

**Adult Drug Treatment Court
Process Evaluation Report:
Mecklenburg County Court
Districts A and B STEP Program**

2005



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Mecklenburg County Districts A and B Adult Drug Treatment Court

Executive Summary

Purpose:

- To describe the operation of the Mecklenburg County District Court Adult Drug Treatment Court.
- To compare the implementation of the court with the stated mission, goals, and operations 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 court structure and operation.

Background:

- Established in 1995 as one of the five pilot drug courts in North Carolina, the District Courts STEP Program operates as a partnership between the criminal justice and substance abuse treatment systems, utilizing court-ordered treatment to reduce drug and alcohol dependence, criminal behavior, and incarceration. In order to achieve this objective, the Program targets non-violent, mentally stable offenders or probationers who are eligible for community or intermediate punishment.

Method:

- Individual interviews were conducted with team members, former participants, and an AOC representative.
- Focus groups were conducted with a sample of current court participants. These participants additionally completed a Consumer Satisfaction Questionnaire.
- One treatment team meeting, one pre-court staffing meeting, and one court session were observed.
- Quantitative analyses were conducted using data from the web-based MIS.

Key Findings:

- The overall graduation rate is in line with the state average although one of the District courts has a noticeably higher rate of graduation than the other.
- The District Courts STEP program has a very experienced, innovative, and dedicated team and excellent linkages to ancillary services.
- State and county funding changes may affect the treatment provider's ability to serve the current number of court participants.

Conclusions:

The District Courts STEP program seems to be functioning in line with the state goals and its stated mission; however, funding changes could potentially affect the structure of the team and/or the court's treatment contract. If changes must be implemented, it is recommended that whenever possible, the team make decisions based on available MIS data, a review of the drug treatment court and substance abuse literature, and consider the recommendations made in this process evaluation.

Mecklenburg County Districts A and B Adult Drug Treatment Court 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 Mecklenburg County Districts A and B Adult Drug Treatment Court, also known as the STEP Program (Districts A and B), 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 (AOC) and the Bureau of Justice Assistance, and are supported by the North Carolina Governor's Crime Commission. As enumerated in North Carolina General Statutes §7A-795, the North Carolina Drug Treatment Court Advisory Committee was "established to develop and recommend to the Director of the AOC guidelines for the DTC and to monitor local courts wherever they are implemented".

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 nor 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 STEP Program (Districts A and B). 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.

Mission

The mission of the Districts A and B STEP Program, as stated in the 2004 edition of the Mecklenburg *Policies and Procedures Manual*, is as follows:

“The mission of the Mecklenburg County Drug Treatment Court is to reduce drug and alcohol dependence, criminality, and incarceration of substance-addicted offenders through a court-directed drug and alcohol treatment Program that provides a continuum of appropriate treatment and other necessary services under close supervision.”

Program Goals

North Carolina Drug Treatment Courts

All North Carolina Drug Courts were funded and implemented under the authorization of the 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 Court Goals

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 Goals and Objectives

The 2004 edition of the Districts A and B STEP Program *Policies and Procedures Manual* does not specifically state any Program goals but does state several objectives. These are as follows:

1. *To introduce and maintain recovery from drugs and alcohol among dependent offenders through treatment, self-help and community support;*
2. *To reduce recidivism among dependent offenders;*
3. *To improve legal employment among dependent offenders;*
4. *To improve overall health, familial, and social functioning of dependent offenders;*
5. *To improve the involvement of family members and significant others in treatment and recovery issues;*
6. *To reduce or improve the function of, pre-trial confinement time for AOD dependant offenders;*
7. *To promote the successful completion of probation and reduce probation revocations and incarceration of dependent offenders;*
8. *To promote effective interaction, management, cross-training, and use of resources among judicial personnel, agencies, and the community; and*
9. *To reduce the negative impact of AOD dependant offenders on court workloads.*

Conclusions and Recommendations

The mission, objectives and policies of the Districts A and B STEP Program conform to the standards established by the State of North Carolina. The Program meets these standards and adds to them by attempting to improve the employment, educational, and familial circumstances of the Program participants by maintaining connections with community-based resources.

History of Mecklenburg County Adult Drug Treatment Court Program

According to interviews with team members, the idea and planning for the Mecklenburg DTC began in 1992. At that time, Judge Philip Howerton suggested to the Chief District Court Judge that Mecklenburg County should implement a drug treatment court similar to the drug court Program functioning in Miami, FL. Also at that time, North Carolina Supreme Court Chief Justice James Exum had begun a project to address the overwhelming problem of substance abuse and addiction that permeates many of the cases brought before the courts.

In January 1993, the Mecklenburg court system implemented a differentiated case management docket, or “Fast Track” court, for drug-related offenses. Several judges, including Judge Fulton and Superior Court Judge Chase Saunders, were concerned that this Program did not adequately address the underlying drug and alcohol problems inherent in those charges. The Public Defender’s Office was asked to investigate and provide information on whether a drug court Program modeled after the Miami Drug Treatment Court could be implemented in Mecklenburg County. In December 1993, a workgroup of criminal justice and treatment officials led by Judge Fulton and Chief District Court Judge James Lanning were sent to Miami to investigate and observe how the treatment court operated as part of a federally funded conference on Drug Treatment Courts in Miami, Florida. While on this trip, officials determined to move forward from studying the issue to implementing a Program.

By January 1994, various agencies and individuals in North Carolina convened as part of the newly formed Chief Justice’s Task Force on Substance Abuse and the Courts. The task force determined that the Mecklenburg County criminal justice system had numerous issues related to a prevalence of substance abuse and dependence among criminal defendants and a lack of focus in the court system on addicted offenders. In sum, there was a general feeling that the community at large was not being adequately protected. The Task Force further found a variation in judges’ assignments of treatment requirements, a lack of available low-cost treatment for indigent offenders, and a misuse of scarce treatment resources for offenders who were improperly placed into such treatment. Finally, the Task Force found that court personnel felt a sense of futility when dealing with offenders who committed crimes to support their substance abuse issues and that ineffective information-sharing existed between the criminal justice system and treatment services.

After their visit to Miami, Mecklenburg officials began to develop a plan to implement a local drug treatment court. The group tried twice to win federal grant monies to sustain the drug court Program but failed. In January 1995, another group of state and local officials, including Judge Howerton, attended the first conference of the newly formed National Association of Drug Court

Professionals. Upon hearing that courts had been created without substantial funds, Judge Howerton proposed moving forward in Mecklenburg accordingly. With the approval of local officials for a pilot Program, the Mecklenburg County Adult Drug Treatment Court was established in District Court without appropriations or additional funding from the county or state. The court was sustained through existing resources and through a collaborative effort between members of the court system and the McLeod Center. The court was informally managed through the Trial Court Administrator's Office, although it was reported that everyone played a role in the management of the court in its early stages. The Program began to admit participants and court convened for the first time on February 9, 1995; by July 1995, the court, which was presided over by Judge Howerton, served an average of 60 active participants.

Later in September 1995, the North Carolina General Assembly passed legislation establishing five pilot drug court Programs in North Carolina. The Mecklenburg Drug Treatment Court received state funding in March 1996. Upon receiving state funding, Mecklenburg added a second drug court housed in the District Court and presided over by Judge Jerome Leonard. At that time, the Program was managed by Ed Ritch through Mecklenburg Community Corrections, Inc. On March 27, 1996, with the aid of state funding, the Mecklenburg Adult Drug Court Program was no longer a pilot Program and officially began to accept new participants.

The daily operating name of the Mecklenburg County Drug Treatment Court Program is S.T.E.P. (Supervision, Treatment, Education, and Prevention). This name was chosen to communicate to the public and to members and participants of the Program the basic functions of the Program.

History of Program Modification and Self-Evaluation

One of the most significant changes to the Districts A and B STEP Program has been the addition of another court Program. When this STEP Program first began, there was only one drug treatment court housed in District Court, but in 1996, the Program expanded to include another Judge, Case Coordinator and court session, and then an additional Case Coordinator. A team member reported that these changes were due to increases and decreases in funding. As the number of District Court Programs increased, two more Case Coordinators were hired to facilitate the growing number of participants and to ensure that services were being provided to them all. In 1996, a third Case Coordinator was hired. He now splits his time between the two district court STEP Programs.

Another significant change in the functioning of this STEP Program was the adoption of the Sanctions and Incentives Grid. Implementation of sanctions and incentives was discretionary and based on the judgment of the team members. In 1997, the team adopted the Sanctions and Incentives Grid in order to standardize the method in which sanctions were imposed. It has been revised and modified several times since then but essentially follows the ten principles set out in the original grid.

Another change has involved expansion of the Case Coordinator role. At the inception of the Districts A and B STEP Program, the Treatment Provider accomplished most of the tasks now accomplished by the Case Coordinators. As the Program progressed, the Probation Officer then took on these responsibilities. Probation had expressed concern that their roles were not being

fully utilized. The court teams learned that the system functioned better with a combination of treatment-oriented and supervision-oriented case management. Finally in 1998, when the Program was reorganized, case management was operated from the court itself. The Districts A and B STEP Program hired a Case Coordinator to specifically accomplish case management tasks, freeing the other members of the team from those responsibilities. This change was reportedly made to ensure that the data concerning treatment and court attendance, drug screening results, and other types of court program compliance was accurately recorded and reported back to the court. When the Treatment Provider took responsibility for the case management, data entry was required twice-- once for the provider's system and once for the court system. At the beginning, data was recorded and maintained by hand or on hard copy, but in 1998, the Case Coordinators were able to utilize the new MIS database provided by the North Carolina Administrative Office of the Courts.

Self-Evaluation

The *Best Practices for Model Drug Treatment Courts* (Administrative Office of the Courts, 2004) requires that Drug Treatment Courts conduct annual self-evaluations, which include reviewing core court services, financial statements, Program audit reports, and treatment review reports, and evaluating the cost of services provided. The purpose of self-evaluations is to allow the team an opportunity to assess the overall strengths and challenges of the local court and to use this knowledge to make changes that will improve the court's overall ability to meet its operations and outcome goals.

