court Judge
- The District Attorney or Assistant District Attorney
- The Public Defender or Assistant Public Defender
- The Clerk of Superior Court

- The Chief of the Greensboro Police Department or Designee
- The Sheriff of Guilford County or Designee
- The 18th Judicial District Manager, Community Corrections or Designee
- A member of the private criminal defense bar
- A representative of a local community college
- A representative of a local treatment provider
- A representative of the local area mental health
- The local DTC Program Administrator
- Any other person selected by the Senior Resident Superior Court Judge, in concurrence with the District Attorney

GCADTC administrators reported that the Management Committee includes almost all of the members listed above. The Committee currently lacks a representative from a local community college, and from the local area mental health center. However, it does include a representative from a local state college. All GCADTC team members also attend the Committee meetings. According to Court Administrators, the Management Committee adequately provides the court with support and direction regarding its overall functioning. A review of the minutes from four Management Committee meetings in 2004 indicated that the group is fulfilling the duties set forth by the AOC Best Practice Guidelines for Local Management Committees. One team member expressed the need for the Committee members to be more proactive by taking steps to visit the court, and to learn about its day-to-day operations.

Decisions regarding individual cases are made by the GCADTC Team during regularly scheduled Team meetings held before bi-weekly court sessions. According to the *Best Practices Guidelines* provided by the AOC, the primary responsibility of the core drug court team is to assure the effective functioning of the in-court process of each court session, so as to attain the long-range rehabilitative goals of the DTC.

In order to assess the functioning of the GCADTC Team, iRT staff members observed two pre-court meetings and coded information using the Team Meeting Observation Checklist. The first meeting was attended by the Case Coordinator, Treatment Provider Liaison, Assistant District Attorney, Surveillance Officer, Program Coordinator, Program Director, Judge and the Public Defender. The Surveillance Officer attended the meeting as the representative for the Probation Officer. All of the other core team members were present and the meeting began at the scheduled time. At the beginning of the meeting, the Program Coordinator provided each of the team members with a list of the participants to be discussed, and a copy of the Management Information System (MIS) court report describing the status of each of the participants. This court report included information such as compliance with drug testing, treatment attendance, case management meeting attendance, meetings with the Probation Officer, AA/NA meetings, community service, vocational training, employment, sanctions, and incentives.

Twenty-six cases were listed on the agenda in order of participant status; non-compliant participant cases were reviewed first, followed by pre-admission clients, and inactive participants. However, only the twelve non-compliant participant cases were discussed in detail. The length of time spent on each case ranged from less than one minute to over nine minutes. The pre-court team meetings are typically an hour and fifteen minutes long; however, due to scheduling conflicts, this particular meeting lasted only one hour. For each case reviewed, the Case Coordinator summarized the participant's progress in fulfilling court requirements and team members were invited to make comments about the appropriate course of action. Progress

in substance abuse treatment was discussed in about two-thirds of the cases; and mental health treatment was mentioned in only two cases. Team members were respectful of each other and allowed each other ample time in which to speak. The second team meeting observed by iRT staff members was similar to the first meeting described above. The only notable difference was that, in the absence of the Treatment Provider Liaison, another representative from the treatment agency was appointed to attend the meeting.

Although sanctions and incentives were given in accordance with the Sanction and Incentives Grids, team members also took each individual's circumstances and history into consideration while making decisions. They particularly made efforts to accommodate participants' work schedules and parental responsibilities in the imposition of sanctions. At the same time, several team members continuously reminded the Team of the need to distribute sanctions and incentives consistently across participants. Overall, the Team showed genuine concern for participants and was both capable and dedicated.

The decision-making process seemed to follow a democratic process with decisions reached through unspoken consensus. In instances where the Team did not unanimously agree, team members presented various view points and discussed the matter until a compromise was reached. If they were still unable to come to an agreement, the Judge made the final decision. The team meeting was officially led by the Case Coordinator, but the Judge's leadership role was clearly evident. Team members treated each other with respect and they were professional in their communications with each other about participants.

Responses of team members to questions about the decision-making process were consistent with observations made by IRT staff. All team members agreed that decisions are made by consensus during pre-court meetings and the Judge has the final say if there is lack of agreement. Team members also agreed that they are given equal opportunity to provide input into all discussions regarding participants. Three team members expressed concern that the Team does not usually have time to discuss each case in enough detail.

Conclusions and Recommendations Regarding the Decision Making Process

The GCADTC program is administered by a Local Management Committee, as recommended in NC Best Practice guidelines. The Committee is comprised of a wide range of individuals representing the disciplines and agencies that the GCADTC is affiliated with. However, the committee does not include representation from a local community college or a local area mental health program, as recommended by AOC Best Practice Guidelines. Program Administrators are encouraged to continue efforts to identify representatives from these agencies who could serve as members of the Local Management Committee. As recommended by a team member, Management Committee members might gain a better understanding of how the court functions by observing a court session or attending a graduation ceremony.

Decisions about participants are made by the Team during regularly scheduled pre-court Team meetings. Based on observations of Team meetings and team member reports, it appears that the GCADTC Team effectively makes decisions in response to participant compliance. In addition, the team members are respectful of each other, and professional in their discussions about participants. The decision-making process is consensus-based and allows each team member to voice his or her opinions. This allows the Team to consider all aspects of a participant's situation and to ensure that the rights of participants are protected in each case. If the Team cannot reach a consensus, the Judge takes their input into consideration and makes the final

decision. Team members reported that they had equal opportunities to provide input into decisions regarding participants.

Due to the time constraints that characterize the pre-court meetings, it may be necessary for the Team to schedule an additional monthly or bi-monthly meeting to discuss general program issues that impact participants or the functioning of the court. This meeting may also be used as an opportunity to discuss the progress of participants who are compliant in fulfilling GCADTC requirements. During the pre-court team meetings, the majority of the time is spent discussing participants who are noncompliant. By analyzing the factors and characteristics that are related to program completion, the Team might be able to gain a better understanding of how the program works and identify ways of strengthening key program components. The Team might also consider increasing the length of the pre-court meetings to allow for sufficient time to discuss each case in detail.

Assessment of Team Functioning Based On Team Interviews

IRT staff interviewed team members regarding their thoughts about the quality and effectiveness of the working relationships among team members. All of the team members reported that the working relationships between team members are either “good,” “very good,” or “excellent.” Two team members mentioned that everyone works together very well. It was also reported that the Team is more cohesive than it has been in the past. Communication between team members was described as respectful, and all team members agreed that needed information is generally communicated within a timely manner. One team member commented that sometimes when team members are extremely busy, communication is not as timely as it should be.

Team members were also asked to describe their interactions with participants. They depicted their relationships with participants as positive, supportive, loving, humble, empathetic, understanding, consistent, and professional. One team member stated that team members are “very personally involved with what [participants] are doing and going through.” Team members also reported that they all maintain appropriate boundaries in their relationships with participants. On the other hand, one team member mentioned that the attitude towards some participants can sometimes be one of frustration. Two other team members reported that the attitude towards participants may vary from one participant to another, but that it never interferes with their ability to interact with all participants in a professional manner.

The Team occasionally organizes social activities that involve interaction with participants. Team members reported the most common activities are GCADTC graduation ceremonies, where graduating participants socialize with team members, other participants, friends, and family, as well as previous graduates. One individual mentioned that some team members have previously attended participants’ graduations from school and treatment, as well as a participant’s wedding at the court house.

Assessment of Team Functioning Based On Participant Interviews and Focus Group

Current and former participants spoke highly of the GCADTC team members. Current participants reported that the team members were very helpful, dedicated, and professional. They all felt that the team members treated them with respect, and most stated that team members appeared to be genuinely concerned about them. They singled out the Director, Defense Attorney and Case Coordinator as particularly helpful. One participant said of the Director: “She handles things in a professional way and is very understanding. She’ll talk to you

and listen to you and let you know if you messed up.” Alternatively, a few participants had complaints about some particular team members. One participant reported that a team member yelled at him or her, and a few participants felt that another team member was not concerned about them or interested in them. Overall, the current participants were very pleased with the Team and their interactions with them.

All but one of the current participants agreed that the communication of information between the Team and the treatment counselors does not prevent them from sharing personal information, nor does it impact their progress in treatment. A few of the participants suggested that team members should communicate more frequently with one another. Regarding team meeting discussions, three participants thought that the Team should summon each participant into the meeting when his or her case is being discussed. One participant did not think participants should be reprimanded for sharing information with only one team member, and not another; for example, reporting information to the Case Coordinator but not the Probation Officer. This participant reported that it is the responsibility of these team members to communicate the information with each other.

Graduates reported that the team members were very helpful and they “worked well with participants.” One graduate commented, “I think that they went beyond their means to really help out their clients and went out of their way to make sure that we were all very well taken care of.” Two graduates identified the Probation Officer, Case Coordinator as the most helpful team members. Other team members commended by one graduate included the Program Coordinator, Program Director, Judge, and treatment counselors. One graduate identified the staff turnover rate as a difficult aspect of the interactions between participants and team members.

Conclusions and Recommendations Regarding Team Functioning

The GCADTC Team is comprised of dedicated individuals who are supportive of one another and are committed to the participants that they serve. Team members reported that they have good working relationships that are characterized by mutual respect. They also indicated that needed information is generally communicated within a timely manner. Considering that many team members work for collaborating agencies and have little time dedicated to fulfilling their role in the drug court, this is an important attribute that facilitates the functioning of the Team as a cohesive unit. Some participants suggested that team members should communicate more frequently with each other, and that participants should be involved in team meeting discussions regarding their cases. The Team might respond to these concerns by reminding participants that they can enhance communication among team members by informing their Probation Officer, Case Coordinator and treatment counselors of their progress in the recovery process on a regular basis. Although participants are not directly involved in the team meeting discussions, their perspective is relayed to the Team during team meetings and taken into consideration in the decision-making process.

In spite of occasional feelings of frustration with some participants, team members reported that they maintain a positive attitude towards participants. They described their relationships with participants as professional, empathetic, and supportive. Almost all of the participants reported that team members treated them with respect and appeared to be genuinely concerned about them. Current and former participants described team members as helpful, dedicated, and professional. Although a few participants had complaints about particular individuals, these team members were also identified by other participants as being the most helpful team

members. Overall, it appears that team members interact with participants in a professional manner and maintain appropriate boundaries. At the same time, team members form helping relationships with the participants and convey to them a sense of support and concern for their well being.

Description of Current Program

Program Overview

The GCADTC is a judicially supervised, post-plea, drug court program designed to address the substance abuse problems of non-violent adult offenders with Class H and Class I felonies. The program is a multi-agency organization which consists of the presiding Judge, Public Defender, Assistant District Attorney, Case Coordinator, Program Director, Program Coordinator, Treatment provider Liaison, and a Probation/Parole officer.

The GCADTC program is a nine to eighteen-month program that consists of three phases. The substance abuse treatment includes weekly group therapy sessions; weekly twelve-step meetings such as AA/NA meetings; weekly meetings with the Case Coordinator; bi-weekly court appearances; intensive, regular monitoring by probation officers; and weekly drug testing, including random tests. Progress in fulfilling program requirements is monitored by the Case Coordinator, whose goal is to help the participants stay on track and successfully fulfill all requirements. The Case Coordinator assists with referrals to other agencies for ancillary services such as vocational and educational training, housing, and employment services. Participants who successfully complete the program are rewarded by having their initial charges dismissed by the State of North Carolina.

Referral/Admission/Intake

According to the GCADTC Policy Manual and team member reports, referrals to the GCADTC Program can be made by pretrial services, Probation Officers, Private Attorneys, Assistant District Attorney's, and Judges. The approval of the Assistant District Attorney (ADA) is required for all referrals made to the program. If the ADA's determine that a defendant meets the GCADTC Eligibility Criteria, the candidate is officially referred to the DTC program and notification is sent to the defendant's attorney. Team members reported that the average length of time between the arrest date and the referral date usually ranges from one week to one month.

Following the referral, candidates are required to report to the GCADTC Office for an eligibility interview and assessment. At this appointment, the Case Coordinator performs a criminal background check and administers an assessment for chemical dependency using the Substance Abuse Subtle Screening Inventory (SASSI). Background and demographic information is also collected; it is later entered into the Eligibility Interview section of the Court's MIS system. In addition, the Case Coordinator reviews the program requirements with defendants and determines their willingness to participate in the GCADTC. Eligible candidates are those who meet the program's other eligibility criteria and test positive on the SASSI test. If they are willing to participate in the program, the Case Coordinator requests that they attend the next court session for official admission to the GCADTC program. Candidates who are deemed unwilling or ineligible are referred back to the District Attorney's office to be placed on the regular calendar. The Case Coordinator informs the DA's office and/or other referral sources of the eligibility results for each candidate.

According to team members, the length of time between referral and eligibility assessment ranges from a few days to two weeks. The longer estimate refers to cases in which the Case Coordinator is unable to contact the candidate, and thus conducts the eligibility assessment at the next court date. Alternatively, MIS data analysis results indicate that the average number of days from referral to eligibility assessment (for all current and former participants) is 29 days. Team members commented that the length of time between referral and eligibility has dramatically decreased in the recent past. Once the eligibility assessment is completed, eligible candidates are requested to contact the treatment provider as soon as possible for the full clinical assessment. According to team members, candidates begin receiving services within one to three weeks after the eligibility interview takes place. The Case Coordinator follows-up on participants to confirm that they have contacted the treatment provider and have begun attending treatment sessions. Those who do not begin treatment immediately are reminded of this requirement on their first court date, and informed of the consequences for noncompliance.

On the first court date after the eligibility assessment, the GCADTC Team reviews the candidate's information during the pre-court staffing meeting. The Judge explains the program to candidates and their attorneys during their first court appearance, and confirms that the candidate has signed the Contract and Probation Agreement. The first two weeks of a candidate's participation in the program is considered the "opt out" period. During this time, the candidate can "opt out" of the program without penalty, and the GCADTC Team can "opt out" of accepting the candidate if they determine that he or she is inappropriate. The candidate is required to fulfill all DTC requirements during this period, including treatment, drug testing, and meetings with the Case Coordinator, Program Coordinator, and Probation Officer. The Program Coordinator provides the candidate with a copy of the Participant Handbook, reviews the rules and regulations of the program, and answers any questions that the candidate might have.

After the two-week period, the Team reviews the candidate's performance at the pre-court staffing meeting and makes the final decision regarding admission. If either the candidate or the Team "opt out," the case is referred back to the DA's office. On the other hand, if all parties agree, the candidate appears before the Judge at the second court appearance and enters a guilty plea to all outstanding charges. The Judge accepts the plea and the candidate becomes an official GCADTC participant. As observed by iRT staff members, the Judge officially welcomes new participants at the court hearing and ensures that they understand the extent of their participation. According to team members, the average length of time between the eligibility assessment and program admission is two weeks to one month. This is consistent with findings from the MIS data analyses, which indicate that the average length of time between these two time periods is 22 days. Considering that there is a two-week "opt out" period prior to admission, this means that new candidates usually make their first court appearance within a week of the eligibility assessment.

A few team members reported that the District Attorney's office was initially unsupportive of the program and many individuals from this office held a negative attitude about the drug court program. Team members reported that this was part of the reason for the low referral rates when the program first began. GCADTC administrators communicated with the DA's office and educated them about the Court's mission, accomplishments, and purpose. According to team member reports, the members of the DA's office have become invested in the GCADTC program over time, and this has resulted in an increase in referrals. In fact, according to MIS data analysis on the primary referral source for GCADTC participants, referrals from the DA's office accounted for 67% of former participants and 96% of current participants. An AOC

informant reported that some of the Court's main challenges are to maintain an adequate level of referrals, target the appropriate population, and continue to increase enrollment.