For this process evaluation, the Districts A and B STEP Program provided iRT staff with the results of self- analyses, in the form of Strengths, Challenges, Opportunities and Threats (SCOT) analyses and Strengths, Weaknesses, Opportunities, and Threats (SWOT) analyses for FY 1999-2000, FY 2000-2001, FY 2001-2002, and FY 2003-2004. These documents provide documentation in the form of numbered or bulleted information regarding the strengths, challenges/weaknesses, and proposed action plans for the upcoming year. Detailed accounts of the strengths, challenges, and proposed actions did not appear in the record of SCOT analyses provided by the court for this process evaluation.

In the FY 1999-2000 STEP SWOT analysis, the team members reported that the strengths of the Program were that it had an ADA and Assistant Public Defender who were dedicated to the non-adversarial process and a well-coordinated team that had the clients' best interests in mind. The team also reported that there was good communication among the team members, great community connections, and training opportunities provided by the AOC.

The team reported several challenges. In addition to seeking additional financial resources (to fund more meaningful incentives and additional client services), they also reported the need for more Program support from the local police departments and the Program Judge. Other challenges cited included voluminous paperwork, lengthy meetings, lack of support from community mental health and disagreement related to the roles and responsibility of the PO on the team. Lastly, the STEP Program faced challenges concerning the authority of the Probation Officer to arrest clients when the situation required it. The STEP Program team members developed six strategies to address these challenges. They planned to invite community

organizations to the courts sessions and to implement interdisciplinary training with other agencies. They planned to create more opportunities within the DTC itself and to find employment opportunities and recreational activities for the Program participants. Finally, the team members planned to court public officials as a method to seek more funding.

In FY 2000-2001, in the STEP SWOT analysis, the team members reported strong judicial commitment and leadership, effective administration by the Trial Court Administrator, a committed, client-focused staff, and system-wide acceptance as Program strengths. They also reported that the court staff had many years of experience and a respect for organizational expertise and boundaries. Finally, the court team members reported that the Program had consistent procedures and guidelines, as well as an ability to be flexible within those guidelines. The team identified three problematic situations considered to be internal weaknesses of the Districts A and B STEP Program. These reported weaknesses were related to existing tensions between the DTC Program and Treatment Providers; the lack of adequate staffing and technological tools to accomplish the AOC-required data collection; and the overall complexity involved in managing a large Program and serving a large county. The team also reported some external weaknesses that included funding inadequacies and the lack of resources to accommodate the needs of all DTC clients.

To address these external and internal issues, the team planned to educate the public and other agencies about the DTC; solicit positive media coverage; build collaborative relationships with other public agencies; take a role in public services and prevention Programs; and find other funding opportunities. From these plans, the team created four goals for the fiscal year: to strengthen the organizational structure in order it improve the decision-making process and streamline operations; to develop and maintain productive relationships with treatment providers who provide holistic individualized curriculum; to eliminate or reduce the inefficiencies of data collection and record-keeping; and to develop and implement Program expansions that provide needed services not available for the DTC client.

In the FY 2001-2002 STEP SWOT analysis, the team members reported that the strengths of the Program were that it had a committed, knowledgeable and professional staff which demonstrated genuine care for the clients, that the Program was reasonably well-funded, and that the staff members were open to new ideas. The team reported several weaknesses of the STEP Program. These included clients who were younger and had a greater number of severe problems; the loss of clients between the time of Program sign-up and the first scheduled treatment appointment; disagreement among the team members about the suitability of some clients for the STEP Program; and issues surrounding the collection of fees from participants. Also, the team reported that the time period between identification and enrollment was too lengthy and that there was a lack of a screening tool and a more accurate substance abuse screening instrument. In addition to these weaknesses, team members reported that the Probation Officer was overloaded with cases because he or she must carry the regular caseload as well as the Districts A and B STEP caseload.

To address these issues, the members from the STEP team, Districts A and B, planned to engage in pre-training for team members and to begin staff recruitment and support. Also, the team

planned to engage in community referral development by persuading mental health and substance abuse treatment providers that STEP is a valuable Program.

In the FY 2003-2004 STEP SCOT analyses, team members reported that the strengths of the Program were that it had open and honest communication and teamwork and that the Program had a committed staff and an increased number in trained judges. The integration of mental health and creation of in-house service provision, bilingual services and treatment for the dually diagnosed were also listed as Program strengths. In addition to these strengths, team members also reported that the ABC grant monies and the increased credibility of the Program with the public and the court system were Program strengths. As challenges, the team listed on-site treatment, fee collection, the screening process and the lack of a comprehensive treatment plan. The team also reported that job placement for clients, motivating clients to participate in the Program, and adequate Program supplies were challenges to the District Courts STEP Program. In addition to these challenges, the team also reported that high turnover in the District Attorney and Public Defender's offices, as well as procedural problems with the Probation Department, were challenges for the District Courts STEP Program.

To address these challenges, the team planned to get involved in the Drug Awareness National Drug Court Month, to publicly acknowledge outside agencies, to implement an alumni group and to include alumni in the Program.

Conclusions

Review of these SCOT/SWOT analyses reveals that teamwork and open communication, as well as dedication of the staff members, has consistently been a point of strength for the Districts A and B STEP Program. Funding issues have varied across time for this court but have generally been reported as a challenge or weakness. In addition to issues concerning funding, the team members have also consistently reported high staff turnover and some difficulty engendering community and external agency support as Program challenges.

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 methods and procedures, an initial orientation and planning meeting was held before 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; Debbie Reilly, AOC Adult DTC Specialist; Dr. Elizabeth Jackson, Dr. Ann Brewster, Dr. Valerie Anderson, and Eunice Muthengi, iRT Team Leaders for the Process Evaluation project; and Directors from each of the drug courts participating in a process evaluation in January and February 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; a description of the respective roles of each institution (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 tasks and timelines for the evaluation. Treatment

Court administrators were informed of the importance of providing all needed information in accordance with the provided timeline due to the short duration of the process evaluation project. 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 four types of data and methods used to collect and analyze data for this process evaluation report: quantitative data, qualitative data, observational data, and historical documents. 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 the District Courts STEP Program from its inception to December 31, 2004, 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/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 drug treatment court experience. Current participants completed a Consumer Satisfaction Questionnaire at the close of a court session. 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 treatment 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. First, a one-and-a-half hour-long focus group interview was conducted with two groups of three to four current Program participants, who were available to participate. This focus group interview was conducted in a group therapy room at the site where all treatment provision is conducted, and was 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 group, the moderator reviewed the informed consent forms with focus group members and answered participants' questions. Then, the moderators followed the protocol outlined in the Moderator's Guide.

Additionally, the court was provided with two lists, each containing approximately eight identification numbers of former graduated and terminated recent participants drawn from two stratified random samples; ID numbers of alternates were provided as well in case contact information could not be obtained for the original eight in each list. These two lists represented participants in both District A and District B of the Mecklenburg County District Court Adult Drug Treatment Court. The Program Director provided phone numbers, wherever available, for the former participants included on these lists.

Attempts were made to reach each former participant with a telephone number. Despite multiple efforts to contact all of the individuals on these lists, only two drug court graduates and two terminated drug court participants could be reached by phone. Only the graduates gave consent and were available to be interviewed. Interviews followed a guided semi-structured questionnaire protocol. Trained project staff members from iRT conducted the interviews over the telephone. 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. The interview questionnaire included such topics as the most and least helpful aspects of the Drug Treatment Court, barriers to participation in the Program, feedback about sanctions and incentives, and how the drug court has affected the lives of the participants. In addition to telephone interviews, one graduated former participant was interviewed in person using the interview questionnaire.

Finally, individual interviews lasting approximately one hour were conducted with 11 of the drug court team members. The main topics discussed in each individual team member interview included questions about Program history, the most and least helpful aspects of the Drug Treatment Court 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. In addition to these interviews, the AOC Adult DTC Specialist was interviewed for information related to the court's history and perceived functioning.

Responses to each question were transcribed and recorded into a database 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 the pre-court treatment and staff meetings and in court sessions. For the treatment team and pre-court staff 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, interactions among team members, and interactions between the judge and the participants. One district court session, a treatment team staffing meeting and a pre court staffing meeting were observed for this report.

Historical Documents

Documents pertaining to the history, implementation, modification, and funding of the court were also analyzed for this process evaluation. These documents were received before June 10, 2005 and were included in this report: Court Process manual, Policies and Procedure's Manual, two editions of the Operations Manual, a Program Summary for District Courts S.T.E.P. Client (participant handbook), the SAIL contract agreement, the Mecklenburg Community Corrections contract agreement, a addendum to a grant proposal for which the STEP Program (Districts A and B) had applied, newspaper articles written in reference to the District Courts STEP Program and a videocassette recording of a news broadcast reporting on this STEP Program. Trained iRT staff members collected, reviewed, and incorporated information from these documents into the process evaluation, where appropriate.

Characteristics of Drug Court Participants

The District Courts STEP case coordinators routinely enter referral and participant data into the NC Adult MIS database for the AOC. The AOC made these data available to iRT for the purpose of analyzing person- and Program-level variables for this process evaluation.

The analyses of these data include all current and former participants unless otherwise specified. First, overall participant demographics are described. Then, more specific person- and Program-level information is presented and examined in relation to outcome (i.e. successful Program completion).

Demographics and Background Characteristics

A total of 347 participant records were available for analysis; this sample includes all of those individuals who enrolled in the Program prior to April 30, 2005. Five of these individuals

actively participated in the court twice. Of these, only one offender graduated from the Program twice. All of the other participants were terminated the first time, and with the exception of one, all were terminated the second time. The one remaining repeat participant has been active in the Program for the past 10 months and is likely to graduate in several months according to Case Coordinator reports.

Table 1 presents participant demographic and background characteristics of the District Courts STEP Program. As much as one-third of the 347 cases are missing demographic and background data, so the data presented may not truly represent the background characteristics of participants. The data available indicate that most participants (69%) are male and that the average age of participants is 34 years old. The age information is missing for 76 of these participants, and one individual's age is listed as '0'.

Most participants (58%) are African-American, but Caucasians also make up a significant proportion (39%) of the sample. Few participants (15%) are married or living with a partner; most participants (55%) are single and have never been married. Thirty percent of participants have a high school degree or GED equivalent and another 34% have completed some college in addition to high school. Although 139 participants (49%) are working at least part-time, 40% are unemployed and actively seeking work. The two most common drugs-of-choice in this group are crack (29%) and marijuana (28%). Only 46 participants (26%) report having received mental health treatment in the past.

As of April 30, 2005, 77 (22%) participants were active. (No participants were listed as inactive on the MIS system.) Seventy-eight percent of the sample had been discharged, and of those 270 participants, 88 (33%) successfully completed the Program and 182 (67%) did not complete it and were discharged. The outcomes (i.e. completion rate) for the two district courts were discrepant but not significantly different ($X^2 = 0.10$). From the District A court, 37% completed the Program, and from the District B court, 28% completed it. The remaining participants at each court were terminated. It is important to note that while this STEP team refers to the program graduation as "program completion", in this report, completion is termed "graduation" in order to be consistent with other court process evaluations and AOC data.

Table 1. General Participant Demographic and Basic Characteristics of the District Courts STEP Program

Characteristics Of Participants (As of 4/30/2005)	Number of Participants in Category	Percentage of Participants in Category
Total Number of Participants	347	100%
Total Active (Current) Participants	77	22%
Total Former Participants	270	78%
Status of Former Participants	270	100%
Graduated	88	33%
Terminated	182	67%

Characteristics Of Participants (As of 4/30/2005)	Number of Participants in Category	Percentage of Participants in Category
Gender*	177	100%
Female	55	31%
Male	122	69%
<i>* Frequency of missing data = 168</i>		
Race / Ethnicity*	177	100%
African / African-American	103	58%
Caucasian / White	68	39%
Other	6	3%
<i>* Frequency of missing data = 168</i>		
Marital Status*	176	100%
Married	21	12%
Living with someone as married (but not legally married)	5	3%
Divorced	28	16%
Separated	20	11%
Widowed	4	2%
Single / Never Married	96	55%
Other	2	1%
<i>* Frequency of missing data = 169</i>		
Educational Attainment (Years of School Completed)*	283	100%
Middle school (6-8)	8	3%
High school (NO diploma)	87	31%
High school diploma / GED	86	30%
Some college or technical college	44	15%
Two-year college / Associate degree	42	15%
Four-year college degree	11	4%
Professional work / No degree	0	0%
Graduate work / No degree	2	1%
Graduate or professional degree	2	1%
<i>* Frequency of missing data = 64</i>		

Table 1. (Cont.)

Characteristics Of Participants (As of 4/30/2005)	Number of Participants in Category	Percentage of Participants in Category
Employment Status*	286	100%
Disabled	12	4%
Unemployed (Available for and/or actively seeking work)	114	40%
Employed part-time (under 35 hours per week)	57	20%
Employed full-time (35 hours or more per week)	82	29%
Student	1	<1%
Retired or not in labor force and not available for work	16	6%
Other	4	1%
<i>* Frequency of missing data = 59</i>		
County of Residence*	166	100%
Iredell	1	1%
Mecklenburg	165	99%
<i>* Frequency of missing data = 179</i>		
Primary Drug of Choice*	167	100%
Alcohol	27	16%
Cocaine (Powder)	22	13%
Crack	48	29%
Heroin	5	3%
Marijuana	46	28%
Narcotics/Opiates (Other than heroin)	15	9%
Other	1	<1%
Stimulants (other than crack/cocaine)	3	2%
<i>* Frequency of missing data = 178</i>		
Ever Received Mental Health Treatment*	177	100%
No	131	74%
Yes	46	26%
<i>* Frequency of missing data = 168</i>		

The following three sets of tables (Tables 2-4) show the percentages of participant race, gender, and drug-of-choice by group. First, percentages are presented for the active, graduated, and terminated groups, and then the percentages are compared between only the graduated and terminated participant groups. The sample used for these analyses includes only the second instance of participation by the five who participated twice. Four of these five had the same outcome at the second participation except for the one who remained active as of April 30, 2005. To include these participants twice would be double-counting and misleading.

Table 2a indicates that African/African-Americans comprise the largest racial group in each category, and Caucasian/Whites are the second most common racial group. The percentage of African-Americans in each group ranges from 55% to 72%, whereas the percentage of Caucasian/Whites in each group ranges from 24% to 39%. The “Other” racial category does not account for more than 8% of a group.

The examined outcomes appear to differ across racial groups (see Table 2b). The graduation rate for the Caucasian/White group is significantly higher¹ at 44% than those rates for the other two groups (29% for African/African-American and 12% for the ‘Other’ group).

Table 2a. Drug Court Status by Race

Race	Court Status			
	Active	Graduated	Terminated	Total
African/African-American	41 (55%)	52 (60%)	126 (72%)	219
Caucasian/White	28 (37%)	34 (39%)	43 (24%)	105
Other	6 (8%)	1 (1%)	7 (4%)	14
TOTAL	75 (100%)	87 (100%)	176 (100%)	338

Table 2b. Drug Court Status by Race

Race	Court Status		
	Graduated	Terminated	Total
African/African-American	52 (29%)	127 (71%)	179 (100%)
Caucasian/White	34 (44%)	43 (56%)	77 (100%)
Other	1 (12%)	7 (88%)	8 (100%)
TOTAL	87	176	263

Many more males have participated in this STEP Program than women (see Table 3a), and the proportion of females in each group (i.e. active, graduated, and terminated) is relatively small, ranging between 24% and 32%. Even so, the percentage of women in the graduated group is larger than the percentage of women in the discharged group overall. In order to better assess the relationship between gender and outcome, the percentages of women graduating versus being terminated is compared (see Table 3b).

¹ Fisher's Exact test $p < .001$

Table 3a. Drug Court Status by Gender

	Current Participants	Discharged Participants			Overall Total
Gender	Active	Graduated	Terminated	Total Discharged	
Female	18 (24%)	28 (32%)	42 (24%)	70 (27%)	88
Male	57 (76%)	59 (68%)	135 (76%)	194 (73%)	251
TOTAL	75 (100%)	87 (100%)	177 (100%)	264 (100%)	339

Table 3b presents the outcomes of males and females who participated in the District Courts STEP Program. Thirty-nine percent of the participating females graduated. Although this is not statistically different than the outcomes for males, it is noticeably higher.

Table 3b. Drug Court Status by Gender

Gender	Court Status		
	Graduated	Terminated	Total
Female	28 (39%)	43 (61%)	71 (100%)
Male	59 (30%)	135 (70%)	194 (100%)
TOTAL	87	178	265

As evidenced in Table 4a, the most common primary drug-of-choice is marijuana for all participant groups. The next most common primary drug-of-choice in each participant group is crack. Alcohol and powdered cocaine are also commonly reported as the first-choice drug.

Table 4a. Drug Court Status by Primary Drug of Choice

Primary Drug of Choice	Active	Graduated	Terminated	Total
Alcohol	14 (19%)	16 (20%)	24 (14%)	54
Cocaine (Powder)	7 (10%)	10 (12%)	32 (19%)	49
Crack	20 (27%)	22 (27%)	40 (24%)	82
Other Stimulants	0	2 (2%)	1 (1%)	3
Heroin	1 (1%)	3 (4%)	5 (3%)	9
Marijuana	26 (36%)	22 (27%)	56 (34%)	104
Narcotics/Opiates	3 (4%)	7 (9%)	9 (5%)	19
None	1 (1%)	0	0	1
Other	1 (1%)	0	0	4
TOTAL	73 (100%)	82 (100%)	167 (100%)	322 (100%)

Table 4b indicates that the rates of Program completion are significantly different across the drug-of-choice groups². For three different drugs-of-choice, the graduation rates are greater than the average STEP graduation rate of 33%. The graduation rates are 67% for stimulants (other than cocaine), 44% for narcotics or opiates (other than heroin), 40% for alcohol, and 38% for heroin. Those individuals reporting “other” stimulants as the first-choice drug demonstrate the highest graduation rates; however, there are very few individuals in this group. Results based on so few individuals might be spurious and/or might represent the effects of other person-level variables associated with the identified drug-of-choice.

Table 4b. Drug Court Status by Primary Drug of Choice

Primary Drug of Choice	Court Status		
	Graduated	Terminated	Total
Alcohol	16 (40%)	24 (60%)	40 (100%)
Cocaine (Powder)	10 (24%)	32 (76%)	42 (100%)
Crack	22 (35%)	40 (65%)	62 (100%)
Other Stimulants	2 (67%)	1 (33%)	3 (100%)
Heroin	3 (38%)	5 (63%)	8 (100%)
Marijuana	22 (28%)	56 (72%)	78 (100%)
Narcotics/Opiates	7 (44%)	9 (56%)	16 (100%)
None	0	0	0
Other	0	0	0
TOTAL	82	167	322

The next three tables (Tables 5 to 7) detail the referral sources for all of the current and former participants of the District Courts STEP Program. As seen in Table 5, the Public Defender referred the most individuals to the Program. The next most common source of referral is the Private Defense Attorney.

Participant Referral Information

Table 5. Primary Referral Source

Primary Referral Source	N	Percentage
DCC (Probation or Parole Officer)	2	<1%
District Attorney	18	5%
Judge	20	6%
Private Defense Attorney	82	24%
Public Defender	215	63%
TASC	1	<1%
Other	1	<1%
TOTAL	339	100%

² Fisher's Exact test (p<.0001)

The STEP referral source is also analyzed by race. Although the referral rates differ slightly depending on the racial group, the pattern for the different groups seems in-line with the overall pattern. As with the participant group overall, Public Defenders accounted for the greatest percentage of referrals for both the African/African-American (72%) and Caucasian/White (45%) groups. Judges accounted for 4% of African/African-American referrals and 11% of Caucasian/White referrals. District Attorneys made 5% of the referrals for African/African-Americans and 8% of the DTC referrals for Caucasian/Whites.

The primary referral source is also examined by participant status (i.e. active, graduated, and terminated) and by gender. The pattern is similar for these, as well. For all groups, most referrals originated with the Public Defender or Private Defense Attorney. See Table 6 for results of primary referral source by participant status.