Conclusions and Recommendations Regarding Referral, Admission and Intake

The program's procedures are in line with the Bureau of Justice Assistance (BJA) guidelines recommended in the Drug Court Key Components. As reported by team members, the Case Coordinator, Program Coordinator, and the Judge inform eligible candidates of the program requirements and review the court materials with them to advise them of what their participation will involve. The program also includes a unique "opt out" period that provides the candidate and the Team with two weeks to determine whether the program is appropriate for the individual. Team members reported that participants are referred to the treatment provider immediately following the eligibility assessment, and they typically begin receiving services prior to program admission.

The GCADTC referral and enrollment procedure, as described in court materials and by team members, is geared towards facilitating a quick response to referrals. Team members report that it is sometimes difficult to make initial contact with referred candidates, which is why the average length of time between referral and the eligibility assessment is about one month. Once the eligibility interview is conducted, however, candidates are immediately referred to the treatment provider for a clinical assessment, and they begin the "opt out" period on the next scheduled court date.

Capacity and Program Enrollment

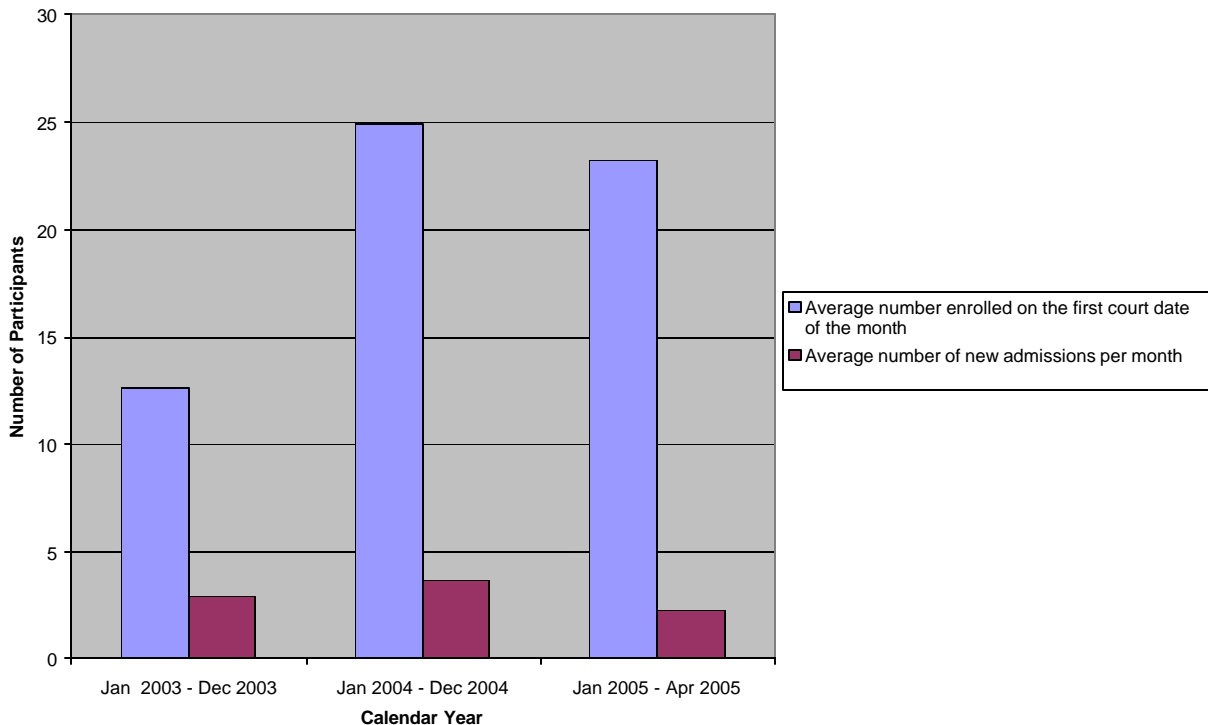
Data on program capacity and enrollment were collected from the NC Adult MIS database. Administrators of the GCADTC reported that program capacity is 30 participants per case manager. The program targets nonviolent offenders with Class H or Class I felonies, who have been identified as having a substance abuse problem. Since the program began in 2002, it reached its full capacity for the first time in January of 2005. At the time that this report was written (May, 2005), there were 28 active participants enrolled in the program, so the court was operating at 93% of their target capacity level. For the purposes of this report, monthly enrollment was defined as the number of participants who were expected to make a court appearance on the first GCADTC court date of each month. Data on participant admission dates were used to determine the number of new admissions each month.

Within its first full calendar year of January 2003 to December 2003, the Guilford County ADTC program admitted an average of three participants per month and served a total of 35 participants. During the CY 2004, the program admitted an average of four new participants per month and served a total of 62 participants. In the first four months of 2005, the GCADTC had already served 38 participants, exceeding the total number served in the court's first year of existence. The GCADTC Policy Manual states that the program initially estimated that they would serve 40 to 60 participants during the first year, 60 to 80 participants during the second year, and 80 to 110 participants during the third year. Program administrators reported that, while these were the terms stated in the BJA grant proposal, they were required to increase these estimates as a condition of BJA's approval of the grant. According to the new estimates, the program projected that they would serve 100-200 participants during the second year, and 110 to 130 participants during the third year. Therefore, in CY 2003, and CY 2004, the number of participants served was below the range projected for the court's first and second years in operation. The court would need to admit an average of nine participants per month for the

remaining eight months of CY 2005 in order to reach their projected range for the third year of operation. It is recommended that the Team consider updating the Policy Manual to reflect the reported change in the projections of the number of participants served each year.

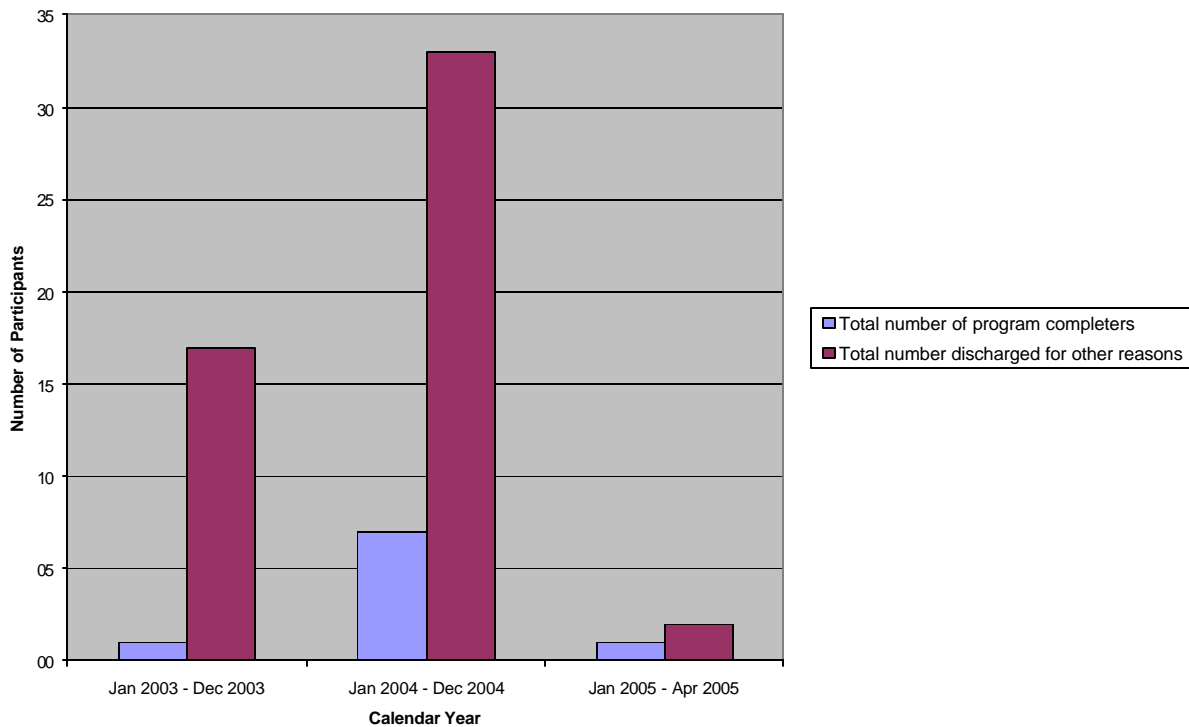
Figure 1, below, shows the average number of participants enrolled on the first court day of each month, and the average number of newly admitted participants per month during the period in which data were available. Data were available for CY 2003, CY 2004, and the first four months in CY 2005. Yearly averages for the number of participants enrolled in the program on the first court date of each month ranged from thirteen to twenty-five participants. On average, three to four participants were admitted to the program each month. Taking into account that the data was incomplete for CY 2005, it appears that program enrollment has continued to increase each year since the beginning of the program.

Figure 1. Average Monthly Enrollment in the Guilford County Adult Drug Treatment Court Program



The number of participants who successfully completed the program or were discharged for other reasons can be observed in Figure 2. MIS Data regarding discharge information was also available for CY 2003, CY 2004, and the first four months of CY 2005. One participant successfully completed the program in CY 2003, seven participants completed the program in CY 2004, and one participant had successfully completed the program within the first four months of CY 2005. The number of participants discharged for reasons other than program completion was highest in CY 2004, totaling 33 participants. Termination from the program can occur for several different reasons, which are discussed elsewhere in this report.

Figure 2. Number of GCADTC Participants who Successfully Completed or were Discharged from the Program for Other Reasons



Eligibility Criteria

The GCADTC serves non-violent offenders (adults) with Class H and Class I felonies. The eligibility criteria and exclusionary criteria, as documented in the GCADTC Policy Manual, are replicated below.

To be accepted into the program, the offender:

1. Must be actually addicted to a substance;
2. Must be willing to recover;
3. Must either enter the program voluntarily while acknowledging chemical dependency or a history of substance abuse and must be willing to actively participate within the DTC guidelines;
4. Must be a resident of Guilford County;
5. Cannot be charged with or convicted of drug trafficking or a violent felony;
6. Cannot be charged with or convicted of an offense for which an active sentence is required by law;
7. Cannot be presently charged with a firearm offense;
8. Should not have substantial mental health problems that would prohibit participation in the DTC

The GCADTC Policy Manual states that offenders with the following characteristics would not qualify for the program unless they are specifically approved by the ADA:

1. Habitual offenders with three or more prior qualifying felony convictions; or
2. Habitual offenders charged with possession of more than 3.5 grams of crack or powder cocaine.

According to the AOC Manual, eligibility criteria to participate in an adult drug treatment court treatment court are as follows:

- (1) Be either
 - a. diagnosed as chemically dependent under the Substance Abuse Subtle Screening Inventory, or
 - b. diagnosed as borderline chemically dependent under that Inventory and present documented collateral indicia of chemical dependency;
- (2) Be eligible for community or intermediate punishment for all pending offenses; and
- (3) Meet all other reasonable eligibility requirements established by the local program.

All team members interviewed reported that the program targets moderate to high risk offenders. Three team members mentioned that the program has previously accepted a few adults who were first time offenders, because they appeared to be a good fit for the program and they met all of the eligibility criteria. Most of the team members indicated that the eligibility criteria were appropriate, but one suggested a change in the existing criteria. This individual thought that the program should accept more candidates with domestic violence issues, including offenders with an assault charge related to domestic violence.

Conclusions and Recommendations Regarding the Eligibility Criteria

Overall, the GCADTC eligibility requirements are clear and comprehensive and they describe the court's target population. Although the program targets moderate to high risk offenders, the eligibility criteria allow the court to exclude violent offenders who might pose a threat to community safety. A slight difference was observed in the language used in the Participant Handbook and the Policy Manual regarding the seventh criteria. The Policy Manual states that a participant "cannot be presently charged with a firearm offense," while the Participant Handbook states that a participant "cannot be in possession of a firearm at the time of arrest." The Team might consider choosing one of these phrases and using it in all court documents that describe the eligibility criteria, in order to maintain consistency.

There are some changes that could be made to the GCADTC eligibility criteria to make them more similar to the AOC guidelines for adult DTC's. Although the GCADTC criteria indicate that eligible offenders must acknowledge chemical dependency or a history of substance abuse, they do not clearly define how the court determines whether a candidate has a substance abuse problem or diagnosis. Team members reported that, in practice, eligibility for the program is based on the results of the Substance Abuse Subtle Screening Inventory (SASSI), as stipulated in the AOC guidelines. A revision of the GCADTC eligibility criteria to specify the use of the SASSI would align the criteria with the AOC guidelines and clarify the Court's definition of chemical dependency.

The GCADTC eligibility criteria state that an offender cannot be charged with or convicted of an offense that requires active sentencing, but they do not identify the punishment types accepted by the court. Currently, the program has 13 Non Judgment cases, 4 Community Punishment offenders, 3 Intermediate Punishment offenders, 2 DWI offenders, and 6 offenders whose punishment type is not listed in the Department of Corrections database. Although AOC guidelines stipulate that offenders should be eligible for Community Punishment or Intermediate

Punishment, state officials currently recommend that the GCADTC focus on targeting offenders with intermediate sentences. Since drug court participants with intermediate punishment types receive priority for state-funded treatment services, this would allow the court to access an additional source of revenue for sustaining the program.

One team member suggested that the court should accept more offenders with domestic violence issues, including those with assault charges related to domestic violence. The GCADTC Team could discuss whether or not this would match with the overall goals of the program, and determine how they would continue to ensure the safety of the community, and provide specialized services for this population if they decided to implement this suggestion.

Drug Court Contract

Once an individual is referred to the GCADTC Program, he or she reviews the Drug Treatment Court Contract with both the Defense Attorney and the Case Coordinator, and then signs it prior to program admission. The Judge verifies this during the first court session by asking participants whether they have reviewed the Contract, and whether they understand and agree to all the terms stated in the document. The current contract describes some of the general goals of the program, explains what GCADTC participation involves, and stipulates some of the consequences related to certain behaviors. To retain the unique language of the document, the Contract is included below followed by an analysis.

Guilford County Drug Treatment Court Eighteenth Judicial District Drug Treatment Court Agreement

This agreement between the defendant, _____, and the State of North Carolina is entered into on the ____ day of _____, _____ on the part of the defendant voluntarily, without coercion and of the defendant's own free will. In exchange for the defendant's plea of guilty to the charges of _____ the State of North Carolina will agree to the admission of he defendant into the Guilford County Drug Treatment Court Program. Upon such an admission the defendant agrees to the following:

1. The defendant shall abide by the terms and conditions of the Drug treatment Court Program as herein stated:
 - a. The defendant shall attend the recommended treatment, keep regular appointments and have regular drug and alcohol testing.
 - b. The defendant shall not use or possess any alcohol or illegal drugs.
 - c. The defendant shall submit to the additional treatment, appointments or testing as ordered by the Court or the case manager.
 - d. The defendant shall report to the court every other Thursday for progress reports. The defendant shall attend the entire courts session, unless otherwise excused by the Court. The program will last a minimum of nine months and a maximum of eighteen months unless extended by the Drug treatment Court team. All defendants shall be on supervised probation for no less than one year.
 - e. The defendant shall pay \$500, payable monthly, unless reduced or waived by Court.