Table 6. Primary Referral Source by Participant Status

Primary Referral Source	Active	Graduated	Terminated	Total
DCC (Probation or Parole Officer)	1 (1%)	1 (1%)	0 (0%)	2
District Attorney	1 (1%)	6 (7%)	11 (6%)	18
Judge	1 (1%)	8 (9%)	11 (6%)	20
Private Defense Attorney	15 (20%)	31 (36%)	36 (20%)	82
Public Defender	57 (76%)	40 (46%)	118 (67%)	215
TASC	0 (0%)	0 (0%)	1 (1%)	1
Other	0 (0%)	1 (1%)	0 (0%)	1
TOTAL	75 (100%)	87 (100%)	177 (100%)	339 (100%)

Participant Eligibility

Of the entire sample of 784 referred offenders, 406 candidates were found ineligible for participation in the District Courts STEP Program. The reasons varied across candidates (see Table 7); some participants may have been ineligible for more than one reason.

Most participants (35%) were ineligible due to their failure to comply with the DTC pre-admission criteria. One-hundred-one participants (25%) were unwilling to participate, and 44 (11%) were ineligible due to not being chemically dependent. Other reasons for ineligibility include those related to previous or current charges (2-4%), not living in the DTC service area (2%), and other unspecified reasons (23%).

Table 7. Reasons for Ineligibility

Reason for Ineligibility	Number	Percentage
Not chemically dependent	44	11%
Not willing to participate	101	25%
Current violent offense	0	0%
History of non-violent offenses	2	<1%
Charged/Convicted of ineligible nonviolent offense:	6	1%
Habitual felon	1	<1%
Disqualifying pending charges:	3	<1%
Seller only (not user):	4	1%
Does not reside in DTC service area:	10	2%
Active sentence required by law:	0	0%
Weapon involved in current offense:	0	0%
DTC team determination of ineligibility OR inappropriateness	38	10%
Other reason for ineligibility	52	13%
Non-compliant with DTC pre-admission requirements	143	35%
Total	404	100%

Processing of Participants

MIS data are used to calculate the average time that elapsed between a participant's referral, the determination of eligibility, the intake interview, and then official Program admission. In theory, the offender referral predates the determination of his or her eligibility; however, according to the dates entered in the MIS, sometimes referral, assessment, and admission occur in an atypical order.

Table 8 shows the average length of time between each event in the admissions process. In general, these ranges of time are so large that the means themselves may not be the best indicators of the efficiency of the admissions process. As seen in Table 8, the date of referral, on average, does precede the determination of eligibility by three days. Examination of the overall distribution indicates that in 85% of cases, the eligibility date occurs on the same day as the referral date. This suggests that this aspect of the referral and admissions process is generally very efficient.

Due to MIS data analysis difficulties, the first court date listed is used as a proxy for the admission date. Given the dates used, the referral date does precede the admission date most of the time—and on average occurs one month prior to admission.

Analysis of the intake interview and admission dates revealed that on average, the intake interview occurs 18 days after, rather than before, Program admission (or first court date); however, in approximately half of the cases, the reverse order occurs: the intake interview precedes admission.

Given the variation in order of events, it is unclear if these differences in order represent true variations in the admissions procedure, inconsistent or inaccurate data entry, or different definitions of ‘eligibility’ and ‘intake’ interviews and the dates associated with them.

Table 8. Average Length of Time for Program Referral, Interview and Admission

Time Period	Number of Participants	Mean (Min / Median / Max)
Average Number of Days from Formal Referral to Eligibility Interview	317	3 (-365 / 0 / 94)
Average Number of Days from Referral to Program Admission	313	32 (-1,484 / 40 / 363)
Average Number of Days from Intake Interview to Program Admission	286	-18 (-1,553 / 4 / 346)

Participant Termination Information

Table 9 shows the frequency of the primary reason listed for each District Court STEP terminated participant. Of the 182 participants terminated, 131 primary reasons for termination are identified. The rest of the data is missing.

Non-compliance with the Program requirements emerged as the most common reason for discharge; it accounted for 81% of terminations. Non-compliance with DTC requirements includes failure to attend treatment, court, probation, and/or case management appointments, as well as absconding from treatment.

“Neutral discharge,” which occurs when a participant is discharged from the Program subsequent to his or her probation term expiring, represented the next most common primary reason for termination. A new arrest accounted for 2% of terminations, and positive alcohol or drug test results led to termination for another 2% of cases. Six participants (4%) were discharged for ‘other’ reasons.

Table 9. Primary Reason for Discharge due to Termination

	Number	Percentage
Primary Reason for Discharge		
Non-compliance with DTC requirements	106	81%
New arrest (Not alcohol / drug-related)	2	2%
Neutral discharge	15	11%
Positive alcohol / Drug test results	2	2%
Other	6	4%
TOTAL	131	100%

Further examination of DTC Program non-compliance is presented in Table 10. All types listed were common, but failure to attend treatment sessions (95%), Case Manager appointments (95%), and to make probation contacts (94%) were the most common. Other types of non-compliance include failure to attend court (91%) and failure to meet other (unspecified) Program requirements.

Table 10. Types of DTC Non-Compliance Leading to Discharge

	Number (N=106)	Percentage
Type of non-compliance *		
Failure to attend treatment	101	95%
Failure to attend court	96	91%
Failure to make Case Manager Contacts	101	95%
Failure to make Probation contacts	100	94%
Failure to meet other requirements	97	92%
Other	39	37%

*Note: Participants may have more than one recorded type of DTC non-compliance.

Attendance at court is an integral requirement for the District Courts STEP and, as a result, the overall percentage of court sessions attended is calculated. Across participants, 76% of court sessions were attended. Of those sessions not attended, only 1% were excused. More than 20% of the court attendance data is missing, so it is unclear how representative the entered data is of the results.

Other forms of measured non-compliance are related to drug testing: either a failure to show for the test or a positive test result. The drug testing results for all participants are presented below in Table 11.

The urine tests used by the District Courts STEP screen for the presence of alcohol, cocaine, marijuana, opiates, and methamphetamines. The majority of tests performed revealed no drug or alcohol use. The percentage of negative results per drug ranges from a low of 84% (alcohol) to a high of 95% (methamphetamines). For each drug, there are some positive results demonstrating drug use, but these are only a small percentage of the tests administered. For methamphetamines and opiates, three percent or less of the urine tests indicated drug use; a greater percentage of tests were positive for alcohol (9%), cocaine (8%), and marijuana (6%). These findings describe results from 3,976 tests for methamphetamines, 6,475 tests for opiates, 6,901 tests for marijuana, 6,943 tests for cocaine, and 456 tests for alcohol. All participants (former and current) were included in the drug test and drug testing compliance analyses.

Table 11. Drug Test Results

	Alcohol	Cocaine	Marijuana	Methamphetamines	Opiates
Type of Result					
Admitted use	30 (7%)	95 (1%)	32 (<1%)	4 (<1%)	15 (<1%)
Contaminated specimen	0 (0%)	0 (<1%)	12 (<1%)	1 (<1%)	0 (0%)
Did not show for test	1 (<1%)	5 (<1%)	11 (<1%)	5 (<1%)	6 (<1%)
Excused Positive	0 (0%)	1 (<1%)	0 (0%)	0 (0%)	32 (<1%)
Inconclusive results	1 (<1%)	6 (<1%)	6 (<1%)	2 (<1%)	5 (<1%)
Lab rejected specimen	1 (<1%)	98 (1%)	239 (3%)	89 (2%)	97 (1%)
Negative, based on test	383 (84%)	6,107 (88%)	6,138 (89%)	3,769 (95%)	6,103 (94%)
Positive, based on test	40 (9%)	581 (8%)	409 (6%)	89 (2%)	167 (3%)
Refused/unable to give Specimen	0 (0%)	2 (<1%)	4 (<1%)	2 (<1%)	2 (<1%)
Specimen not submitted for analysis	0 (0%)	48 (<1%)	50 (<1%)	15 (<1%)	48 (<1%)
TOTAL	456	6,943	6,901	6,475	3,976

Individual compliance with drug testing is also measured. For this analysis, compliance is defined as a negative drug test or an excused positive drug test; non-compliance included not appearing for the test, refusing to be tested (or being unable to give a specimen), admitting to use, and/or producing a positive urine screen. Table 12 shows the results.

Table 12. Individual Compliance with Drug Testing

Drug Tested	Mean Compliance for Individuals Tested	Range of Compliance for Individuals Tested
Alcohol	94.5%	42.9% - 100%
Cocaine	86.3%	9.1% - 100%
Marijuana	93.0%	12.5% - 100%
Methamphetamines	96.8%	14.3% - 100%
Opiates	96.5%	7.1% - 100%

Average individual compliance is greatest for the methamphetamine and opiate tests, and the average percent compliance for these individuals is greater than 96% for each test. The average

individual percent compliance is slightly below this level for alcohol (94.5%) and marijuana (93%) tests and much below this level for the cocaine (86.3%) tests. For every drug, there are some individuals who achieved 100% compliance, but the range of individual compliance for all but the alcohol tests is dramatic (i.e. nearly the entire range). Whereas the minimum level of compliance with the alcohol tests is approximately 43%, the minimum compliance level is 14% or less for the other drugs.

Summary of Findings and Related Recommendations

Based upon data analyzed from the District Courts STEP Program MIS database, the following conclusions and recommendations are proposed:

- The overall graduation rate of the STEP Program (33%) is slightly below the state average (35%). Participants in District A graduated at a rate nine percentage points higher than participants in District B. In addition to the disparity between District Courts A and B, graduation rate differences are found for race and gender. Specifically, Caucasian participants (44%) graduated at a higher rate than African-American participants (29%) and female participants (39%) graduated at a higher rate than male participants (30%). These discrepancies in graduation rates are large enough to warrant examination of possible operational, participant, and other factors that may contribute to these differences in outcomes. If causal factors can be identified, changes may be made to reduce these discrepancies.
- The most common primary drugs-of-choice are crack cocaine and marijuana. The rate of graduation for those with crack identified as the drug-of-choice is consistent with the overall STEP average; however, the graduation rate for marijuana is substantially below the overall STEP average. Given that all participants receive the same treatment, some of the drug-of-choice groups with the sub-par graduation rates might benefit from a reevaluation of the services received. Specialty training in treatment for adults with addictions to marijuana and powdered cocaine, those drugs-of-choice with the lowest STEP graduation rates, could potentially provide information useful in adjusting the requirements or services for these groups.
- Non-compliance with pre-admission and Program requirements are the most frequent reasons for ineligibility and termination, respectively.
- While the MIS system is a valuable resource that can offer extremely helpful and practical information about District Courts STEP participants and their outcomes in the Program, data entry problems seem to have affected the amount of information retrieved for this evaluation. For example, several variables had significant percentages of missing data, and some variables had improbable values, such as age= 0 years old. It is recommended that STEP staff from the two district courts discuss specific problems with data entry or the MIS system as a whole with AOC staff.