- f. The defendant shall attend other educational or testing programs as recommended by the case manager or as ordered by the Court, including but not limited to: GED, job training, psychological counseling, anger management, and medical treatment.
- g. The defendant shall comply with any orders of the Court.
- h. If the defendant is not employed full time the defendant shall actively seek full time employment or be enrolled as a full time student in school unless excused by the court.
- i. The defendant shall keep the Court, program staff, his/her probation officer, treatment provider and all other relevant personnel informed of current address and telephone or other contact information at all times. The defendant shall report any changes of address and telephone information within three business days by phone or in person and delivered in writing within 10 business days.
- j. The defendant shall be ordered to submit to warrantless searches of his/her person, premises, or vehicles by his/her supervising probation officer or any Law Enforcement Officer.
- k. The defendant shall not own or possess a firearm while participating in the Drug Court Program.
- l. The defendant is responsible for restitution in the amount of ___, as ordered by the court, and is to be paid under the direction of the probation officer.
- m. The defendant understands that if he/she is terminated from the program and sentenced, that he/she is not entitled to any sentence credit except actual time spent in custody. The defendant understands that any questions concerning sentencing should be discussed with his/her attorney before entering the program.
- n. The defendant understands that the charges will not be dismissed if he/she is removed from the program, but instead will be sentenced pursuant to the guilty plea the defendant entered at the time the defendant entered the program.
- o. The defendant is a resident of Guilford County, North Carolina.
- p. The defendant enters into the program voluntarily while acknowledging chemical dependency or a history of substance abuse.
- q. The defendant understands that the first two weeks in the program are considered to be an “opt-out” period prior to acceptance of the transcribed plea. This allows the defendant to “opt-out” of the program without consequences. Also the Drug Treatment Court program may “opt-out” of accepting the defendant if it is deemed that he/she is inappropriate for the program.
- r. The defendant understands that he/she will be terminated from the program if:
 - 1. The defendant is charged with a new violent misdemeanor or felony or is convicted of a nonviolent felony charge. According to the federal statute, an offense is considered violent if during the course of the offense or conduct:
 - a. The person carried, possessed, or used a firearm or dangerous weapon;
 - b. There occurred the death of, or serious bodily injury to any person; or
 - c. There occurred the use of force against the person of another, without regard to whether any circumstances described above is an element of the offense or conduct of which or for which the person is charged or convicted;
 - 2. The defendant does not complete the Drug treatment Court program within 18 months and the DTC team does not grant and extension;
 - 3. The defendant receives a second or subsequent DWI charge;
 - 4. The defendant goes Absent With Out Leave (AWOL) for 30 days;
 - 5. The defendant voluntarily withdraws.
- s. The defendant enters into this agreement voluntarily and of his/he own free will, understanding the terms and conditions of the program, and the consequences of

entering a plea of guilty to the above charges, thereby giving up his/her right to trial by jury.

- t. The defendant acknowledges that he/she has reviewed the client handbook and accepts and understands the requirements, expectations and possible sanctions of the Drug Treatment Court Program.
2. If the defendant successfully completes the program, including the payment of any restitution due and any other special conditions, the Office of the District Attorney will dismiss the charges against the defendant (by “deferred dismissal”).
3. Regular reports of the defendant’s progress may be provided to the Court, the District Attorney’s Office, the defendant’s attorney, the case manager and treatment providers, and law enforcement officers.
4. The defendant agrees further to participate in treatment at the levels indicated below:

- a. **Level I (Bronze)**

Level I begins the same day as the defendant is accepted into the program. The defendant must remain at this level for at least 90 days and have met minimum requirements for 60 days before being considered for promotion. Defendants who have returned to this level must meet minimum requirements for a period of 60 days before being considered for promotion. Defendant may be promoted to a less intensive level only with approval of the entire Drug Court Treatment Team. The minimum requirements for promotion are:

- Treatment Compliance (punctual, active participation, completion of assignments, and no unexcused absences);
- No missed drug urinalysis (missed tests will be considered positive unless excused by staff);
- Negative drug urinalysis;
- Drug Treatment Court session compliance (punctual, appropriate attire, remains entire session, no unexcused);
- Money paid toward Drug Treatment Court Program fee;
- Attend three AA/NA or other community support groups per week (verification required);
- Attend weekly case manager meeting unless excused by case manager;
- Comply with probation officer’s supervision schedule unless excused by officer;
- Contact with the Drug Treatment Court case manager and the probation officer will include meetings/ contacts up to five times a week;
- Demonstrate honest communication with Drug Treatment Court Staff;

- b. **Level II (Silver)**

Level II is an intermediate tier that recognizes great progress. Defendants must remain in this level for at least 90 days and have met minimum requirements for 60 days before being considered for promotion. Minimum requirements for promotion are the same as for Level I.

- c. **Level III (Gold)**

Level III is the highest achievement level. A Gold Level defendant is recognized first in the court session and allowed to leave after their appearance before the judge. The Gold Level defendant earns a vacation day from court appearance upon their promotion (vacation days may be used at any time after the second court appearance with prior notification). An additional vacation day from court appearance is earned for each successful three-month period until graduation. The Gold Level defendant also earns a review of their curfew for possible reduction or removal. Defendants must be at this

level for 90 days and meet the minimum requirements for 60 days before being considered for graduation.

d. Graduation

In order to graduate from the DTC Program the defendant must meet each of the following criteria: 1) Be clean and sober 90 days prior to graduation; 2) Spend a minimum of 90 days at each level; 3) Pay all court costs and treatment fees (unless waived by the DTC team); 4) Be employed full time and/or be enrolled as a full time student in school, or working part-time and enrolled part-time in school; 5) Maintain a sponsor throughout the program; and 6) Complete any balance of the minimum 12-month probationary period. Upon graduation, an aftercare plan will be developed, approved and signed by the defendant. The defendant will be encouraged to join other DTC graduates to give guidance to new drug court clients and may serve as a sponsor to DTC defendants. Additionally, DTC graduates may be part of the speaker's bureau to explain DTC to the community and other interested parties.

5. The defendant agrees that for failures to comply with the program, or failure to attend the court sessions, the Court has the discretion to apply various sanctions. These sanctions include, but are not limited to:
 - a. Community service-a maximum of 10 hours in a 14 day period, as directed by the case manager, probation officer, or as ordered by the court. The community service fee is to be waived.
 - b. Extension of treatment or more treatment sessions, AA/NA meetings or case manager meetings.
 - c. More restrictive supervision or curfew.
 - d. Days, nights, or weekends in jail (time will be appropriate to the non-compliance).
 - e. Inpatient treatment, DART/Cherry, or some locked treatment facility.
 - f. Financial penalty (amount will be appropriate to the non-compliance and ability to pay).
 - g. Removal from the program.
 - h. Other sanctions as may appear appropriate to the court.
6. The defendant is not entitled to a separate hearing for the application of sanctions.
7. Additional criminal charges are failures to comply such that the above sanctions apply. Contemptuous conduct in a Drug Court session is also a failure to comply such that the above sanctions apply. Contemptuous conduct includes lying to the Court or to representatives of the Court involved with the program.

Defendant _____

Date _____

The undersigned judge presiding, attorney for the defendant, and assistant district attorney, hereby approve the above agreement between the Guilford County Drug Treatment Court and the defendant.

This is the _____ day of _____, 2005.

Attorney for the Defendant _____

District Court Judge _____

Assistant District Attorney _____

Conclusions and Recommendations Regarding the Contract

The GCADTC Contract clearly describes the requirements that program participants must adhere to, as well as the legal components of the agreement made between the participant and the State of North Carolina. Candidates are informed of the benefits of participating in the program, which include possible dismissal of all charges. On the other hand, the Contract comprehensively describes the consequences for noncompliance and the termination criteria. In addition, the Contract indicates that the participant understands and agrees to comply with program requirements, and authorizes the release of participant information. Before they sign the Contract, candidates are made aware of the program's phase system and the "opt-out" period preceding official admittance to the program. Overall, the Contract adequately introduces participants to the program by describing the extent of their participation and the rights that they must relinquish in order to participate in the GCADTC.

Drug Court Phase System

The GCADTC uses a phase system in which more structure, supervision, and more intensive treatment are provided early in the program and lessened as the participant progresses through the phases. The program consists of three phases, which are described in detail in the Participant Handbook. These phases require participants to fulfill requirements such as intensive outpatient treatment, weekly case management meetings, Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meeting attendance, and weekly drug tests. The specific requirements for each phase are summarized below, and the Phase Grid included in the GCADTC Policy Manual is replicated in Table 21.

As described in the GCADTC Contract, the entire program is expected to last a minimum of nine months and a maximum of eighteen months, unless extended by the GCADTC Team. In addition, all participants are required to be on supervised probation for a minimum of 12 months. Most of the team members reported that, in reality, participants usually complete the program within 12 to 18 months and some extend their time to two years. Seven team members reported that this program length is adequate, and one team member suggested that the ideal program length would be two years.

The GCADTC program allows an "opt-out" period before official admission to the program. During this two-week period of time, participants can decide not to participate in the program without facing any consequences. The Team also uses this opportunity to evaluate participants to ensure that they are appropriate for the program. If the candidate is determined to be inappropriate for the program, the Team may "opt-out" of accepting the candidate during this period. Opt-out candidates are required to fulfill all Phase One requirements during this period.

As stated in the GCADTC Participant Handbook, the minimum requirements for all phase promotions are as follows:

- Treatment compliance;
- No missed drug tests;
- Negative drug tests;
- DTC session compliance;
- No curfew violations;
- Money paid towards DTC fee;
- Attendance of at three AA/NA meetings per week;

- Attendance at weekly case management meetings;
- Compliance with Probation Officer's schedule;
- Demonstrate honest communication.

Phase One (Bronze) is the entry or rebuilding phase, which is primarily concerned with orienting participants to the program and introducing them to the beginning phase of treatment and case management. Participants are expected to spend a minimum of 90 days in Phase One. Participants in this phase must meet with their case manager three times a week, attend a minimum of three AA/NA meetings per week, acquire a temporary sponsor, submit to drug testing four times per week (one random), attend meetings with the Probation Officer, attend treatment regularly, and attend court every two weeks. Any participant who receives a sanction during the Phase One period must remain "sanction free" for 60 days, and meet all the other minimum requirements for promotion in order to move to Phase Two. Participants who are demoted back to Phase One must remain at this level for a minimum of 60 days before promotion can be considered.

Phase Two (Silver) is an intermediate phase that recognizes great progress, and is primarily concerned with teaching participants how to maintain recovery and sobriety. During this time, the Team also helps participants to work on other issues that support their recovery, including housing, education, acquiring and maintain employment. Participants are expected to remain in Phase Two for a minimum of 90 days. Participants in this phase must meet with their case manager two times per week, attend a minimum of three AA/NA meetings per week, acquire a permanent sponsor, submit to drug testing three times per week (one random), attend meetings with the Probation Officer, attend treatment regularly and attend court every two weeks. Any participant who receives a sanction during Phase Two must remain "sanction free" for 60 days, and meet all the other minimum requirements for promotion in order to move to Phase Three. Participants who are demoted back to Phase Two must remain at this level for a minimum of 60 days before promotion can be considered.

Phase Three (Gold) is the highest achievement level, and is primarily concerned with teaching participants coping and relapse prevention techniques. It is aimed at helping participants to deal with day to day issues in their lives while in the GCADTC program, and to maintain this progress after they graduate. During each court session, Phase Three participants are recognized in court for their achievement at the beginning of the session, and allowed to leave once they have appeared before the Judge. Phase Three participants earn a vacation day from appearing to court upon promotion, and an additional vacation day is earned for each successful three month period until graduation. Participants may use these vacation days at anytime with prior notification. Phase Three participants can also be considered for a possible reduction or removal of their curfew. Participants in this phase must meet with their case manager once per week, attend a minimum of three AA/NA meetings per week, acquire a permanent sponsor, submit to drug testing two times per week (one random), and attend court every two weeks (unless using a vacation day). Participants must remain in this phase for a minimum of 90 days.

Probationary Period: Participants who complete all three phases in less than one year are still required to complete the mandatory 12 month supervised probation requirement. These participants enter the Probationary Period, which allows them to complete the probation requirement prior to graduation. During the Probationary Period, participants are required to fulfill the following requirements: attend DTC court sessions, attend a minimum of three AA/NA meetings a week, attend the treatment aftercare program, meet with the probation officer on

weeks when court is not in session, call the probation officer every Monday, Wednesday, and Friday, and submit to random drug testing.

Table 21. Program Phases for the Guilford County Adult Drug Treatment Court

	Phase I (Bronze)	Phase II (Silver)	Phase III (Gold)
Treatment	As required by treatment provider	As required by treatment provider	As required by treatment provider
Case Management	3 meetings per week	2 meetings per week	1 meeting per week
AA/NA Meetings	Minimum of 3 meetings per week	Minimum of 3 meetings per week	Minimum of 3 meetings per week
Court	1 session/ 2 weeks	1 session/ 2 weeks	1 session/ 2 weeks
Probation Contact	As required	As required	As required
Drug Tests	3/week + random	2/week + random	1/week + random
Sanction Free Time	60 consecutive days	60 consecutive days	60 consecutive days
Sponsor	Temporary	Permanent	Permanent
Goals	Working on continuously	Working on continuously	Working on continuously

Team members who commented about the phase system reported that it is implemented in accordance with the stages and criteria stipulated in court documents. One team member mentioned that participants sometimes think they should be able to move to the next phase after completing the number of recommended days, without taking into consideration the fact that phase movement is also based on compliance with various requirements.

Conclusions and Recommendations Regarding the Phase System

The phase system provides clear procedures regarding the frequency of meetings with the Case Coordinator, the number of phases in the program, the length of each phase and the criteria for progressing from one phase to the next. This is consistent with the AOC guidelines presented in the Best Practices for Model Drug Treatment Courts. The requirements for phase promotion indicate that participants must be in full compliance with all program components in order to move from one phase to the next. As participants demonstrate the ability to fulfill program requirements, the number of requirements decreases as they are promoted to the next phase. Team members report that the phase system is implemented as it is described in the Participant Handbook, and information regarding phase status is recorded accordingly.

Sanctions

The GCADTC Team uses sanctions to provide structure and to provide consequences for noncompliance with GCADTC regulations and requirements. The Participant Handbook states that sanctions and incentives are used to “teach and allow for learning responsibility, goal setting

and success in achieving your goals.” The Sanctions Grid, used by the Team to determine sanctions, is replicated below in Table 22. In an observation of a GCADTC court session, iRT researchers noted that the Judge explained the use of sanctions to new participants before they were officially enrolled in the program.

The Team decides on the appropriate sanctions for participants during the bi-weekly pre-court team meetings. They discuss each case, review the participant’s history of noncompliance, and make a decision based on the Sanctions Grid. As stated in court materials, the Team reserves the right to take individual factors into account when determining sanctions. Based on observations of Team meetings, team members consider factors such as the participant’s employment schedule and child care responsibilities, when setting the stipulations for sanctions. For example, some participants were given the flexibility to serve their jail time on their days off from work. All sanctions are imposed by the Judge during the court hearing immediately following the Team meeting. Since court is held every two weeks, there may be a two-week delay between the time of the infraction and the imposition of the sanction. The Case Coordinator maintains records of the type of sanction given and the type of infraction for each participant. This information is entered into the MIS database.

Sanctions used by the Team include extra meetings with the Case Coordinator, extra AA/NA meetings, community service, financial penalties, more intensive treatment services, moving back to a previous phase, case review, increased drug testing, jail time, and termination. The sanctions range in severity based on the type of offense and the number of times the participant has previously committed this offense.

Table 22. Sanctions Grid for the Guilford County Adult Drug Treatment Court

This Sanctions Grid is to be used as a guideline. The DTC team has the discretion to deviate from the grid if it is in the best interest of the client. Treatment is not considered a sanction but may be court ordered if needed.

Positive Drug Screens	Increase case management sessions	Increase outpatient intensity	Referral to Day Treatment	Financial Penalty	Up to 24 hours in jail
Continued (After above have been imposed)	Increase NA/AA requirement	Referral to Inpatient Treatment	Restart Outpatient Treatment	Financial penalty	24 hours or more in jail
Positive Drug Screen (after significant clean time)	Meet with treatment counselor to revise treatment plan to address relapse	Meet with case manager to review program goals	Move back to previous phase	Financial Penalty	24 hours or more in jail
Drug Screen Testing Deception	48-72 hours in jail	Jail + Financial Penalty	Jail + Financial Penalty + Increased testing + Other (journaling, etc.)		
Positive Drug Screen 3 months prior to graduation	Meet with treatment counselor to revise treatment plan to address relapse	Meet with case manager to review program goals		Financial Penalty	Up to 24 hours in jail

Table 22. Sanctions Grid for the Guilford County Adult Drug Treatment Court (Cont.)

No verification of community support group attendance	Increased AA/NA attendance level	Increase supervision by case manager and/or probation officer			
Refusal to gain employment	Verification of job search	Progressive community service	Progressive community service or jail		
Curfew violations	More restrictive curfew			Financial Penalty	24-48 hours in jail
Noncompliance Treatment Participation Requirements (warming a chair)	Meet with case manager to review program goals			Financial Penalty	24-48 hours in jail
Continued noncompliance with program requirements	Referred to DTC team for staffing	24 hours or more in jail	Move back to previous phase	If discharged from program, referred to D.A.'s office for disposition	
Noncompliance with program requirements/FTA in Court	Order for Arrest issued	Case Staffed DTC team disposition	If discharged from program, referred to D.A.'s		

Team members reported that sanctions vary by person because the Team takes several factors into consideration, including the circumstances surrounding the offense, the number of occurrences, and the effectiveness of the sanction on the participant. Despite efforts to be flexible, the team also strives to follow the sanctions grid and to keep the sanctions consistent across participants and across behaviors. According to one team member, certain exceptions are made for participants with mental health problems who do not have the ability to comply with some of the sanctions. Also, the Team will sometimes delay a jail sentence on the condition that the participant fulfills certain requirements.

Most of the team members felt that sanctions are effective and commented that the participants “know there are consequences for their actions,” and the sanctions “help people to get back on track.” A few team members reported that sanctions are only effective “sometimes,” or the effectiveness depends on the responsiveness of the individual participant. According to two of the team members, the sanctions used by the court are not as harsh as they should be.

Team members suggested several changes or additions to the repertoire of sanctions that are currently utilized. One team member expressed the desire for the ability to impose some sanctions immediately, rather than having to wait until the next court date. Another team member suggested that a more helpful sanction for participants might be to require more personalized treatment. Two team members suggested that jail should be used more often as a sanction. Although the court currently uses electronic monitoring on a limited basis, one team member reported that it would be helpful if the court could obtain additional resources so that they could use this sanction more frequently. One team member was concerned about the use of additional AA/NA meetings as a sanction, stating that AA/NA groups may not be effective for every participant.

Current GCADTC participants reported that the sanctions used by the court were effective deterrents that helped to motivate compliance. However, the majority of current participants commented that sanctions are not distributed in a fair and consistent manner. They mentioned that participants sometimes receive different sanctions for the same offense. Some participants attributed this to leniency on the part of the Judge or favoritism on the part of the Team. Two participants stated that the sanctions were fair, and the reason they varied was because they were individualized. Several participants suggested that sanctions should be harsher at the beginning of the program. A few participants mentioned that the most effective sanctions included community services and individual meeting sessions with the Case Coordinator.

Graduates reported that the sanctions were fair, consistent, and effective. One graduate commented that the sanctions were appropriate in that they were not just punishments, but tools used by the Team to provide participants with more support in areas where it was needed.

Conclusions and Recommendations Regarding Sanctions

The GCADTC Team uses a variety of sanctions to enforce compliance with court regulations and requirements. Decisions regarding sanctions are made by the entire Team using a consensus-based procedure. This allows each team members to provide input into the discussion, ensuring that participants' rights are protected and community safety is upheld. In addition, it enables team members to ensure that sanctions are administered consistently across participants. Sanctions are determined based on the severity of the offense and the frequency of the occurrence. The Team uses the Sanctions Grid to make decisions about sanctions, but they also maintain discretionary flexibility to consider individual circumstances on a case-by-case basis. According to team members, some of the factors they consider are the circumstances surrounding the offense, the number of occurrences, and the effectiveness of the sanction on the participant. The Judge imposes sanctions during bi-weekly court sessions and emphasizes the importance of learning responsibility for one's actions.

A detailed description of the sanctions used by the court as consequences for various infractions is not included in the Policy Manual or the Participant Handbook. Adding a Sanctions Grid to the Policy Manual would make it a more comprehensive documentation of the court's policies and procedures. Providing a Sanctions Grid to participants might provide a better understanding of what to expect from the Team in response to different types of noncompliance.

The Team's efforts to consider individual circumstances in the delivery of sanctions might be related to reports made by most of the current participants, in which they indicated that sanctions are not administered in a fair and consistent manner. A possible resolution to this dilemma might be to adopt individualized behavioral contracts for each participant. These behavioral contracts would be tailored to the participant's needs and special circumstances, and they would allow the Team to use the most effective sanctions for each participant. They would also address team member comments about the appropriateness of some sanctions for all participants. By implementing individualized behavioral contracts and explaining their utility to participants, the Team could potentially alleviate participants' concerns about the lack of consistency in the application of sanctions.

Two team members suggested that sanctions should be harsher, and several current participants reported that sanctions should be harsher at the beginning of the program. A few team members also recommended increased use of jail as a sanction. These are topics that the Team could discuss at a Team retreat session. They could use this opportunity to re-evaluate the Sanctions

Grid, and perhaps seek further training on the use of sanctions and incentives with the population served by the Court.

Incentives

Compliant and positive participant behaviors or accomplishments are rewarded with incentives. The Team decides on the appropriate incentives for participants during the bi-weekly pre-court team meetings. Incentives are awarded by the Judge during court sessions for behaviors such as completing a program phase, graduation, or maintaining sobriety for a specified number of days. The ultimate incentive for participants is recovery from substance abuse, and having their records expunged. The Incentives Grid that is used by the Team to determine rewards is replicated below in Table 23. Since court is held every two weeks, there may be a two-week delay between the time of the accomplishment and the presentation of the reward. The Case Coordinator maintains records of the type of reward given and the type of accomplishment for each participant. This information is entered into the MIS database.

At each court session, participants who have been compliant during the previous two-week period are rewarded with applause from everyone in the court room, and praise from the Judge. Participants who complete a phase or accumulate 30 days, 60 days, 90 days, 180 days or 270 days of clean time, are rewarded with certificates and gift certificates. Phase Three participants also have the ability to earn a vacation day or “BYE,” which allows them to miss a required court session. Other incentives are awarded each court session using the fishbowl method; names of compliant participants are placed in a bowl, and the Judge draws three names at random. These participants are given a certificate or coupon for a local fast food or other restaurant. The fees that participants are required to pay to the court are collected and placed in a fund that the Team uses to purchase incentives and to assist participants with small financial needs. For example, on rare occasions the Team might decide to waive the court fees for a participant who has completed all other requirements for graduation and has insufficient funds to pay the remaining balance.

Table 23. Incentives Chart for the Guilford County Adult Drug Treatment Court

	Phase 1	Phase 2	Phase 3	Probation	
Phase Completion	Certificate & \$5 gift certificate	Certificate & \$10 gift certificate	Certificate & \$15 gift certificate	Graduation	
Clean Time	30 day certificate	60 day certificate	90 day certificate	180 day certificate	270 day certificate

Most team members agreed that the incentives are fair and are delivered consistently across participants and across behaviors. One team member mentioned that incentives are no longer delivered consistently, due to the turnover of staff in the Case Coordinator position. There was some disagreement regarding the effectiveness of incentives; the majority of team members indicated that the incentives are effective, while two team members were unsure about their effectiveness. Three team members reported that incentives should be used more often. Additional incentives mentioned by team members included donated materials, gift cards, and a mentoring system that would allow compliant participants to help others. According to one team member, the participants particularly value the praise that they receive from the Judge and Team. One team member also mentioned the need to provide graduates with better gifts and a more

elaborate graduation celebration. The team member suggested that the Court could enlist volunteers from the community to assist in fundraising and solicitation of donations.

About half of the current participants reported that the incentives were helpful in motivating them to do what was expected of them and to reach their personal goals. Others mentioned that their greatest motivation was the prospect of completing the program and having their charges dismissed. Some stated that they would like to receive more rewards that allow them to miss meetings, or get a later curfew. They mentioned that the current use of incentives is inadequate, and the most common incentive is the fishbowl, which is based solely on luck.

Two graduates reported that the rewards used by the Team were helpful and motivational. It was suggested that the Team might consider contacting more area businesses to solicit donations for use as rewards in the program. One graduate mentioned that the rewards were not helpful, particularly the gift certificates for restaurants that were located in areas where the graduate previously used drugs.

Conclusions and Recommendations Regarding Incentives

Research has shown that positive incentives are effective tools for reinforcement within the DTC population (Goldkamp, White & Robinson, 2002). The GCADTC program utilizes several types of incentives to reward positive behavior or accomplishments. Compliance with court regulations and requirements is recognized during bi-weekly court sessions with applause from the audience, and praise from the Judge. Certain accomplishments, such as phase completion or accumulation of clean time, are rewarded with certificates and gift certificates. The court also uses the “fishbowl” method to award various prizes to participants who are selected randomly. A detailed description of the incentives used by the court to recognize various accomplishments is not included in the Policy Manual or the Participant Handbook. Adding an Incentives Grid to the Policy Manual would make it a more comprehensive documentation of the court’s policies and procedures. Providing an Incentives Grid to participants might provide greater motivation by informing them of what to expect from the Team in recognition for achieving certain milestones or making progress in the program.

Team members reported that the incentives used by the court were fair, and all but one team member said they were delivered consistently across participants. According to one team member, the participants especially value the praise that they receive from the Judge and Team. Half of the current participants and two of the graduates reported that the incentives were helpful and motivational. Some current participants mentioned that the most motivational incentives are program completion and the dismissal of charges.

It is recommended that the Team discuss the option of expanding the incentives used by the court, perhaps during a Team retreat. Two team members were uncertain about the effectiveness of incentives, and half of the current participants did not think the incentives were helpful. Some team members and participants also indicated that there is a need for more incentives. One suggestion for increasing the effectiveness of the incentives used by the court is to match incentives to specific behaviors, so that they are more meaningful to participants. The Team could do this by first identifying additional positive behaviors or accomplishments that should be rewarded. Each of these behaviors could then be rewarded with a particular incentive. This could include newly developed incentives, or those currently used in the fishbowl. The Team might also consider increasing the use of rewards that enable participants to be excused from fulfilling some court requirements, other than requirements related to treatment. This includes

chances to miss court sessions (BYE), later curfews, and reduction or waiving of court fees. Other incentives suggested by team members or participants include donations from area business, gift cards, more elaborate graduation ceremonies, better gifts for graduates, and a mentoring system that would allow compliant participants to help others. One team member suggested that the Court could enlist volunteers from the community to assist in fundraising and to solicit donations for use as rewards.

Case Management and Judicial Supervision

The GCADTC provides supervision of participants to maintain compliance and to keep the participants engaged in the program between court sessions and throughout their recovery time. Supervision is accomplished primarily through drug testing, weekly supervision meetings with the Treatment Providers and Case Manager, and Probation Officer, and bi-weekly court status hearings.

Drug Testing

Urinalysis testing is the primary tool used by the court to monitor participants and ensure compliance. The frequency of tests depends on a participant's current phase in the program. There are three tests a week for Phase One participants, two tests a week for Phase Two participants, and one test a week for Phase Three participants. In addition to these regularly scheduled tests, Phase Two participants must submit to one random drug test each week. For Phase One and Phase Three participants, random tests are administered at the discretion of the Case Coordinator, Program Coordinator, or other team members. Phase Two and Phase Three participants are required to call the Case Coordinator everyday to determine whether they are required to appear to submit a random drug test. Similarly, participants who are in the Probationary Phase must call their Probation Officer everyday to determine the need for a random drug test.

Scheduled drug tests are administered by the Probation Officer, the Case Coordinator, or the Program Coordinator during regularly scheduled supervision meetings with participants. All drug tests are sent to the Department of Corrections lab for analysis. It was reported that results are typically received within 48 hours of submission. The Probation Officer relays the results to the Case Coordinator and other members of the team. For participants who are in the "opt out" period, stick tests are used instead of urinalysis tests; these tests are not sent to the lab for analysis. All drug tests are witnessed by a team member or other court staff member of the same gender as the participant.

Tests for alcohol use are administered by the Probation Officer based on suspicion use. According to team member reports, these tests were previously conducted using the Q.E.D Saliva Alcohol Test. However, due to the limited availability of these tests, the Probation Officer currently tests for alcohol by requesting a breathalyzer test through the sheriff's office.

Team members unanimously agreed that the drug tests and other current monitoring methods were effective. Two graduates reported that the drug tests were helpful in motivating them not to use alcohol or drugs. They mentioned that drug testing was a necessary component of the drug court program. One graduate disagreed, stating that the tests were not helpful, "because in an addict's mind you can get around that test."

The majority of current participants reported that the drug tests were helpful in motivating them to refrain from using alcohol and drugs. Concerns were raised, however, regarding the accuracy

and frequency of the tests. A few reported that some results were not accurate, and that team members should be educated on prescription medications and laboratory procedures that could cause false positives. During observations of Team meetings, team members also expressed concern about the accuracy of drug test results. Four participants complained that the tests were too frequent and suggested that Phase Two and Phase Three participants should be tested less often. One participant mentioned that it is frustrating when the testing site does not have a staff member of the same gender on site, making the process more time-consuming than necessary.

Case Management

Case management duties are performed by both the Case Coordinator and the Program Coordinator. Participants meet with the Case Coordinator or the Program Coordinator three times a week if they are in Phase One, two times a week for Phase Two, and once every week if they are in Phase Three. The Coordinators works with other professionals such as the ADA's, Public Defender, Probation Officer, and Treatment Counselor Liaison to guide and encourage the participants in their path to recovery. Upon enrollment into the program, an individual case plan is developed for each participant through collaboration between the GCADTC Case Coordinator or Program Coordinator, and the case manager at the treatment provider agency. This case plan covers issues such as housing, education, vocational training, legal issues, health, social issues, family issues, and any other needs identified. The Probation Officer meets with each participant at least once per week, and a Surveillance Officer makes unannounced visits to participants' homes to determine whether participants are in compliance with the conditions of probation and those of the DTC. Half of the current participants suggested that curfew should be changed to 9:00 p.m., to allow participants to attend activities with their children such as sports games.

The Case Coordinator and Program Coordinator monitor the status of each participant by documenting their progress in fulfilling court requirements. They also coordinate with other professionals involved with each participant and assists participants in accessing other service systems. During weekly meetings with participants, the Coordinators problem solve with participants regarding their completion of specific tasks or requirements. The Case Coordinator and Program Coordinator collect all relevant information regarding each participant and enters it into the Management Information System (MIS) for easier data management. This information is then reported to team members in summary format during pre-court team meetings.

About half of the team members reported that they use the MIS system to enter information, or to generate reports on participant progress in achieving various court requirements. Two team members mentioned that the court reports are useful to the Team in making decisions about participants. However, several team members expressed frustration with various aspects of the MIS. Three team members reported that the MIS is slow and inefficient, and one commented that it does not always record the information that is entered. Another team member mentioned that the MIS is redundant, in that it sometimes requires the same information to be entered in several different places. One team member suggested that the MIS should enable several people to enter data at the same time, and that it should generate a message to other team members telling them what type of information has been updated.

Some current participants reported that they are not always made aware of changes in the GCADTC program. A few participants suggested that the Participant Handbook should be updated to reflect recent changes, and it should be distributed to participants. Two graduates agreed that the relationship they formed with the Case Coordinator was one of the most helpful

aspects of the treatment court. One graduate said: “My Case Manager really went above and beyond to help me to get back on track on the goals I had before I started using.”

More than half of the team members interviewed reported that they believed the case management was the most helpful aspect of the program to the participants in helping them to achieve sobriety. Two team members mentioned that it is difficult to monitor participants’ AA/NA attendance because some participants forge the required signatures on the attendance slips. These team members suggested finding an alternative method to monitor participant AA/NA attendance; this included obtaining the resources necessary to establish court-operated AA/NA groups so that attendance could be monitored directly. Another team member expressed the need for an additional Surveillance Officer so that home visits could be conducted every night.

Judicial Supervision

The Team’s responses to participant compliance or noncompliance are enforced by the Judge during bi-weekly court sessions. The Judge uses the court session to provide a therapeutic environment in which appropriate behavior is encouraged and inappropriate behavior is discouraged and penalized through the use of sanctions.