Description of Drug Court Team

Composition, Roles, and Responsibilities of Team Members

Orientation Procedures

Team members reported that orientation is accomplished through on-the-job training, an informal shadowing process, review of the *Policies and Procedures Manual*, and viewing of a STEP informational video. Case Coordinators are oriented to their position by the Criminal Court Coordinator, and other team members shadow fellow team members in their area of practice. In most cases, before a team member leaves his or her position on the team, he or she orients the new team member who will be taking over his or her responsibilities. New team members are also oriented through attendance of staffing meetings, observations of the biweekly court session, and viewing of a two-tape series video cassette created by STEP called *Drug Courts, a Step in the Right Direction and Case Managing Recovery*, in which the operation of the STEP Program and the roles of each team member are explained. In addition to the informal shadowing and on-the-job training, new team members are given the *Policies and Procedures Manual* to review. The manual states the mission of the STEP Program, the roles and responsibilities of each team member, the organizational structure of the Program, and the policies and procedures that direct the functioning of the Program.

Organizational Structure

The organizational structure of the District Courts STEP Program has two components: the Court Team members and member of the Operations Committee. The Court Team members attempt to directly affect the success of the participants and the Program. The Operations Team members attempt to resolve policy and operation disputes that affect participant and Program success. Issues that cannot be resolved by the Court Team are directed to the Operations Committee by the Program Director.

Members of the Court Team include: the Judge, Program Director, Criminal Court Coordinator, Assistant Public Defender, Probation Officer, Treatment Provider Liaison, and Case Coordinators. Members of the Operations Committee include all presiding Judges, the senior agency representatives, Program Director, Trial Court Administrator, Criminal Court Coordinator (all Program Coordinators – Adult, Youth and Family) and Operations Coordinator. The roles and responsibilities of the members of each team member are listed below.

Court Team Members - Roles and Responsibilities

The Program has two functioning courts at the district court level: District A and District B. There are no procedural or functional differences between the two courts; rather the two districts are recognized as two components of one Program and are collectively called STEP. The only difference between the two courts is staffing; the Judges and primary Case Coordinators for the two courts are different. Except for these two positions, all other members of the court team are the same for both districts.

Drug Court Judge

According to the *Best Practices for Model Drug Treatment Courts* and the *STEP Policies and Procedures Manual*, the Judge is a mentor and an encourager who is to lead the participants through the recovery process. The Judge's primary role is to motivate the participants towards success while holding them accountable for their actions. This is accomplished through the monitoring of the participant's progress in the biweekly court sessions and by issuing rewards and sanctions. Additionally, the Judge presides over and establishes proper decorum for court sessions, explains Program requirements to the participants, establishes a supportive relationship with the participants, and monitors their progress.

There are two Judges for the District Court STEP Program. Judge Hugh Lewis presides over District A, and Judge Fritz Mercer presides over District B. Both Judges describe their roles as encouragers, active participants, and administrators of discipline; one Judge summarized his role as that of a father figure. From the observational data collected at a District court session, the Judge's demeanor toward participants appeared friendly and informal. The Judge publicly acknowledged the participants successes and failures and proscribed the sanctions and incentives recommended by the treatment team in open court in adherence to the *Guidelines* and *STEP Policies and Procedures Manual*.

Assistant District Attorney

The *Best Practices for Model Drug Treatment Courts* and the *STEP Policies and Procedures Manual* state that the primary responsibilities of the Assistant District Attorney's (ADA) are to ensure that participants are held legally responsible for their actions and that the rights of the victim and the community at large are protected. The ADA's role is to accomplish this task while working toward achieving the long-term rehabilitative goals of the Program. The *STEP Operations Manual* further states that the ADA is responsible for referrals and making recommendations concerning graduated sanctions, graduation, dismissal of charges, transfers or other termination from the Program which is in compliance with the DTC guidelines. Also, the ADA is responsible for establishing a constructive relationship with each participant and informing participants about the consequences of non-compliance or new arrests. ADAs are also required to participate in staffing meetings and to maintain a constructive atmosphere in the Program.

The team members report that there is an ADA dedicated to the District Courts STEP Program; however, the District Attorney's office rotates other ADAs through the Program in an attempt to expose all of the ADA staff to the functioning of the STEP Program. Presently, Bill Stetzer is the ADA assigned to both District A and District B of the STEP Program. Mr. Stetzer describes his role on the team as providing the support that the members of the treatment team need in order to accomplish the goal of the STEP Program. At the pre-court staffing meeting, Mr. Stetzer filled out the necessary orders to affect the sanction recommendations.

Defense Attorney/Assistant Public Defender

According to the *Best Practices for Model Drug Treatment Courts* and the *STEP Policies and Procedures Manual*, the role of the Defense Attorney or Assistant Public Defender ensures that the participants achieve the rehabilitative goals of the Program while protecting the participants' constitutional rights. More specifically, the *STEP Operations Manual* requires that the Defense Attorney/Assistant Public Defender advise participants of their constitutional rights; explain the purpose and requirements of participation in the Program and the consequences of Program completion or noncompliance; make recommendations to the participant regarding admission into the Program; and represent the participants in each court session.

Although some participants may have a privately contracted attorney, their cases are transferred to the Assistant Public Defender once they are admitted into the District Courts STEP Program. Robert Ward is the Assistant Public Defender specifically dedicated to the District Courts STEP Program. From observations of the pre-court staffing meetings, the Assistant Public Defender assures that when sanctions are recommended, the process and reasons for doing so do not violate the participants' due process rights. Mr. Ward describes his role on the team as a legal advocate and counselor for the Program participants and as a gatekeeper for referrals made by private defense attorneys.

Probation Officer

According to the *Best Practices for Model Drug Treatment Courts* and the *STEP Policies and Procedures Manual*, the role of the Probation Officer is to provide supervision for participants and to ensure that they are held accountable. In addition, the *STEP Operations Manual* requires that the Probation Officer assist the Case Coordinator in investigating the client's criminal history in reference to eligibility, treatment, and Program evaluation, monitor participant compliance, and ensure prompt substance testing and results. The Probation Officer must establish a positive relationship with each participant and attend all staffing session and court sessions in order to give the team information regarding compliance. Additionally, the Probation Officer is also required to provide ongoing communication with Case Coordinator concerning the participants' progress in treatment and any obstacles that may influence progress in the treatment or the Program.

Jonathan Byers is the designated Probation Officer for the District Courts STEP Program. He has been a Probation Officer for ten years and a Probation Officer for the STEP Program since February 2000. Mr. Byers describes his role as a counselor offering support and encouragement to the participants through their recovery process. He further describes his role as "policing" to ensure that participants are in compliance with the terms of their probation and participation in the STEP Program.

Treatment Provider

The *STEP Policies and Procedures Manual* Treatment Providers are responsible for providing education and counseling services to the participants. The *STEP Operations Manual* further details the responsibilities of the Treatment Provider, which include providing individual, group,

and family treatment services and providing regular reports to the court concerning treatment progress, drug screen results, attendance records, and any relevant case information. Treatment Providers must also conduct or assist in conducting urinalysis testing, participate in the establishment of memoranda of agreements with other agencies to provide support services to participants, and help maintain a non-adversarial atmosphere.

The STEP Program has eight Treatment Providers who attend the treatment staffing meetings, but only one, the Treatment Provider Liaison, attends the pre-court staffing meetings. The role of the Treatment Provider Liaison is to provide a bridge between the criminal justice and treatment systems. His or her primary responsibilities include collaborating and maintaining a good working relationship with DTC staff; assisting the criminal justice system and the treatment system in resolving confidentiality issues; providing reports to the Criminal Court Coordinator in a timely manner; and helping to maintain a non-adversarial atmosphere.

Philip Estridge is the Treatment Provider Liaison to the staffing meetings. Mr. Estridge's role is to monitor client progress and to act as a liaison between the client and the Case Coordinator. In addition to being the Liaison, Mr. Estridge also screens all Southeast Addiction Institute and Learning Center, Inc. (SAIL) clients to determine the level of addiction and what services are required. He also serves as a group counselor for participants in the final phase of the STEP Program. Therefore, his direct, professional interactions with clients occur only in the pre-treatment period and final phase of treatment.

Program Director

According to the *Best Practices for Model Drug Treatment Courts*, the Program Director oversees the day-to-day functioning of the court, supervises case management services, and develops strategic planning and guidelines to remain in compliance with the *Best Practices for Model Drug Treatment Courts*. The Program Director installs and maintains quality control for all Program management, serves as the central repository of all communication and information concerning the local court, and establishes and maintains linkages between and among all persons and agencies in connection to the local court. In addition to these responsibilities, the Program Director also provides staff support to the Local Management Committee and management support to the presiding Judge, maintains administrative oversight of all research, data collection, and Program evaluation initiatives, and conducts all financial reporting and funding applications for the Drug Treatment Court Program.

As noted in the *Policies and Procedures Manual*, the Program Director is responsible for the financial and contractual matter of the Program and for Program reports, facilitation of support and coordination in Program development, maintenance and transition. As the Program Director for the STEP Program, Janeanne Tourtellott writes grants for the Program and administers the funds given to the Program by the AOC. Ms. Tourtellott is also responsible for contracting treatment providers and services and conducting quarterly audits and quality assessments.