Current participants spoke highly of the Judge, stating that their interactions with the Judge motivated them not to use substances. They reported that the Judge was appropriately harsh when they were noncompliant, and she recognized them when they were doing well. They also mentioned that she considered their individual circumstances and backgrounds when reviewing each case. One participant stated, “she’s sensitive to understanding life events...she’s concerned about everyone.”

Graduates also agreed that the Judge’s monitoring in bi-weekly court sessions was helpful in motivating them to refrain from use of substances. One graduate said of the Judge, “She was a very valuable part of the program. She has taken a step to do some education herself on drug rehabilitation and addiction and alcoholism.” Another graduate reported having a “working relationship” with the previous GCADTC presiding Judge. This graduate completed the GCADTC program before having sufficient time to form a relationship with the new Judge.

Several current participants and one team member reported that the most helpful aspects of the GCADTC program were the structure and accountability provided through the program requirements, and enforcement of compliance. One graduate and one team member also identified the regularity of the court appearances as the most helpful program component. A few participants thought that the Team should make more efforts to start court on time, since participants are usually reprimanded for coming late to court.

Description of Court Session

Bi-weekly court sessions provide an essential vehicle for participant monitoring. Trained IRT observed the court proceedings to assess the courtroom atmosphere, the role of the Drug Court Judge, the quality of the interactions between the Judge and the participants, and the overall manner in which the judicial model of the drug court is executed in the GCADTC. IRT staff coded their observations using the Court Observation Form. Both staff members were in complete agreement regarding the following observations.

For the current process evaluation, two court sessions were observed. The first order of business during the observed court sessions was announcements. These announcements included an explanation of the repercussions of tardiness to required meetings, the meaning of “non-compliance,” and the status of absent participants. The participants all sat together during the court session. Time spent reviewing each case ranged from one minute to over eight minutes, but averaged approximately three minutes. The court room was quiet with very little background noise; at no time was the noise distracting or disruptive to the proceedings.

During the court proceeding, the ADA called each participant to appear before the Judge for a review of his or her performance during the previous two weeks. When called before the Judge, participants stood a few feet in front of the bench and were given the opportunity to speak on their own behalf, and to address their peers or pass along words of encouragement or helpful suggestions. Eye contact was generally sustained between the Judge and each participant during case review. Physical interaction between the Judge and participants during the court session was limited to handshakes with graduating participants. The Judge was appropriately harsh with noncompliant participants, enforcing sanctions despite participants’ comments or pleas for leniency. In each case, the Judge prescribed the recommended sanctions, explaining why the sanction was being issued, and the objectives that the Team hoped the sanction would accomplish. Alternatively, the Judge was very encouraging and supportive of participants who were compliant in fulfilling the GCADTC requirements. The Judge frequently addressed the galley and used examples from each participant’s case as teaching moments. Substance abuse treatment information was discussed only in relation to participant noncompliance with treatment or drug tests, while mental health issues were never discussed.

The GCADTC Team was present for the entire duration of the court session. Team members did not communicate with each other during these proceedings, except to discuss an issue relevant to the case under review, or to determine a response to a question posed by the Judge. The cases were presented in the same order in which they were discussed by the Team during the pre-court meeting. The ADA first called participants in the Probationary phase, followed by compliant participants in Phase Three, Phase Two, and Phase One. The ADA then called participants who were noncompliant, beginning with those in Phase Three and ending with those in Phase One. All incentives and sanctions were consistent with the respective grids and with the decisions made during the pre-court meeting. The only exceptions were cases in which a sanction was delayed in order to accommodate the participant’s employment schedule or parenting responsibilities. Colloquial language was not used by the Judge, team members, or the participants.

During the court sessions, a few new participants were allowed to enter into the “opt-out” period of the program. The participants were asked about their legal representation, whether they understood the Contract and the court requirements, and whether they entered into the program of their own free will. The Judge explained the “opt out” period to them and reminded them that they had a right to withdraw from the program, without penalty, during the two-week period.

Conclusions and Recommendations Regarding Case Management and Judicial Supervision

Case management services were identified by team members and former participants as a key component of the GCADTC program. The Case Coordinator and Program Coordinator monitor participant progress and assist them in connecting with needed services, achieving their personal goals, and succeeding in the drug court program. The North Carolina Adult Drug Court Management Information System (MIS) is used to record participant information and to

document their progress in achieving court requirements. Although the MIS system was reported to be useful in Team decision-making, several team members expressed dissatisfaction with the system and commented on the factors that make it inefficient.

The Judge monitors participant compliance with court rules and regulations during bi-weekly court sessions. All current and former participants appreciated their interactions with the Judge and reported that it motivated them to avoid the use of alcohol or other drugs. In addition, some team members and participants mentioned that accountability, structure, and regular court appearances, were the most helpful aspects of the program. Observations of the court sessions indicated that the Judge uses these hearings as an opportunity to educate participants and their families about the benefits of compliance and completion of the program, as well as to reinforce the consequences for noncompliance.

According to team members, abstinence is effectively monitored through drug testing. Testing is administered in accordance with the recommendations made in the Drug Court Key Components, in that it includes both regularly scheduled tests and random tests. Team members and some current participants were concerned about the accuracy of the drug test results. According to team member reports, the Team is currently working with the laboratory to reduce the occurrence of false positives and to increase the accuracy rate of the drug tests results. In the mean time, the Team could discuss procedures for handling participants who challenge drug test results. As recommended by one team member, the Team could also seek a medical doctor or pharmacist who could consult with them on issues related to drug testing.

Participants made some suggestions related to case management and judicial supervision. They requested the Team to start court on time, suggested that recent program changes should be updated in the Participant Handbook, and proposed having a later curfew. The Team might consider implementing strategies for making team meetings more efficient so that they can begin the court sessions on time. In addition, the Team could examine the legitimacy of participants' concerns about the need to update the Participant Handbook with recent program changes. Since participants seem to value their unrestricted time in the evenings, the Team (in consultation with the Probation Officer) could determine whether there are more instances in which later curfew could be used as an incentive or reward for compliant behavior.

Treatment

Treatment is one of the methods used by the GCADTC to achieve its primary goal of “reducing alcoholism and other drug dependencies among offenders.” As stated in the GCADTC Policy Manual, participants are provided with a variety of treatment services including clinical assessments, outpatient treatment, residential and partial hospitalization services, detoxification services, relapse prevention, aftercare services, and mental health services.

The principle provider for treatment services for GCADTC participants is Alcohol and Drug Services of Guilford, Inc. (ADS). ADS is a private nonprofit agency that is licensed and certified by the NC Department of Human Resources, North Carolina Council of Community Programs, U.S. Center for Substance Abuse Treatment, NC Substance Abuse Professional Certification Board, NC Board of Nursing, and the NC Board of Pharmacy. ADS programs are also nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). An official contract was established on December 31st, 2002, between ADS and the NC Administrative Office of the Courts. This contract documents the agreement between both agencies regarding the scope of services, terms, payment for service, reporting and compliance,

personnel, and other factors related to service delivery. A copy of the treatment curriculum used for Intensive Out Patient (IOP) group sessions has been provided to the Court, and was made available to iRT researchers conducting this evaluation. ADS also administers the Guilford County Treatment Accountability for Safer Communities (TASC) program, which manages the delivery of services to drug-involved offenders, such as GCADTC participants. Team members reported that they have a good relationship with their local TASC office, and have not had any problems or concerns in their collaborative efforts with the agency

According to team member reports, and the GCADTC Policy Manual, all eligible candidates for the DTC program are referred to ADS at the time of the eligibility assessment. An ADS counselor meets with each new participant to conduct a clinical assessment which includes a diagnostic evaluation, and a complete psycho-social profile of the participant. The GCADTC Policy Manual states that participants are expected to begin treatment within 72 hours of the clinical assessment. A participant's Case Manager at ADS uses the results of the assessment to develop a treatment service plan that is tailored to each individual, in order to ensure the best chance of success. The treatment plan is periodically reviewed, and treatment and supervision are adjusted in light of developments in the participants' behavior, performance, mental health, attitude, and progress through the program.

Mental health services are provided through the ADS psychiatrist or the Guilford County Area Mental Health Center. Participants who have a history with the Mental Health Center prior to admission continue to receive services through this agency. Others are assessed by the ADS psychiatrist, who either provides services directly or refers them to private psychiatrists or the Mental Health Center for further evaluation and services. Participants with a dual diagnosis in substance abuse and mental health can attend a dual-diagnosis outpatient group, either through the Mental Health Center, or through ADS. Team members reported that some participants attend this group in addition to IOP.

An ADS Case Manager assigns each Phase One participant to an outpatient treatment group. The options available at ADS are a morning IOP group, an evening IOP group, a women's group, or a dual diagnosis group. ADS has assigned a Treatment Provider Liaison, who is a member of the GCADTC Team. The Treatment Liaison supervises the treatment team, conducts individual sessions with participants who are at risk of failing the program, and reviews all treatment and clinical decisions made regarding GCADTC participants. As observed by iRT staff members, the Liaison also updates the Team about each participant's progress in treatment, makes recommendations about treatment options, and addresses clinical issues that arise during the team meetings. The Liaison may refer participants to more intensive services or services that will address other underlying issues related to their recovery. Some services, such as individual counseling, family therapy, anger management classes, residential treatment, day treatment, long-term treatment, or detoxification services, are utilized on a case-by-case basis in accordance with each participant's needs.

The continuum of treatment services for participants, as documented in the Policy Manual, is summarized below:

Outpatient Treatment: ADS offers four types of outpatient treatment services: Intensive Out Patient (IOP), Outpatient Services, the Women's Program, and a Dual Diagnosis group. IOP group therapy sessions are provided three times a week, and each session lasts two and a quarter hours. Clients can choose to attend group therapy during the day, or in the evening. The length of the program varies according to each client's progress and individual needs. The curriculum

used for IOP groups is based on a curriculum developed by the North Carolina Department of Health and Human Services. The IOP services are a combination of group therapy and substance abuse education, on topics such as the disease model of chemical dependency, relapse prevention, refusal skills, anger management, sexual relationships, and recovery. They include 24 sessions that are spread over a minimum of eight weeks. Outpatient Services are less intensive than IOP, and they include substance abuse education, individual counseling, and other treatment groups of varying intensity. They are offered during the morning, afternoon, and early evening. ADS also offers an outpatient group for participants who have dual diagnoses in mental health and substance abuse. The Woman's group is an IOP treatment program that is designed for women, especially women who are pregnant or postpartum. The purpose of the group is to "reunite healthy, drug free mothers with their children." The program includes individual and group counseling, education, extensive case management and aftercare.

Residential and Partial Hospitalization Services: ADS dedicates 15 beds for GCADTC participants in need of residential treatment. Services last between seven and fourteen days, but they can be extended to twenty-eight days if needed. A Day treatment or partial hospitalization program is also available for participants who need residential treatment but have a supportive, stable, drug-free living environment. The program offers substance abuse education, individual counseling, group counseling and support group involvement. Services are provided from Monday to Friday, between 9:20 a.m. and 4:00 p.m.

Detoxification Services: Detoxification services are available to all participants. These services include a full physical, regular checkups, and an on-call physician who is available 24 hours a day, seven days a week.

Relapse Prevention: This component of treatment is comprised of aftercare/continuing care services, and primary and mental health services. The aftercare component of treatment is in place to ensure the continuation of the recovery process after participants leave the GCADTC program. Both the treatment counselor and the participant develop the aftercare plan before the participant is discharged from the program. Aftercare consists of counseling, education, relapse prevention strategies, case management, and support. The program is expected to continue for a minimum of one year after the participant leaves the program, but can be extended if the participant or counselor deems it necessary. General health and mental health services are also offered through referral to the TASC program, Guilford County Family and Children's Services, and other community-based organizations.

In addition to the treatment services received through ADS, GCADTC participants are required to attend at least three 12-step meetings per week, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings. Each participant is responsible for having his/her attendance sheet signed by the meeting's chairperson. Frequent attendance is required in order to familiarize the participants with the 12-step philosophy, as well as to encourage the development of trust and personal bonds with their families and other addicts. The GCADTC program requires each participant to obtain a temporary sponsor while in Phase One. During Phases Two and Three, each participant is required to obtain and maintain a permanent sponsor. Participants are also expected to encourage their family members to become involved in the substance abuse treatment through participation in these 12-step meetings.

Several team members reported that the treatment services address issues of race or culture, gender, age, and drug of choice. One team member stated that although the program offers gender-specific services for females, the treatment services are too general to adequately address

issues of race or culture, age or drug of choice. This team member reported the need for additional treatment options for participants, to allow for more personalized treatment services. One team member mentioned that there are not many private counselors willing to treat program participants due to their inability to pay for these services. Another team member reported that lack of finances is also a barrier to accessing services for participants with serious mental illnesses.

Most of the focus group participants reported that the treatment services they received were helpful and informative. A few participants mentioned that their group counselor was very honest with them, and taught them important information. Two participants stated that groups were more helpful when other participants were allowed to share, but there was no therapeutic value in the counselor sharing personal stories during these sessions. In particular, participants highlighted the usefulness of the women's group, the anger management classes, residential treatment, and the IOP classes. One participant thought that the aftercare program was beneficial, while another stated that it was neither informative nor helpful. Both participants mentioned that the aftercare groups were mainly process groups.

Two of the graduates reported that the treatment services they received were helpful. One graduate stated that the group counselor was "knowledgeable, caring, understanding and took each and every person in his group and helped them individually...." On the other hand, one of the graduates reported that the treatment services were not helpful. This was because the treatment did not address any family issues which, according to the graduate, was the main factor contributing to his or her drug use.

Some participants offered suggestions for changes in the treatment services. A few current participants thought that participants should be allowed to attend bipolar or depression support groups rather than just AA/NA groups, and three participants suggested that the number of required IOP treatment meetings should be reduced. According to a few current participants, the GCADTC Team should also include a psychiatrist and a psychologist. One graduate suggested that treatment services should include family counseling services for participants whose drug use was related to family issues. This is consistent with observations of two team members, who reported that participants with strong family support are more likely to succeed in the GCADTC program.

Ancillary Services Available to and Utilized by Team Members

Referrals to ancillary services are made by the Case Coordinator, Program Coordinator, or treatment provider when it is determined by the Team that a participant has needs beyond the scope of services that are provided by the drug court. These needs may be in the area of residential or detoxification services for substance abuse, housing, transportation, financial assistance, physical health, education, domestic violence, or employment services.

Most team members who were interviewed identified a major need for additional long-term residential treatment services for women. ADS offers short-term residential services, but participants in need of long-term rehabilitative services are referred to other programs throughout the state of North Carolina. These are typically participants who are determined to need more intensive services, and are at risk of being terminated from the GCADTC program. Team members reported that there are currently no long-term residential programs that can be utilized by female participants. Male participants can be referred to the Drug/Alcohol Recovery Treatment (DART) facility, which is operated by the Department of Corrections. The facility

provides a 28 day short-term residential program, and a 90-day long-term residential program. All admissions to DART are overseen by Guilford County TASC office. Other long-term treatment options for males include Delancey Street, a two-year program, and Serenity Farms, which is an eighteen-month program in Durham, NC.

The majority of other types of services needed and utilized by GCADTC participants are provided by community social service agencies. Participants in need of housing are referred to local housing agencies, such as Oxford Houses. Team members also reported that they had previously collaborated with the local Housing Coalition, to seek funding resources for more housing options for participants. Almost half the Team indicated the need for safe and affordable housing services for participants. A few current participants also reported that the court needs additional housing services that allow participants to recover in a safe environment, away from negative influences.

Three team members reported that there is a need for more quality job placements for participants. They indicated that participants could benefit from gaining access to additional educational and vocational services. One team member mentioned that participants face several barriers in finding employment, such as limited education and lack of transportation. In addition, a few current participants mentioned that it is difficult to find jobs that offer flexible schedules that would allow them to continue fulfilling all the drug court requirements. A current participant suggested that the Team should include a consultant on employment issues, who can assist participants with finding jobs.