Criminal Court Coordinator

The STEP *Policies and Procedures Manual* states that the Criminal Court Coordinator oversees and coordinates daily Program operations, including case management services, treatment

services, and court operations. Additionally, the Criminal Court Coordinator monitors screenings and the compliance of team members to Program policies, procedures and protocol. As the Criminal Court Coordinator, Rosalind James files all reviews, supervises the Case Coordinators, attends court sessions and acts as a back-up for the Case Coordinators.

Case Coordinator

According to the *Best Practices for Model Drug Treatment Courts*, the Case Coordinator is responsible for screening and assessing potential clients, supervising a caseload of active and inactive participants, maintaining client records, assisting in the coordination of drug screens, preparing client progress reports, accessing ancillary services for clients, coordinating communications between the DTC and all relevant agencies and Program members, and performing any other duties assigned by the Program Director. The *STEP Operations Manual* further details the responsibilities of the Case Coordinator, which include the following: supervise an active caseload of up to 50 participants, screen and assess potential participants; maintain the MIS system; supervise urinalysis testing; prepare and present client progress reports; initiate appropriate communication with other individuals and agencies to access client services; maintain effective communication with Program staff; provide communication and operational linkages among the criminal justice system, treatment systems, and supplemental services; ensure all local, state, and federal AOD confidentiality standard are maintained; and maintain through, up to date, and verified files.

There are three Case Coordinators for the two district court STEP Programs. These are Don Moore, John Garvin, and Leon Dean. Don Moore is the Case Coordinator for District A; Leon Dean is the Case Coordinator for District B; and John Garvin is a Case Coordinator who splits his time equally between the two districts. The Case Coordinators coordinate treatment and address the treatment needs of the participants. They are advisors to the court and information collectors for the Court Team. Most active participants reported that the Case Coordinators are closely involved with their treatment progress and coordinate other non-treatment services for them. The Court Team reported that the Case Coordinator-compiled progress report is the single-most helpful tool in making court decisions.

Conclusions and Recommendations

- Generally, the roles that the team members play adhere to the guidelines set forth by *Best Practices for Model Drug Courts*. Team members are aware of the differences in the roles of all other team members.
- Update the *Policies and Procedures Manual* to refer to Case Coordinators not as Case Managers, but as Case Coordinators

Background Training and Continuing Education

Drug Court Judge

Judge Fritz Mercer is currently the Chief District Court Judge of Mecklenburg County and prior to his appointment, Judge Mercer served as a District Court Judge for eight years. Currently, Judge Mercer serves on the Mecklenburg Drug Treatment Court Management Committee and on the North Carolina Drug Treatment Court Advisory Committee. He has attended the national judicial conference in Reno, Nevada and at least three state drug court training conferences.

Judge Hugh Lewis is currently a District Court Judge in Mecklenburg County and has presided over the Mecklenburg County Teen Court, Truancy Court and finally the Drug Court since January 2001. Prior to his position as a District Court Judge, he worked as a civil magistrate and an associate at a private law firm in Charlotte. Judge Lewis is currently a participant in the National Judicial College Course Study for Drug Courts and has attended the national drug court training in Reno, Nevada and at least two state drug court training conferences.

Although neither the *STEP Operations Manual* nor the *Best Practices for Model Drug Treatment Courts* specifically require that the Judge attend trainings and conferences applicable to the position and its responsibilities, both Judges have attended national trainings and their professional involvements demonstrate their interest and commitment to the Drug Treatment Court.

Assistant District Attorney

Bill Stetzer received his law degree in 1996. He has been a member of the District STEP Court Team for seven months. He is currently assigned to the Mecklenburg Drug Unit and functions as the supervisor of the unit. The *STEP Operations Manual* requires that the ADA attend meetings trainings and conferences applicable to position responsibilities. Although Mr. Stetzer has not attended either state or national trainings, he has attended training sessions for Assistant District Attorneys on the subject of drug abuse.

Defense Attorney/Assistant Public Defender

The *STEP Operations Manual* requires that the Defense Attorney or Assistant Public Defender attend meetings trainings and conferences applicable to position responsibilities. Robert Ward has been an Assistant Public Defender since 1986 and STEP team member since the inception of the Program. Mr. Ward is a member of the Partnership Board Day Reporting Center and a member of National Drug Court Institute and the National Association of Drug Court Professionals. Mr. Ward has attended both state and national trainings almost yearly and has presented information about drug treatment courts at Public Defender Conferences.

Probation Officer

Jonathan Byers is the designated Probation Officer for the District Courts STEP Program. He received a B.S. in Recreational Administration and then worked as a counselor at the Juvenile

Evaluation Center at Black Mountain. Although the *STEP Operations Manual* does not specifically require that the Probation Officer attend trainings and conferences applicable to the position, Mr. Byers has attended state DTC trainings.

Treatment Provider

The *STEP Operations Manual* does not specifically require that the Treatment Provider attend trainings and conferences applicable to the position and its responsibilities. The Best Practices for Model Drug Treatment Courts does not set specific guidelines for the role of the Treatment Provider, but does require that treatment be provided by persons certified by the Division of Mental Health, Development Disabilities and Substance Abuse Services.

Mr. Estridge, the Treatment Provider Liaison, holds a Bachelor's of Arts in psychology. He is also a Licensed Psychological Counselor (LPC) and a Certified Substance Abuse Counselor. He has been a member of the STEP team for three years. Although he has not attended any state or national DTC conferences, Mr. Estridge has attended workshops held at the McLeod Center dealing with the issues of criminal justice and substance abuse.

Program Director

Jeanne Tourtellott is currently the Program Director and has held this position for three years. Ms. Tourtellott holds a BA in Business and a MA in marriage, family and child counseling and a MA in school counseling. Prior to her employment as the Program Director for the Drug Treatment Court Programs, she held the position as a supportive services manager for two years. The *STEP Operations Manual* does not specifically require that the Program Director attend trainings and conferences applicable to the position and its responsibilities; however, Ms. Tourtellott has attended state and national drug court trainings and is a member of the National Association of Drug Court Professionals.

Criminal Court Coordinator

Rosalind James received a degree in Liberal Studies and a minor in Substance Abuse. Ms. James has been a STEP team member since 1998. She first entered the Program as a Case Coordinator, but then transitioned to the position of the Criminal Court Coordinator, a position that she has held for three years. Ms. James has attended both state and national drug court trainings as well as an ACT1 training which focused on mental health issues, and she is currently undergoing Public Manager training.

Case Coordinator

The *STEP Operations Manual* does not specifically require that the Case Coordinator attend trainings and conferences applicable to the position and its responsibilities.

Don Moore received a Bachelor's of Arts degree in Administration and Justice with a minor in Social Work. He has been a certified substance abuse counselor for 14 years, and Mr. Moore has been a STEP team member since 1998. Prior to his employment with the STEP Program, Mr. Moore worked as an addictions counselor in various capacities since 1988. He has attended state

and national DTC trainings or conferences. Additionally, he attends local trainings on Mental Health and Substance Abuse. He was a presenter at two national drug court conferences and is recertified every two years, a process which requires 60 hours of continuing education.

Leon Dean graduated from North Carolina State University in 2000 with a Bachelor of Arts in Criminal Justice. Prior to his employment with STEP, he worked as a social worker with the Department of Social Services in Mecklenburg County. He has been employed with STEP for two and one-half years. Mr. Dean has attended several substance abuse trainings at the McLeod Center in Charlotte and has attended several state Drug Treatment Court conferences.

John Garvin received a Bachelors of Arts in Criminal Justice and has had substance abuse specific training as well as a Qualified Mental Health Professional Certification and individual, group, and family counseling. Mr. Garvin has been a member of the STEP Program team for nearly two years and has attended state Drug Treatment Court conferences.

Conclusions and Recommendations

- It was reported that all team members need training in customer service and writing skills.
- It was reported that continual training should be offered on the changing nature of drugs and drug use on the streets
- It was reported that there should be some training on cultural sensitivity or culturally-sensitive Programming because of the large Latino and African-American populations in the STEP Program.
- Most team members reported that there should be continual training, which satisfies the interdisciplinary training required by Component 9 of the Drug Court Components. Thus, it is recommended that all team members continue to attend state or national Drug Treatment Court conferences or trainings and that new team members are encouraged to attend, as well.

Assessment of Team Functioning Based on Team Interviews and Observations

According to the *Bylaws of the Mecklenburg County Drug Treatment Court Program*, the team environment should

“...encourage DTC members to achieve their full potential through personal and professional growth and development by recognizing and appreciating the uniqueness of the individual member’s skills, abilities, and personality. The DTC Team environment will encourage the involvement and participation of DTC members at all levels of the Program, and consider and value ideas and suggestions of DTC members regardless of their position. The DTC Team environment will also demonstrate mutual concern, respect, honesty, and trust; and acknowledge, reinforce, and reward excellent performance.”

All team members reported that the relationship between team members is professional and that team members communicate and work very well with each other. The team members reported that although there have been occasional problems with personality conflicts and differing opinions about sanctions/incentives, team members generally cooperate well and respect each other because they have worked together for a long period of time. Also, team members described staff relations as cordial, stable and efficient. Most team members reported that the most helpful aspect of Program, in terms of accomplishing required tasks, is the trust among team members.

The bylaws add that the team should strive to maintain a professional, interactive, mutually supportive atmosphere for all members and when conflicts arise, members are encouraged to discuss the problems openly to encourage a speedy and fair solution to the problem. The team reported that although conflicts arise because of the differences in personality and professional training, such conflicts are resolved quickly.

Decisions are made through consensus, but majority rule becomes the basis of decision making when the team cannot reach a consensus. However, one team member reported that when consensus-based decisions cannot be made, the Judge becomes the final arbiter.

From the observations of the pre-court staffing meetings, the court session, and the treatment team staffing meeting, there appears to be a distinct separation between the members of the treatment team and members of the legal team. Treatment team members have a meeting in which court personnel are not present; only the Treatment Providers, Case Coordinators and Probation Officer are present. At this meeting, each participant is discussed in detail and the recommendations that will be presented at the pre-court staffing meeting are formulated. At the pre-court staffing meeting, the recommendations are announced and are almost always implemented with a consensus agreement and little in-depth discussion about the progress of the individual participants. Two team members reported that the treatment staff has a closer working relationship than the legal team members. These team members also pointed out that there is a lot of specific information about the individual participant that the legal team does not know but that the treatment team will know. One team member reported that the roles of the Case Coordinator and the other members of the treatment team are to deal with the small details of the treatment Program to which the whole team does not have the time to hear or attend.

Conclusions and Recommendations

- Some team members reported that a perceived “wall” exists between treatment and legal team members.
- As reported by team members and participants and in the SCOT/SWOT analyses, the team communicates and works well with one another and the decision-making process is usually accomplished through consensus.

Assessment of Team Based on Participant Interviews and Focus Groups

Current participants reported that the team as a whole is helpful and seems concerned about participant welfare. They reported that they perceive all team members as trying to do what is best for the participant; however, most current participants reported that the most helpful aspect of the Program is treatment. When questioned about the “team,” all of their comments were in reference to the treatment team, specifically the Case Coordinator and Treatment Providers.

Graduated participants reported that the team members are generally knowledgeable, helpful, and treat participants fairly and respectfully. More specifically, they report that the treatment received is excellent and the Case Coordinator is particularly helpful because he seems to understand the participants’ experiences. Graduated participants thought very highly of the treatment team and the individual therapy that they received from their Treatment Provider.

Although attempts were made to contact terminated former participants, none were interviewed for this report.

Conclusions and Recommendations

- Participants reported a perceived “wall” between treatment and legal team members. Aside from the Judge, many participants did not know the names of some of the legal team members, but all knew the names of their Treatment Counselors and Case Coordinators. Although participants do not express dissatisfaction with this separation, it has the potential to affect the influence of the court personnel. If possible, the ramifications of this set-up should be evaluated.

Description of Current Program

Program Overview

As stated in the *Policies and Procedures Manual*, the STEP Program targets non-violent offenders or probationers who are mentally stable and eligible for community or intermediate punishment. The STEP Program has two components: a criminal justice and a treatment component. The criminal justice component requires participants to successfully complete three phases in which compliance with attendance and fee requirements are monitored. The treatment component contains three stages of substance abuse treatment. Although the criminal justice phase system takes treatment progress into consideration when promoting a participant to the next phase, the treatment stages function independently of the criminal justice phase system.

The Program lasts a minimum of one year to a maximum of two years; however, participants are expected to complete the Program within 12 to 15 months. There are minimal requirements for each stage which include attendance at the bi-weekly court sessions, weekly treatment meetings, weekly 12-step meetings such as AA/NA meetings, and drug testing. The team decides when

participants are ready to move from one level to another level based primarily on compliance with the requirements of the phase system.

The team works collaboratively to maintain supervision of the participants, although Treatment Providers and Case Coordinators have a more direct involvement with regular supervision of the participants. The team also works closely with other community-based agencies, such as the McLeod Center, Central Piedmont Community College, halfway and “three-quarter” houses, to aid participants in their recovery process and to help them establish stability, employment and education.

Because there is a large Hispanic population in Mecklenburg County, STEP has created a Latino Group in which participants follow the same phase system and treatment stages as all other groups. Their treatment takes place on the weekends and their treatment services are offered in Spanish.

Referral

Referrals generally come from the Defense Attorneys, Judges, Probation Officers, or Assistant District Attorneys; however, team members reported that the Assistant District Attorney makes the majority of the referrals. At each session of District Court that hears felony cases, the ADA screens the docket for appropriate candidates; this has become part of the operating procedure for the ADAs who are assigned to those court sessions. When the referring party is not the ADA, he or she completes a referral form and the Assistant District Attorney reviews the form and conducts an eligibility screening to assure that the participant meets the legal eligibility requirements for the District Courts STEP Program. If the candidate passes the eligibility screening, the ADA forwards a list of eligible candidates to the Criminal Court Coordinator and the Assistant Public Defender for a more in-depth legal eligibility screening.

Team members reported that the average length of time between an arrest and the time when a referral is made averages one week, but there are instances where the time period can extend to almost two months. If the candidate is already in custody, then the referral period takes about one week; however, if the candidate is not already in custody, referral cannot be made until the candidate returns to court or until the candidate’s next scheduled court date.

Team members reported that there are potential candidates who are eligible but not referred. Specifically, one team member reported that street prostitutes are not being referred because there is a perception that the Program will not be as effective with this population as compared to others. Another team member reported that there are cases in which a referral is not made because the Assistant District Attorney cannot determine whether the candidate is a seller or an addict – a contraindication to DTC participation. Another team member reported that because misdemeanants are not typically admitted into the Program, very little time is given to reviewing these candidates who are likely to benefit from the District Courts STEP Program. One member added that the haste of the judicial system and lack of training of Defense Attorneys contributes to the fact that there are candidates who are eligible but not referred.

Eligibility Criteria

The *Guidelines for the North Carolina Drug Treatment Court Program* (2002) specifies the following minimum eligibility criteria for admission to Adult Drug Treatment Courts:

To be eligible to participate in the adult drug treatment court component of any local Program, an individual must:

- (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 indicative 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.

In addition to these minimum requirements, the District Courts *STEP Policies and Procedure Manual* states criteria for immediate ineligibility. These criteria include individuals with pending charges or prior convictions for violent felonies, drug trafficking, sale of controlled substances, or other strong indicators that the individual has a reputation as a “dealer” and individuals who were in the possession of a firearm during the commission of their present crime. According to team members, exceptions to the eligibility criteria are made but only in extraordinary circumstances. In one case, a candidate who had committed a violent crime many years in the past entered the Program despite the requirement that participants not have a history of violent criminal activity. In other cases, candidates who committed a domestic violence crime were permitted to enter the Program.

The first eligibility screening is conducted by the Assistant District Attorney to determine whether a candidate meets the minimum legal requirements of eligibility. This is accomplished by a limited screening of the candidate’s criminal history. This initial legal screening is normally conducted at a Probable Cause or bond hearing. At that time, the Assistant District Attorney completes a referral form, and if the candidate passes the eligibility screening, the form is taken to one of the District Courts STEP Case Coordinators or the District Courts STEP Defense Attorney/Public Defender for a more in-depth legal eligibility and substance abuse screening.

If the candidate passes the in-depth legal screening, a Case Coordinator conducts a SASSI and an ESI to determine the level of the candidate’s dependency on alcohol or drugs and collects demographic information from the candidate. After the assessment is completed and the SASSI shows the likelihood of dependency, the Case Coordinator calls the Treatment Providers to schedule an appointment for the assessor to conduct a bio-psycho-social assessment in order to identify any special needs that the individual may require and to assure that the candidate meets the eligibility criteria for receiving treatment services. The assessment at SAIL is one to two hours in length. During that time, the SAIL assessor screens for mental health issues and conducts a more in-depth assessment to determine whether the candidate is dependent on drugs or alcohol. After the treatment screening, the candidate talks with the Case Coordinator for a final assessment. In this interview, the Case Coordinator uses his judgment and the results of the SASSI, ESI, and the assessment conducted by the Treatment Provider to determine whether the

person is appropriate for the District Courts STEP Program. If the candidate is appropriate, an admission date is schedule for the next court session.

Admission / Intake

If the candidate is determined to be chemically dependent, his or her admission date is set for the next available District Court A or B DTC court date. The Assistant Public Defender reviews the determination of dependency with the candidate and gives the candidate legal counsel as to the best alternatives, given the situation. If the candidate agrees to join the Program, he or she signs four documents:

- The Drug Court Contract;
- A Stipulation and Statement of Fact;
- A S.T.E.P. Program Agreement for Deferred Prosecution; and
- A Community Corrections Terms of Agreement for Deferred Prosecution in the Drug Treatment Court.

Blank copies of each document are given to the candidate. At the scheduled court date, these documents are presented to the Assistant District Attorney and the Judge for their signatures. The ADA signs the Deferred Prosecution Agreement and gives the candidate a Bill of Information to sign. This document is a written accusation filed by a prosecutor in court accusing someone of committing a crime. Between the date of initial assessments and this court date, the candidate must have been attending treatment meetings and the Case Coordinator will give the court a report of the candidate's willingness and commitment to comply with the requirements of the Program.

The candidate is then sworn to the Stipulation and Statement of Fact and the Deferred Prosecution Agreement. The Judge modifies the Bond Order and it is filed. Up to this moment of final acceptance, the candidate may refuse and waive the case to Superior Court or may seek a Probable Cause hearing. If the candidate does not refuse, the acceptance is recorded and the Probation Officer schedules an appointment for a standard probation intake.

Admission is effected two weeks after the participant has been assessed and has attended some treatment sessions. At the court session, the participants take an oath and sign some legal documents.

Team members reported that the average length of time between the eligibility screening and admission is between two to three weeks. The average time is affected by the date on which the candidate is assessed, and the average time may be longer due to the fact that participants often do not go to appointments with the Case Coordinator or Treatment Providers.

Conclusions and Recommendations

- Team members reported that the assessment and trial period made prior to admission are helpful in the determination of suitability and commitment to the Program.

- There are numerous individuals and agencies involved in the admissions process. Miscommunication may occur as a result, and a more streamlined process should be considered if it is feasible.

Program Capacity

Team members reported that the current Program capacity of Districts A and B STEP is roughly 90 participants, although a STEP fact sheet lists capacity at 105 participants. The charts below respectively produce a graphic representation of the average monthly number of participants admitted and enrolled in the Program since fiscal year 2000-2001 and total annual number of participants discharged since fiscal year 2001-2002. In explaining the data included in the charts, it is necessary to note two clarifications: 1) fiscal year 2001-2002 for the discharged chart includes data beginning in January 2002, not July 2001 and 2) fiscal year 2004-2005 for both charts includes data through April 30, 2005.

Figure 1 reveals that although the number of participants has been steadily rising since its inception, the Program is and has been operating under its stated capacity. This situation will continue because funding issues that currently threaten STEP functioning have forced the District Courts Program to stop accepting new referrals.