Eight team members reported that participants have easy access to other service systems. On the other hand, one team member stated that easy access is not available for all services. One team member mentioned that participants face wait-times or delays in receiving some types of services. Another team member reported that access to services is limited by lack of money and the fact that some organizations are unwilling to work with the treatment court. Two team members identified the need for more general health care services for participants.

Transportation was identified as a barrier to full participation in the GCADTC program. According to team member reports, participants are provided with bus passes for transportation to drug court meetings and activities. However, two current participants reported that it can be difficult to coordinate the bus schedules when required to attend several meetings on a given day. One graduate commented that many recovering addicts and alcoholics have had their driver's licenses suspended, which limits their mobility. Financial constraints prevented this graduate from regularly using taxis for travel to court-related meetings. The graduate also reported that the bus system was "extremely unreliable."

Conclusions and Recommendations Regarding Treatment and Ancillary Services

Based on team member reports and a review of relevant materials, Alcohol and Drug Services of Guilford, Inc. (ADS) appears to be providing services in compliance with the contractual agreement that exists between the agency and the AOC. ADS provides GCADTC participants with a variety of substance abuse treatment services essential for this type of program. This includes individual counseling, intensive outpatient services, and residential services.

Participants are assessed by the treatment provider and assigned to the services in accordance with a treatment service plan tailored to meet the needs of each individual. The Treatment Provider Liaison updates the Team on each participant's progress in treatment, and makes recommendations for more intensive treatment services as needed. Gender specific treatment

services are offered for female participants, and a dual diagnosis group is offered for participants who have other mental health problems in addition to a substance abuse diagnosis. Current and former participants reported that the treatment services were helpful and informative, especially the women's group, anger management classes, residential treatment, and IOP classes.

In addition to substance abuse and mental health treatment services, the GCADTC Case Coordinator, Program Coordinator, or treatment provider also refer participants to a range of ancillary services within the local community. This includes vocational and educational services, housing, transportation, domestic violence and long-term residential services. These services allow participants to gain additional support in areas that are related to their recovery. They also learn skills that enable them to "increase the personal, familial, and societal accountability," which is one of the goals of the GCADTC program. MIS data regarding referrals to ancillary services was incomplete, and court administrators reported that it had not been updated on a regular basis. It is recommended that the court track all referrals and record them in the MIS system, in order to allow future evaluators to document an accurate depiction of the rates of referrals, and types of community services utilized by participants.

Team members and participants identified several types of treatment and ancillary services that are needed by participants. One team member expressed the need for additional treatment options for participants, to allow for more personalized treatment. This would allow the Court to be more compliant with federal guidelines. For example, the Drug Court Key Components suggest that participants should be matched with treatment services based on their individual, specific needs. One graduate reported that the treatment services did not address family issues, which were a contributing factor to the graduate's drug use. In order to facilitate the identification of individual issues that are related to participants' drug use, the Court might consider evaluating its ability to mandate individual counseling services for all participants. According to team member reports, individual sessions are currently provided to participants upon request. However, it is conceivable that some program participants might decline this option because they do not want to add onto the already long list of meetings and services required by the program. Requiring individual counseling for all participants would ensure that each participant's specific treatment needs are identified quickly, and addressed appropriately. Two team members commented on the correlation between strong family support and successful completion of the program. The Court could also examine the possibility of implementing a family component, including family counseling, for all program participants. The Treatment Improvement Protocol (TIP) on Intensive Outpatient Treatment for Alcohol and other Drug Abuse, (Nagy, 1994), recommends that treatment services include both individual counseling, and family education and counseling.

Male participants who are at risk of failing the GCADTC program are referred to one of several agencies that provide long-term, substance abuse services. However, most of the team members reported that the program lacks access to long-term treatment services for women. At least one team member also reported the need for additional mental health services for participants with dual diagnoses. It is recommended that the Court contact the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (MHDDSAS), regarding alternative substance abuse and mental health treatment options for participants, especially long-term residential services for women.

Both team members and participants expressed the need for additional housing options and employment services. The Court currently refers participants to several community-based housing and employment agencies, however, participants still face barriers in accessing these

services. Safe and secure housing that allows the participant to live in a drug-free environment is conducive to their recovery. Finding employment enables participants to become self-sufficient, and to pay their court fees. The Court should continue to seek additional resources throughout the community, and consider contacting experts on housing and employment services to consult with the team regarding options available for participants.

Termination

GCADTC participants can be terminated from the program for several reasons. If a participant is discharged due to termination, the case is scheduled for the next DTC court session for sentencing. One team member mentioned that the Case Coordinator maintains some follow up on terminated participants through occasional phone calls. As stated in the Policy Manual, the reasons for termination are:

- *The defendant may voluntarily withdraw. A cooling off period of not more than two weeks may be given to allow the defendants more time to reconsider.*
- *The defendant does not complete the Drug Treatment Court Program within the 18 months and the DTC team does not grant an extension.*
- *The defendant is charged with a new violent misdemeanor or felony or is convicted of a nonviolent felony charge. According to the federal statute, an offense is considered violent if during the course of the offense or conduct:*
 - a. *The person carried, possessed, or used a firearm or dangerous weapon;*
 - b. *There occurred the death of, or serious bodily injury to any person; or*
 - c. *There occurred the use of force against the person of another, without regard to whether any of the circumstances described above is an element of the offense or conduct of which or for which the person is charged or convicted.*
- *The defendant receives a second or subsequent DWI charge.*
- *The defendant goes Absent With Out Leave (AWOL) for 30 Days.*
- *You are charged with a new violent offense while in the program.*

Team members reported that the termination policy is fair, and is only used as a last resort after they have exhausted all other resources. However, one team member mentioned that the termination policy is not always implemented in a consistent manner. There was a lack of agreement among team members regarding program re-entry for terminated participants. Four team members stated that participants who fail should be able to try the treatment court program again. One mentioned that since this is a pre-sentencing program, the participant would only be able to re-enter the program following sentencing, if it was ordered as part of the terms of probation. According to one team member, the decision to re-admit a participant should depend on individual circumstances; another team member thought it should depend on the reason for termination. Two team members reported that terminated participants should not be allowed to re-enter the program.

Conclusions and Recommendations Regarding Termination

The GCADTC Team agreed that the termination policy is fair and it provides participants with several chances to reform their behavior before termination is used as a last resort. The termination policy also allows room for the Team to use its own discretion and to consider cases on an individual basis when new charges are brought against a participant, or if a participant demonstrates a pattern of numerous infractions. Reasons for termination from the program are clearly defined in the Participant Handbook, Policy Manual, and Contract, which ensures that participants are aware of this policy before they agree to participate in the program.

There was some disagreement among team members regarding program re-entry for participants who are terminated from the program. Although most team members thought these participants should be able to try the program again, two team members disagreed. Since there is no specific reference to program re-entry in the Court's Policy Manual, the Team might consider discussing this issue to determine how they should handle such cases in the future. The Team could also discuss one team member's concern regarding the consistent application of the termination policy.

Due to the lack of accurate contact information, none of the terminated participants could be reached for an interview for this evaluation. It is recommended that the team develop a more systematic procedure for maintaining up-to-date contact information for these participants. This information could be obtained by regular phone call contact, or by maintaining more updated information on re-arrest data regarding these participants. Such information would be integral to completing any future process and outcome evaluations of the court.

Program Completion

Completion of the GCADTC program is seen as a great accomplishment that signifies the participant's success in beginning the recovery process, and remaining sober for a significant length of time. It indicates that the participant has been compliant in fulfilling GCADTC requirements such as attending Case Coordinator meetings, making court appearances, attending AA/NA meetings, attending treatment, having consistent positive drug test results, and payment of court fees. As part of the agreement between the participant and the court, program completion results in the dismissal of the charge (s) for which a guilty plea was entered at admission. The GCADTC Participant Handbook reminds participants that "recovery from alcohol and other drug abuse is the ultimate reward."

Participants are eligible for program completion if they meet the following criteria stated in the Policy Manual.

- 1. Be clean for 90 days prior to graduation; and*
- 2. Spend a minimum of 90 days at each level; and*
- 3. Pay all court costs and treatment fees; and*
- 4. Be employed and/or enrolled in school; and*
- 5. Maintain a sponsor throughout the program; and*
- 6. Complete any balance of the minimum 12-month probationary period.*

Team members reported an additional graduation criterion, which requires participants to remain sanction-free for 60 days prior to graduation.

The final decision of whether or not a participant is prepared for this milestone is made by the Team during regularly scheduled team meetings. This decision is based on the participant's fulfillment of the graduation criteria. IRT research staff observed a court session in which two GCADTC participants celebrated completion of the program. The Judge prompted the participants to withdraw their guilty plea (s), and the DA officially dismissed the charges. Each graduating participant was given an opportunity to address the court. Graduates used this opportunity to describe their journey in overcoming their addictions, thank team members and others for their help and support, describe their accomplishments, and encourage current participants to continue working towards program success. The Judge then presented the graduates with a plaque and a certificate of completion, and invited them to participate in future

alumni activities. After the court session, cake and refreshments were provided for all present, including current GCADTC participants, team members, families of the graduating participants, and previous graduates or alumni. During this reception, the Program Coordinator took a picture of each graduate with the Judge.

All team members interviewed reported that the program completion policy is fair and consistent. One team mentioned that the policy allows room for participants to overcome any setbacks that they might face in their recovery process, and to successfully complete the program. On the other hand, another team member expressed doubts about the long-term effectiveness of the program for some of the earlier graduates.

Graduates are expected to continue attending AA/NA meetings, and to participate in the Aftercare component of the ADS treatment services. As stated in the Policy Manual, graduates develop an after care plan with their ADS counselor prior to discharge, which includes continued counseling, education, relapse prevention strategies, case management services and support. This plan is implemented for a minimum of one-year following graduation, and can be extended if the graduate or counselor thinks it is necessary. The GCADTC Team monitors graduates by performing periodic criminal checks to make sure that they have not acquired any new charges. One team member suggested that the record checks should be conducted more often, preferably every six months.

The previous GCADTC Program Coordinator had created an alumni program for graduates, but this was discontinued when the Coordinator resigned from the position. Team members reported that there are currently no concrete plans to reinstitute this program. None of the graduates interviewed mentioned participating in the alumni program, but one graduate commented on the lack of a support network upon completion of the GCADTC program.

Conclusions and Recommendations Regarding Program Completion

Completion of the GCADTC Program is adequately commemorated during the last court session and the graduation ceremony. An additional graduation criterion was reported by team members, requiring participants to remain sanction-free for 60 days before graduation. The Team should update court materials to include this criterion. Graduates are recognized by the Judge for their accomplishments, and their criminal charges are officially dismissed. The procedures in place to celebrate this occasion adequately reinforce positive norms, mark the graduate's accomplishments, and involve family members and other individuals who are part of the graduate's support network. The Team might consider inviting community members and Local Management Committee Members to these ceremonies, for public education purposes.

Aftercare is a necessary component of drug court programs. Maintaining sobriety is a day-to-day struggle that can be challenging for participants who no longer have access to the structure and support they received while they were in a drug court program. This is consistent with the reports of one of the graduates, who mentioned the lack of support upon program completion. It is recommended that the GCADTC develop a plan to revive the alumni group or aftercare program that had been created by the previous Program Coordinator. Court administrators could also research aftercare programs of other drug court programs, to find practical examples of evidence-based aftercare programs that have been successfully implemented with this target population. This type of group would provide continual support to participants who have completed the program, and enhance the likelihood that the success achieved during the program

would be sustained. In addition, it would facilitate future follow-up with graduates for evaluation purposes.

Global Impressions about the Adult Drug Treatment Court Reported by Drug Court Team

GCADTC Team members identified several key strengths that characterize this program. They reported that the most helpful aspects of the program in enabling them to fulfill their duties are the communication between team members, the team meetings, the organization of the Team, and the MIS system, (especially the court reports). In the opinion of team members, there are several program components that are especially helpful to the participants. Five team members reported that case management is the most helpful aspect of the program to participants, three mentioned treatment services, and one team member mentioned the AA/NA meetings. Other components identified by at least one team member included the accountability and support provided by the program, the regularity of the court sessions, and the constant interactions with team members.

Team members also commented on the factors that contribute to the effective functioning of the GCADTC. According to half of the Team, the key factors are the commitment and dedication of team members, as well as good communication. Team members listed a variety of other elements that are vital for the successful implementation of a drug court program, including the following: the legal incentives of the program, the commitment of the probation and parole office, good relationship with treatment provider, intensity of supervision, case management, consistency of enforcing rules and regulations, court sessions, comprehensiveness of the support systems, and individualized but consistent sanctions and rewards. There was unanimous agreement among team members regarding their primary client. All of the team members stated that their primary client is the defendant.

A variety of positive changes in the lives of participants were reported by team members, and attributed to their participation in the GCADTC program. Six of the team members mentioned that participants improved their relationships with their families and others, and they formed new positive relationships, especially their children. More than half of the Team also mentioned that the participants improved their self-esteem and learned to love themselves. A few team members reported that participants were able to obtain employment as a result of their participation in the program. Team members listed other changes seen in the lives of participants, such as increased responsibility for themselves and their families, abstinence, making healthier choices, improved appearances, improved health, increased knowledge about themselves, and better quality of life.

Team members were asked to describe the characteristics that differentiated those who succeeded in the program from those who did not. Half of the Team reported that participants with mental illness were less likely to be successful in the program, while three team members reported that those who had a strong desire to change were more likely to succeed in the program. In addition, two team members mentioned that participants with strong familial or community support were more likely to complete the program. Other characteristics tied to program success included honesty, personal determination, access to resources, and having marijuana as the primary drug of choice.

Although team members strongly believe in the GCADTC Program, there are a few challenges that inhibit the full implementation of the program as prescribed. The most commonly mentioned barriers were difficulties in attaining additional funding for the court, housing needs,

lack of community support, and lack of sufficient long term residential treatment options for women.

Since the inception of the program, the GCADTC has been primarily funded by a BJA grant. However, this grant funding is due to terminate in March, 2006. Seven team members reported funding as a barrier, and one team member mentioned that, based on the current level of funding, the court has been limited in its ability to provide more incentives for participants. Court administrators reported that they continue to seek additional funding sources to sustain the court, including negotiations with the County and State government. One team member suggested that the court could enlist volunteers from the community to assist in fundraising and solicitation of donations that could be used as rewards.

Two team members mentioned the need for affordable housing for participants. Most participants need safe, affordable housing that allows them to achieve and maintain sobriety without being surrounded by negative influences. Some participants are faced with additional challenges such as bad rental histories, or lack of a stable income source. Team members recommended the addition of a housing/homelessness expert to the GCADTC Team.

The lack of community support for the program was cited by two GCADTC team members. Another team member mentioned that some individuals within the DA's office were previously unsupportive of the drug court program, but this has drastically improved in the recent past. On the other hand, several team members reported that the community has been supportive of the drug court program. They mentioned positive articles in the local newspaper, and donations from local agencies. However, they also stated that many people within the larger population do not know about the program, and there is a need for public education. In the past, public education efforts have included appearances on local television stations by the Program Director, and participant interviews conducted by the media.

A few other barriers were identified by team members. At least two team members expressed the need for long term residential treatment options for female participants. Team members also mentioned that court administrators have faced difficulties in finding properly trained personnel for positions on the Team. Finally, one team member reported the need for a bigger court room. Court administrators reported that an evaluation of courtroom space was under way for the entire courthouse, and a larger court room had been requested.

Global Impressions about the Drug Court Program Reported by Past and Present Participants

Consumer Satisfaction

A total of fifteen current participants completed a Consumer Satisfaction Survey about their experience in the Guilford County Adult Drug Treatment Court program. A brief summary of their demographic composition and their responses to survey questions is included below.

Participants were unevenly distributed by gender, with 11 females and four males. About three-fifths of the participants reported their race as Black (9 participants), while the others were White (6 participants). When asked to indicate their living situation, two-thirds said they were living independently, and one third said they were residing in community housing. The majority of

participants were single, divorced, or separated, and only one-quarter of the participants were married.

The participants' level of education was measured by the highest grade completed in school, and attainment of a GED. Of the fourteen participants who reported the highest grade completed, four had an undergraduate and/or graduate degree, five had a high school diploma, three had completed 11th grade, and two had completed 8th grade. Three participants reported having obtained a GED. About half of the participants reported that they were unemployed, while the others either had a full-time (5 participants), or part-time (3 participants) job.

Participants were asked whether they felt their rights were protected while in the GCADTC Program. The rating scale ranged from 1 (Not At All protected) to 4 (Completely Protected). Three of the participants reported that their rights were "completely protected," four reported that they were "very protected," and six reported that their rights were "somewhat protected." On average, participants reported that their rights were "very protected."

Participants responded to questions about their age, length of time in court, and primary drug of choice. Their ages ranged from 25 to 55 years old, and the average age was 41 years. About half of the participants reported their length of time in the GCADTC Program as six months or less, five reported between six months and one year, and three participants had been in the program for more than a year. The primary drugs of choice used by participants were identified as follows: four participants reported crack, three reported alcohol, two reported cocaine, one reported marijuana, and three reported "other" drugs. The other types of drugs specified by these three participants were LSD, hydrocodone, and opiates.

The fifteen participants were also asked questions about past treatment and criminal histories. A third of the participants reported that they had received substance abuse treatment in the past, and more than two-thirds stated that they had previously been to court for another crime before entering the GCADTC Program. When asked to indicate their past criminal charges, six participants selected "possession," two selected "theft," and one selected "illegal selling/distribution of substances." Five participants selected "other," and wrote-in the following responses: breaking and entering; drug use—crack; forging prescriptions and obtaining a controlled substance; and, obtaining controlled substance by forgery/fraud.

The participants were asked to rate their level of their satisfaction with various aspects of the program. These variables included: frequency of court appearances, interactions with the Judge, interactions with the drug court team, cooperation of agencies with each other in providing services, substance abuse treatment services, mental health treatment services, vocational treatment services, other services that they received, sanctions, incentives, drug testing, community service activities, positive activities/hobbies, and the drug court program overall. The number of respondents rating each component varied, ranging from ten to fifteen participants. Satisfaction with each of these components was rated on a scale from 1 to 4 (1=very unsatisfied, 2=unsatisfied, 3=satisfied, 4=very satisfied). On average, participants were "satisfied" with less than half of the program aspects, with means ratings of 3 or above. Nine of the program aspects had means that were between 2 and 3, which means that participants were generally unsatisfied with these program components. Based on the mean values, participants were least satisfied with drug testing (mean of 2.50), sanctions (mean of 2.54), mental health services (mean of 2.60), and vocational treatment services (mean of 2.67). This suggests that they feel the mental health services and vocational services offered through the program are inadequate. The findings are also consistent with focus group reports regarding the inconsistency

of sanctions, and concerns about the accuracy of drug tests. The participants were most satisfied, on average, with their interactions with the Judge, (mean of 3.33) and their interactions with other Team members (mean of 3.07).

Participants were also asked to rate how easy or difficult it was to complete eighteen program requirements including: making it to court appearances, attending mental health treatment services, cooperating with mental health treatment program, taking psychiatric medication regularly, attending substance abuse treatment services, cooperating with substance abuse treatment services, and attending other services arranged by the court. Other requirements included: going to the location of the drug testing, cooperating with drug testing, attending meetings with the probation officer, attending meetings with the Case Coordinator, attending AA/NA meetings, paying court fees, paying fines, staying away from other adults with drug problems or criminal histories, staying clean and sober, and staying crime free. The number of respondents rating each component varied, ranging from six to fifteen participants. Participants ranked the ease of fulfilling each component on a scale from 1 to 5 (1=very difficult, 2=difficult, 3=somewhat hard, 4=easy, 5=very easy). On average, participants reported that all but one of these requirements were easy to complete. Mean scores indicated that the most difficult requirements, on average, were staying paying fines (mean of 2.75) and paying court fees (mean of 3.00). These findings are consistent with focus group reports of problems with maintaining full-time employment while enrolled in the program. On average, the easiest requirements to complete were staying crime free (mean of 4.50), cooperating with substance abuse treatment (mean of 4.14), and making it to court appearances (means of 4.13).

In addition to descriptive statistics, correlation analyses were conducted to determine whether there were differences in satisfaction and difficulty of completing requirements, by various demographic variables. No statistically significant differences were found, but this could be due to the small number of participants who completed the questionnaire.

Summary of Findings from Focus Groups and Interviews with Participants

The focus groups with current participants, and interviews with graduated and terminated participants, revealed a significant amount of information about their experiences in the program. The opinions of these participants on various subjects are summarized below.

According to the current participants, the most helpful aspect of the program were AA/NA meetings, treatment services, drug tests, bi-weekly court appearances, and the structure and accountability provided through the program requirements and enforcement of compliance. Five participants said that all aspects of the treatment court were helpful. Two graduates reported that the AA/NA meetings and the relationships they formed with their Case Coordinators were the most helpful components of the drug court program. One graduate also mentioned that making court appearances was a helpful component.

Participants mentioned several barriers that limited their full participation in the DTC. Two of the current participants, and one graduate, reported that transportation was difficult for participants who did not own their own cars. They commented on the complications of coordinating the public transportation schedules, especially when they were required to attend several meetings on a given day. They also mentioned that many addicts have suspended driver's licenses, and they face financial constraints that prevent them from frequently using taxi services for transportation. At least three current participants reported that it is difficult to fulfill all of the program requirements while maintaining employment, and/or taking care of their

children. One participant suggested that the team should do more to assist participants with finding and maintaining jobs that are compatible with their DTC schedules.

Current and former participants were asked to identify the least helpful aspects of the drug court program. Six participants emphasized the difficulty of obtaining jobs with flexible schedules, which would allow them to fulfill all of the program's requirements. One participant reported that being reprimanded by a team member for using substances, and being "treated like a child," were the least helpful aspects of his or her drug court experience. Another participant reported that the use of jail as a sanction places participants in an environment with negative influences, which leads to drug use while in jail. Graduated participants mentioned several aspects of the program as the least helpful, including the staff turnover rate, changes in program rules and regulations, and the frequency of drug testing and AA/NA meetings. One graduate did not think it was helpful to attend treatment for an entire year, while another stated that "the treatment services did not address anything that was part of my environment with using."

According to the current participants, the greatest motivators to refrain from use of alcohol and other drugs were AA/NA meetings, drug tests, and the GCADTC Team. One participant mentioned that his or her greatest motivation comes from having a child. Each graduate reported several things that helped them to refrain from using. These included marriage and family counseling, willpower, work, seeing a doctor regularly, relationships with friends and family, treatment, and attending AA/NA meetings. Former participants were asked to name things that made it hard or easy for them to stay clean and sober since they were discharged from the program. One graduate reported that health problems made it hard to avoid illegal behavior after graduation. Another stated that the lack of support after program completion made it difficult to remain clean and sober. The graduate mentioned feeling that he or she "did not have any connection to anything" and "had no life or friends." The graduate suggested that this would not have been the case if treatment services had included a component that involved building relationships with family members.

Most current participants, and two graduates, reported that their interactions with other participants were limited to court-related activities and AA/NA meeting attendance. However, they mentioned that some participants did form closer relationships with each other. At least half of the participants, and two graduates, thought these relationships were helpful because the participants supported each other, held each other accountable, and helped each other to remain clean. The other half of the participants reported that these relationships tended to have a negative impact on participants, especially when they used substances together. One graduate mentioned that some newer participants admired compliant participants, and tried to build relationships with them in order to receive guidance on how to succeed in the program.

Participation in the GCADTC program has led to many positive changes in the lives of current and former participants. All current participants reported that the drug court program helped them to focus on their recovery, and to either reduce or refrain from using alcohol or drugs. Three-quarters of the participants reported that the program helped them to avoid criminal behavior and to improve their relationships with their spouses, children, and other family members. Approximately half of the participants reported that the program enabled them to gain employment, improve their health, and taught them responsibility and honesty. Graduates mentioned several areas of their lives that improved as a result of their participation in the program. Although there was no agreement, they identified changes such as: improved respect for themselves and others, ability to maintain a full-time job, ability to further their education, increased self-confidence, becoming more assertive, becoming responsible, decreased drug use

or sobriety, and becoming a “productive member of society.” One graduate also said of the program, “[it] made me realize that if I had a will to do something I could accomplish it.” Only one participant identified a negative impact of the GCADTC program; this participant reported that the program worsened the relationship with his or her spouse.

While the results of the program seem to be overwhelmingly positive, the participants did have suggestions for improvements or changes in the program. Several participants suggested that the GCADTC Team should also include a full time psychologist or psychiatrist, and an expert on vocational/employment services. A few participants thought that participants should be allowed to attend bipolar or depression support groups, instead of AA/NA groups. Half of the current participants suggested that the curfew should be changed to 9:00 p.m. in order to allow participants to attend activities with their children. Other recommendations made by current participants included starting court on time, replacing the jail sanction with community service, holding court only once a month, updating the Participant Handbook, and reducing the frequency of IOP treatment. A few participants identified the need for additional housing services and more intensive treatment services for women. Graduates also made suggestions for changes in the program. One graduate thought that participants should become more involved with the Big Brothers and Big Sisters Program. The graduate reported that it would be beneficial for participants to work with children whose lives had been impacted by substance abuse, and to “open their eyes to their own lives and what they may have caused.” Another graduate suggested that the Team should contact local businesses to solicit donations for rewards for participants.

In summary, the global impressions of current and former participants were very positive and appreciative. A few participants reported that they thought the program was harsh at first, but they later found it to be helpful. Participants made comments such as: “The program put more responsibility into my life,” “It’s good if you make it work for you,” and “It kept me clean...and made me realize that I had a problem.” Current participants were asked what they would say if they had one minute to speak to the director of the program. Most of the participants agreed that they would thank the director for the program and made comments such as “It’s a good program,” “I wouldn’t be here if it wasn’t for you,” and “It made a big difference. They changed my life.” When asked to describe their overall impressions of the program, graduates made comments such as, “It’s a good program. Keep having this program that gives people a chance to quit,” or “It was a very good opportunity and I liked most aspects about it.” One graduate commended the program by saying, “I’m a year and six months clean and sober today and I’m a valued member of society...it got me clean and sober and all my charges were dismissed.” Another graduate said of the team members, “I don’t think people like me would have made it through the program if they weren’t involved.”

Evaluation of Key Components

Aspects of each court were also evaluated against the ten key components of drug courts, as defined in the federal document, *Defining Drug Courts: The Key Components*, taken from http://www.samhsa.gov/grants/2005/nofa/ti05005svc_drugcourts.pdf or the 2005 Notice of Funding Availability (NOFA), DEPARTMENT OF HEALTH AND HUMAN SERVICES, Substance Abuse and Mental Health Services Administration (SAMHSA)

Key Component #1

Drug courts integrate alcohol and other drug treatment services with justice system case processing:

The GCADTC is consistently in compliance with Component 1. The Team includes representation from the criminal justice system, and a Treatment Provider Liaison. These individuals have collaboratively defined and developed the court's mission, goals, eligibility criteria, procedures, performance measures, and the materials distributed to the participants with this information. According to team member reports and observations of team meetings, information on treatment progress is communicated within a timely manner by the treatment provider, and is discussed during every team meeting.

Key Component #2

Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights:

The GCADTC consistently promotes public safety and works to protect the rights of the participants. The court has a Public Defender or Defense Attorney, who is a member of the GCADTC Team. Her role includes advising participants of their rights before they enter the program, and reviewing the Contract with them before they sign it. As observed during Team meetings, the Defense Attorney advocates for the best interests of participants during decision-making and ensures that sanctions and incentives are imposed in a consistent manner across all participants. On the other hand, the two Assistant District Attorneys screen all eligible candidates to determine whether they are appropriate for this program, and that they will not be a threat to public safety. The ADA's also protect the rights of any victims, and the community at large, by ensuring that participants are held legally accountable for their actions through the imposition of sanctions and rewards. The Judge also protects public safety by enforcing the Team's decisions and ensuring that participants are held accountable for their behavior.

Key Component #3

Eligible participants are identified early and promptly placed in the drug court program:

The court implements a screening and admission process that is geared towards facilitating quick identification and admission of eligible candidates. However, team members reported a few barriers that lengthen the time-period between referral and admission. These barriers are related to the lack of follow-through in attending scheduled eligibility screenings, and the inability to contact candidates using the contact information provided. Once eligibility screening is conducted, candidates are immediately referred to the treatment provider for service delivery. At the next scheduled court session, they begin the "opt-out" period, which allows both the candidate and the team members to ensure that the program is appropriate for the individual. Candidates are officially admitted to the program at the end of the two-week "opt-out" period. According to MIS data analysis, the average length of time between eligibility screening and admission is 22 days.

Key Component #4

Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services:

GCADTC participants are provided with a variety of treatment services, including individual counseling, group therapy, residential treatment, mental-health services, and 12-step support groups. In addition, both the Treatment Provider Liaison and the Case Coordinator refer participants to ancillary services such as housing, domestic violence, transportation, educational training, and employment services. Most participants found the treatment services to be helpful and informative. Team members and participants identified the need for additional mental health, housing and employment services. They also reported that there are currently no long-term residential treatment services available for female participants. The court is encouraged to continue seeking additional treatment options and ancillary services for participants.

Key Component #5

Abstinence is monitored by frequent alcohol and other drug testing:

Drug testing is an integral and required part of the GCADTC program. Participants undergo screening for drug use at least once per week, including random tests. Both active and former participants found drug testing to be a helpful deterrent to drug use. Team members and some current participants expressed concern about the accuracy of the drug test results. According to team member reports, the Team is currently working with the Department of Corrections laboratory to reduce the occurrence of false positives and increase the accuracy rate of the drug tests. In the mean time, the Team could discuss procedures for handling participants who challenge drug test results. As recommended by one team member, the Team could also seek a medical doctor or pharmacist who could consult with them on issues related to drug testing.

Key Component #6

A coordinated strategy governs drug court responses to participants' compliance:

Responses to compliance, including decisions regarding sanctions, incentives, termination and graduation, are generated by a democratic, consensus-based processes, and the Judge has the authority to make the final decision if there is no agreement. All responses to compliance are guided, in part, by documented criteria, but the Team also maintains the flexibility to consider individual circumstances when making decisions about sanctions and incentives. This individualized approach, while focused on and concerned with the participants' best interests, is likely related to participant reports of the lack of consistency in the application of sanctions and incentives.

Key Component #7

Ongoing judicial interaction with each drug court participant is essential:

Interaction between the Judge and participants is an important part of the GCADTC program. The Judge speaks directly with each participant at the bi-weekly court sessions, where she offers encouragement and motivation for compliant participants, and warnings and reprimands for non-compliant participants. Team members and participants both found the participants' interactions with the Judge to be an important aspect of the program. Participants reported that the Judge was appropriately harsh when they were noncompliant, and she recognized them when they were doing well. Consumer Satisfaction ratings indicated that, on average, current participants were satisfied with their interactions with the Judge.

Key Component #8

Monitoring and evaluation measure the achievement of program goals and gauge effectiveness:

In the last two fiscal years, the GCADTC has conducted SCOT analyses which identify the strengths and weaknesses of the program, and recommend actions that can be taken to strengthen the program. The GCADTC has also submitted annual progress reports to the BJA, detailing their progress in achieving each of the Drug Court 10 Key Components.

Key Component #9

Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations:

Team members reported that they had attended state and national trainings and received both role-specific and general training on drug courts. However, they identified the need for more cross-disciplinary training opportunities. Court administrators should seek additional funding and training options and add required cross-training or continuing education requirements to the court's Policy Manual.

Key Component #10

Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness:

The GCADTC has forged relationships with some community agencies, most notably Alcohol and Drug Services of Guilford Inc. (ADS), which is the main treatment provider. Participants are also referred to a variety of ancillary services provided by community-based agencies. The court is administered by a Local Management Committee, which includes representation from many public agencies and community-based organizations in Guilford County. Team members reported the need for additional personnel on the Team, including an additional Case Coordinator, more Probation Officers, Surveillance Officers, an administrative assistant, a psychiatrist, a medical doctor who can serve as a consultant regarding drug testing, and a consultant on homelessness or housing issues. The court might consider seeking some of these individuals to serve as consultants to the Team. Although most team members reported that the community has been supportive of the program, a few team members mentioned a lack of support from some community agencies and individuals. This was attributed to a lack of knowledge about the program within the community. Program administrators are encouraged to continue publicizing the needs of the program within the community and educating community members about the accomplishments of the GCADTC program.

Conclusions and Recommendations

Strengths of Program

The GCADTC program is characterized by several strengths that facilitate the efficient functioning of the court. A main strength identified by both team members and participants is the dedication and commitment of the Team. Observations of the Team meetings, combined with team member reports, indicated that team members were each fulfilling their roles in accordance with the duties documented in the Policy Manual, and those prescribed by the AOC Best Practice guidelines. Each team member has equal opportunity to provide input into all discussions, and decisions are made through consensus after taking each viewpoint into consideration. Despite the fact that team members represent several agencies and come from different theoretical backgrounds, they reported that they have good relationships with each other and are able to work as a cohesive unit. GCADTC participants also acknowledged the commitment of the team members. According to current and former participants, team members were helpful, respectful, concerned, dedicated, and professional. In addition, results from the Consumer Satisfaction Survey showed that participants were most satisfied, on average, with their interactions with the Judge, and their interactions with other Team members.

Various court documents were collected and reviewed for this evaluation. These included the Policies and Procedures Manual, Participant Handbook, Sanctions and Incentives grids, Participant Contract, and Treatment Curriculum. The court's policies and procedures were clearly and comprehensively documented in these sources, and they provided an accurate description of its operation. Team member reports indicated that they were generally pleased with the court's policies, particularly regarding eligibility, graduation, termination, and phase system requirements. In addition, the court has clear goals and measurable objectives which guide the Team as they implement the program.

Team members and participants identified case management, structure, and accountability as some of the most important aspects of the GCADTC. The Case Coordinator meets regularly with participants to monitor their progress in fulfilling court requirements, to connect them with needed services, and to assist them with making plans to achieve their goals. As observed during the court sessions, the Judge holds participants accountable for their behavior by imposing sanctions and incentives in response to their compliance. Drug testing is also administered regularly and randomly to monitor abstinence. In addition, a Probation Officer meets regularly with participants, and a Surveillance Officer conducts curfew checks periodically. These components facilitate effective participant monitoring, and provide participants with support and structure to improve their chances of success.

According to reports made by team members and participants, the GCADTC promotes positive changes in the lives of the participants. At least half of the team members reported that participants improved their relationships with their families and others, formed new positive relationships, improved their self-esteem, and learned to love themselves. Team members also mentioned that participation in the GCADTC program enabled participants to obtain employment, become more responsible, achieve abstinence, making healthier choices, improve appearances, improve health, increased knowledge about themselves, and gain a better quality of life. Current and former participants identified many of the same types of changes reported by team members. All of the current participants, and one graduate, reported that the program helped them to either reduce, or refrain from using alcohol or drugs. Most current and former participants also mentioned that they improved their relationships with their spouses, children, and other family members. About half of the participants reported that the program enabled them to gain employment, improve their health, avoid criminal behavior, and become honest and responsible.

Recommendations

Several recommendations have been made throughout this report, in response to barriers that the court's Team and administrators have faced in the implementation of the program. These recommendations offer suggestions for continued improvements in the functioning of the court. A few of the key recommendations are described below.

The GCADTC was originally funded through a BJA grant that was awarded for a three-year period, and extended for an extra year. This funding is scheduled to end in March of 2006. Court administrators reported that they have taken steps to seek alternative funding sources to sustain the DTC program after the BJA grant expires. This includes negotiations with the state and county government and research on other grant opportunities. One option suggested by AOC officials would be to utilize public resource funds for treatment services provided to GCADTC participants. In order to qualify for these funds, it is recommended that the Team revise the court's eligibility criteria to target candidates with an intermediate punishment type.

The Team could also examine its database to determine whether all current participants are accurately classified into the applicable punishment type. Since publicly-funded treatment services are prioritized for defendants with an intermediate punishment type, this would allow the court to access an additional, stable source of funding for services provided to GCADTC participants.

The GCADTC Team makes decisions about sanctions and incentives during regularly scheduled pre-court staffing meetings. They use the Sanctions and Incentives Grids for guidance, but they also consider individual factors such as the circumstances surrounding the offense, the number of occurrences, and the effectiveness of the sanction on the participant. According to reports made by participants, the Team's efforts to individualize sanctions are sometimes misinterpreted as demonstrations of favoritism or leniency. Most current participants reported that sanctions were not imposed consistently across participants, and across behaviors. The Team could consider implementing individual behavior contracts for participants, which would be tailored to their specific needs. This would allow the Team to use the most effective sanctions for each participant, while taking individual circumstances into account. By explaining the use of individual contracts to participants, the Team might be able to alleviate concerns about the inconsistent application of sanctions. Some participants and team members indicated that the incentives used by the court are not effective in motivating participants to succeed in the program. In particular, some participants mentioned that the fishbowl method used to deliver incentives during court sessions is based on luck. To make the rewards more meaningful to participants, the Team could restructure the incentives by matching specific rewards with specific accomplishments or behaviors. They could also consider increasing the use of rewards that allow participants to be excused from fulfilling some court requirements, such as missed court sessions (BYE), later curfews, and reduction or waiving of court fees.

One of the main barriers identified by team members was the need for long-term, residential treatment services for women. Team members reported that they currently have several long-term treatment options for males, but none for female participants. Court administrators could contact the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (NCMHDDSAS) regarding long-term treatment options for women, and alternative substance abuse and mental health treatment services for all participants. Several team members and participants also identified the need for additional housing and employment services. Team members reported challenges in finding safe, affordable housing for participants, which would allow them to recover within a supportive, drug-free environment. As recommended by one team member, the Team could consider recruiting a consultant on housing and homelessness issues to aid in finding housing options for participants. Participants commented on difficulties in finding full-time employment, especially jobs that offer flexible schedules that are compatible with their drug court schedules. In addition to networking with community employment agencies, the Team could also seek a consultant who could assist with finding job placements for participants.

According to team members, the previous Program Coordinator had instituted an alumni Group for program graduates, but the group disintegrated once the Coordinator left this position. An aftercare or alumni program is an important component of DTC programs, because it provides support for graduates, and increases the likelihood that the success achieved through the program will be sustained. One GCADTC graduate commented on the lack of structure and support upon program completion. It is recommended that the Team conduct research of existing aftercare programs of other drug courts, and utilize examples of evidence-based practices to develop an official aftercare program. Frequent contact with graduates through an alumni group or aftercare

program would also facilitate data collection by future evaluators. For this evaluation, only two interviews were conducted with former GCADTC participants, due to the lack of accurate contact information. The court could also implement a more systematic procedure for maintaining contact information for terminated participants. This information could be obtained by regular phone call contact, or by maintaining more updated information on re-arrest data regarding these participants.

Conclusions

The GCADTC program is a post-plea, drug court program designed to address the substance abuse problems of non-violent, adult offenders with Class H and Class I felonies in Guilford County. The program began accepting clients on December 18, 2002, and had served a total of 135 participants by April 29th, 2005. There are many strong qualities that characterize this program, and contribute to its effective implementation and functioning. The inter-disciplinary GCADTC Team is comprised of qualified individuals who are committed to the goals of the program and have good working relationships with one another. They implement the program in accordance with the court's goals, objectives, and policies, which are clearly documented in the Policy and Procedures Manual and other court documents. The court achieves its goals by providing participants with substance abuse treatment services, and monitoring their compliance through drug tests, case management, probation supervision, and judicial supervision. Participants receive ongoing support from team members and are referred to a variety of ancillary services within the community. Reports made by team members and participants indicate that the program has had a significant impact on the lives of participants. The most commonly reported changes included refraining from the use of alcohol and drugs, improved relationships with family members and friends, increased self-esteem, and becoming more responsible.

Some of the ongoing barriers identified by team members and participants included sustainable funding, effective use of sanctions and incentives, housing and employment services, long-term residential treatment options for women, and the lack of an aftercare program. In order to gain access to more public resource funds for treatment services, the court could consider revising its eligibility criteria to target offenders who have an intermediate punishment type. Suggestions were also made for making incentives more effective, including matching incentives with specific accomplishments or desired behaviors, and increasing the use of incentives that excuse participants from some court requirements. The Team could consider the use of individual behavior contracts as a way to ensure that they use the most effective and appropriate sanctions for each participant. This might also address participant concerns about the inconsistent application of sanctions. Housing and employment experts could be recruited to assist participants in accessing services, and the Team could contact the NCDDMHSAS regarding long-term residential options for women. It was also recommended that the Team develop an aftercare or alumni program to provide ongoing support to program graduates. Despite the challenges mentioned in this report, it appears that the GCADTC program has been implemented in a manner that is consistent with its stated goals and objectives. By addressing these challenges, the court can further strengthen its effectiveness in serving its target population.

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SUBCHAPTER XIV. DRUG TREATMENT COURTS. Article 62. North Carolina Drug Treatment Court Act. §7A-790.

Appendix A

Table 1. Satisfaction with Components of Guilford County Drug Treatment Court

COMPONENT	STATISTICS			RESPONSE FREQUENCY (%)			
	n	Mean	Standard Deviation	Very Unsatisfied	Unsatisfied	Satisfied	Very Satisfied
1. Frequency of court appearances	15	2.87	0.83	13.33	0.00	73.33	13.33
2. Interactions with the judge	15	3.33	0.82	6.67	0.00	46.67	46.67
3. Interactions with the drug court team	15	3.07	0.70	6.67	0.00	73.33	20.00
4. Cooperation of agencies with each other	14	3.00	0.96	14.29	0.00	57.14	28.57
5. Your substance abuse treatment services	15	3.00	0.93	6.67	20.00	40.00	33.33
6. Your mental health treatment services	10	2.60	0.70	10.00	20.00	70.00	0.00
7. Your vocational treatment services	12	2.67	0.78	8.33	25.00	58.33	8.33
8. Other services you received	10	2.90	0.57	0.00	20.00	70.00	10.00
9. Sanctions you've received from drug court	13	2.54	0.66	7.69	30.77	61.54	0.00
10. Incentives you've received from drug court	15	2.80	0.68	0.00	33.33	53.33	13.33
11. Drug testing	14	2.50	0.76	14.29	21.43	64.29	0.00
12. Your community service activities	10	2.80	0.79	10.00	10.00	70.00	10.00
13. Positive activities/social events org. by court	12	3.00	0.74	8.33	0.00	75.00	16.67
14. The Drug Court program overall	15	3.00	0.76	6.67	6.67	66.67	20.00

Notes:

1. Scores range from a low of 1 (Very Unsatisfied) to a high of 4 (Very Satisfied).
2. Due to rounding, frequencies do not necessarily total 100%.

Table 2. Difficulty with Requirements of Guilford County Adult Drug Treatment Court

REQUIREMENT	STATISTICS			RESPONSE FREQUENCY (%)				
	n	Mean	Standard Deviation	Very Difficult	Difficult	Somewhat Hard	Easy	Very Easy
1. Making it to court appearances	15	4.13	0.83	0.00	6.67	6.67	53.33	33.33
2. Attending mental health treatment services	7	3.71	0.95	0.00	14.29	14.29	57.14	14.29
3. Cooperating w/ your mental health treatment	8	3.63	1.19	12.50	.000	12.50	62.50	12.50
4. Taking psychiatric medication regularly	6	4.00	0.63	0.00	0.00	16.67	66.67	16.67
5. Attending your substance abuse treatment services	14	3.71	0.83	0.00	7.14	28.57	50.00	14.29
6. Cooperating with your substance abuse treatment services	14	4.14	0.36	0.00	0.00	0.00	85.71	14.29
7. Attending other services you arranged	13	3.92	0.76	0.00	0.00	30.77	46.15	23.08
8. Going to the location of the drug testing	15	3.93	1.03	6.67	0.00	13.33	53.33	26.67
9. Cooperating with drug testing	14	4.07	0.73	0.00	0.00	21.43	50.00	28.57
10. Attending meetings w/ probation officer	14	4.07	0.62	0.00	0.00	14.29	64.29	21.43
11. Attending meetings w/ case manager	14	4.00	0.78	0.00	7.14	7.14	64.29	21.43
12. Attending AA/NA meetings	14	3.64	0.84	0.00	7.17	35.71	42.86	14.29
13. Participating in AA/NA meetings	14	3.86	0.66	0.00	0.00	28.57	57.14	14.29
14. Paying court fees	13	3.00	1.47	23.08	15.38	15.38	30.77	15.38
15. Paying fines	12	2.75	1.36	16.67	33.33	25.00	8.33	16.67
16. Staying away from other adults with drug problems or criminal histories	14	3.71	1.07	0.00	14.29	28.57	28.57	28.57
17. Staying clean and sober	14	4.00	1.04	0.00	7.14	28.57	21.43	42.86
18. Staying crime free	14	4.50	0.52	0.00	0.00	0.00	50.00	50.00

Table 3. Consumer Satisfaction Survey: Protection of Participants' Rights in Guilford County Adult Drug Treatment Court

Variable	N	Mean	Standard Deviation
Protecting Your Rights	13	2.77	0.83

Notes:

- 3. Responses to the question, "Do you think your overall rights are protected in the Family Treatment Court program?"**
- 4. Ratings were on a scale from 1 to 4 where, 1=Not at All Protected, 2=Somewhat Protected, 3=Very Protected and, 4=Completely Protected.**

Table 4. Consumer Satisfaction Survey: Demographics of Guilford County Adult Drug Treatment Court Participants

Characteristics of Participants	Number (N=15)	Percentage (%)
Gender	15	
Female	4	26.67
Male	11	73.33
Race	15	
Black	9	60.00
White	6	40.00
Other	0	0.00
Ethnicity	11	
Hispanic	0	0.00
Not Hispanic	11	100.00
Marital Status	15	
Married	4	26.67
Divorced/Separated	6	40.00
Single	5	33.33
Living Arrangement	15	
Community Housing	5	33.33
Incarcerated	0	0.00
Independent	10	66.67
Location of Court	15	100.00
Guilford County	15	
Employment	15	
Full Time	5	33.33
Part Time	3	20.00
Unemployed	7	46.67
Age	15	
25-29	2	20.00
30-39	5	33.33
40-49	3	20.00
50+	5	33.33
Time in Court (months)	15	
1-5	6	40.00
6-11	5	33.33
12+	4	26.67

Table 4. (Cont.)

Characteristics of Participants	Number (N=15)	Percentage (%)
Primary Drug	13	
Alcohol	3	23.08
Crack	4	30.77
Marijuana	1	7.69
Cocaine	2	15.38
Other	3	23.08
Crime	13	
Illegal selling/distribution of substances	1	7.69
Possession	6	46.15
Theft	2	15.38
Other	4	30.77
Criminal History	15	
No	4	26.67
Yes	11	73.33
Substance Abuse Treatment History	15	
No	10	66.67
Yes	5	33.33
Highest Grade Completed	14	
Eighth grade	2	14.29
Eleventh grade	3	21.43
Twelfth	5	35.71
Completed College	2	14.29
Some Graduate Work	2	14.29
GED	10	
No	7	70.00
Yes	3	30.00