Figure 1. Average Monthly Admission and Enrollment by Fiscal Year

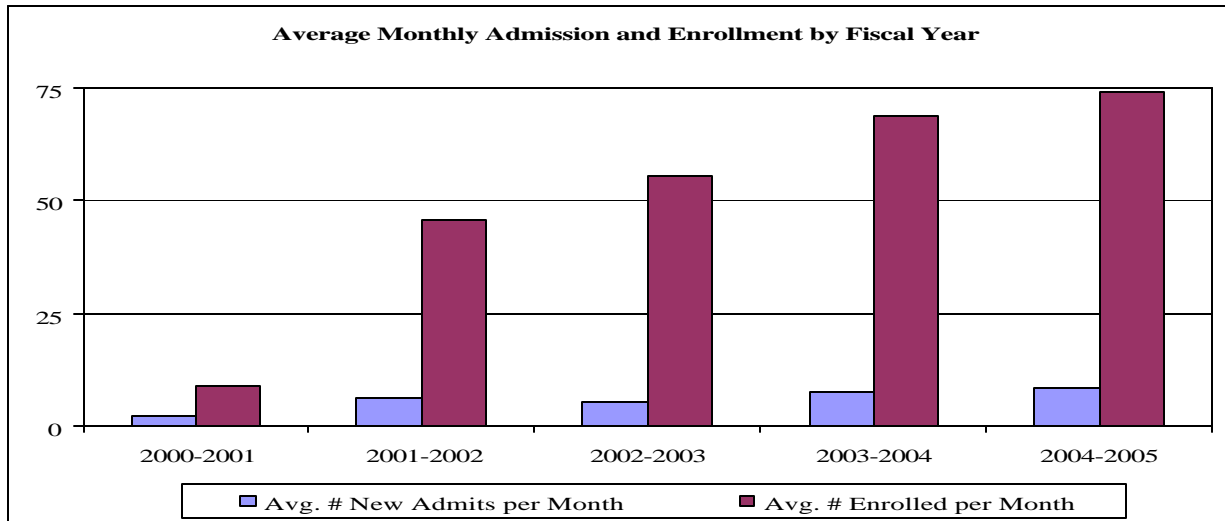
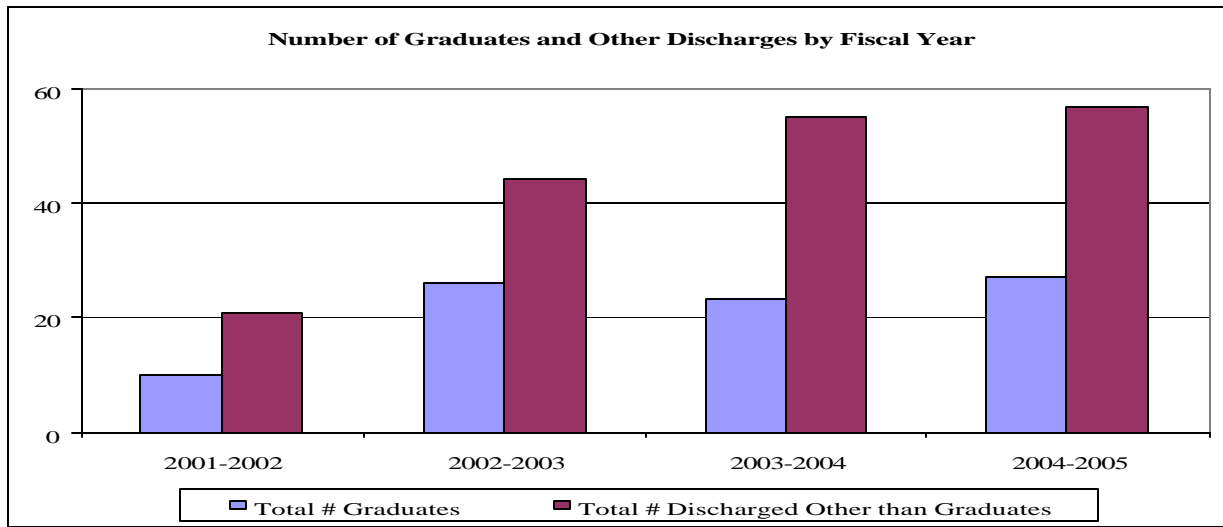


Figure 2 indicates that both the number of graduates and other discharged participants reached their highest points in Fiscal Year 2004-2005, despite the fact that this fiscal year only includes data through April 30, 2005. In Fiscal Year 2004-2005, there were more than twice as many “other discharges” as “graduates,” although the numerical difference is less than the difference found in Fiscal Year 2003-2004.

Figure 2. Annual Number of Graduates and Discharges other than by Graduation



Drug Court Contract

District Courts STEP team members reported that all eligible participants must sign the drug court contract during the formal admissions process for the Program. This contract is a five-page document which lists the rules and requirements of drug court. The document gives the participant an overview of the functioning of the court, enumerating the general expectations of each participant, treatment guidelines and stages, court Program phases, progress reports, incentives and sanctions guidelines, and graduation and termination guidelines. The contract itself assures that the participant is joining the Program willingly, that their due process rights have been protected, and that he or she understands the requirements and philosophy of the District Courts STEP Program.

Drug Court Phase System

The *Best Practices for Model Drug Treatment Courts* requires that the DTC establish the number of phases through which the participants will progress in order complete the Program; distinct features of each phase including the number, frequency and dockets of court sessions, frequency of meeting with court managers, frequency of court appearances, and other distinct features of the phase; the length of each phase and the criteria for progressing from phase to phase; and any other aspects that the local management committee deems relevant.

There are three phases. The phases can be completed in 10 months, but the Program is expected to take from 12 to 15 months to complete. In extraordinary cases, the time required for each phase may be increased at the discretion of the team; however, if after two years of participation, the participant has not completed the Program, he or she is terminated. A table of the District Courts STEP Phase System is shown below.

	PHASE I (90 to 120 days)	PHASE II (90 to 120 Days)	PHASE III (90 to 180 Days)
Orientation	Complete Program (part of the referral process)	NA	NA
Treatment	Minimum 9 hours	Good Standing	Good Standing
Case Management	1 Meeting/Week	1 Meeting/Week	1 Meeting/2 Weeks
AA/NA Meetings	3 Meetings/Week	4 Meetings/Week	5 Meetings/Week
Court	1 Session/2 Weeks	1 Session/2 Weeks	1 Session/2 Weeks
Probation Contact	Monitored (If on Probation)	Monitored (If on Probation)	Monitored (If on Probation)
Drug Tests	1/Week + Random	1/Week + Random	1/Week + Random
Fees	\$10.00/Week	\$10.00/Week	\$10.00/Week
Clean Time	30 Consecutive Days Post Treatment	90 Consecutive Days	120 Consecutive Days
Sponsor	Temporary	Permanent	Permanent
Housing/Job/School	Work on Goals	Work on Goals	Work on Goals

In Phase I, participants must attend nine hours of group treatment at Southeast Addiction Institute and Learning Center (SAIL) per week and three AA/NA meetings per week. Treatment sessions at SAIL are generally divided into three three-hour group sessions per week. Participants must also meet once per week with their Case Coordinator, attend the biweekly court sessions, abide by the terms of their probation, acquire a temporary AA/NA sponsor, work towards housing, employment and educational goals, pay court fees of ten dollars per week, and submit to at least two drug-screenings per week. In order to move to Phase II, a participant must fulfill the minimum requirements listed above as well as maintain 30 consecutive days of sobriety. Participants normally spend 90 to 120 days in Phase I.

In Phase II, participants must attend group or individual treatment at SAIL, the frequency of which depends on the individual treatment plan for each participant and they must four AA/NA meetings per week. The number of treatment meetings attended by the participant is determined by the participant's Treatment Provider. These requirements are addressed in the treatment curriculum for each participant, and Treatment Providers report the individual's progress at the treatment pre-court staffing meetings. Participants must also meet once per week with their Case Manager; attend biweekly court sessions; abide by the terms of their probation if the participant is still on probation; acquire a permanent AA/NA sponsor; work towards housing, employment, and educational goals; pay treatment fees of \$10 per month; and submit to two drug-screenings per week. In order to move to Phase III, a participant must fulfill all of the minimum requirements listed directly above, remain in good standing with his or her treatment curriculum, and maintain 90 consecutive days of sobriety. Participants normally spend 90 to 120 days in Phase II.

In Phase III, participants must attend group or individual treatment at SAIL, the frequency of which depends on the individual treatment plan, and they must attend five AA/NA meetings per week. Participants must also meet once every two weeks with their Case Manger; attend biweekly court sessions; abide by the terms of their probation if the participant is still on probation; maintain a permanent AA/NA sponsor; work towards housing, employment, and educational goals; pay treatment fees of \$10 per month; and submit to two drug-screenings per week.

In order to graduate, a participant must fulfill all of the minimum requirements listed directly above; remain in good standing with his or her treatment curriculum; maintain 120 consecutive days of sobriety; and fulfill all of the requirements of graduation, which include successful completion of all four Program phases; a minimum of 120 clean days prior to graduation; full payment of all Program and treatment costs; completion of an exit interview; and completion of mandatory jail time. Participants normally spend 120 to 180 days in Phase III.

Recommendations

- The requirements of the phase system are logically presented and are easily understood; however, it is recommended that the treatment requirements be represented in the explanation of the phase system. Although the treatment stages and the phase system are different systems, a brief explanation of the expectations of the treatment curriculum may be helpful to dispel any confusion.

Sanctions

Sanctions are intended “to provide structure, to teach and to allow for responsibility, goal setting and success in achieving those goals,” according to the *Court Process* documents. In order to most effectively achieve this purpose, the sanctions system is guided by a grid which assigns proscribed consequences to non-compliant behavior (see Appendix A). The current grid, which has been amended once from its original form in order to facilitate a more individualized approach, is relied upon to impart objectivity and consistency into the sanctions process while allowing a desired degree of discretion. Based on the recommendations of the grid, the team proposes a particular sanction to the Judge, who must ultimately deliver the official decision. As a testament to the utility of the grid, several team members reported that the team relies on the grid to direct about 90% of its decisions regarding sanctions.

While the grid is designed as a guideline and is expected to be used in such a manner, the team recognizes that participants’ recovery is not always a linear process. Thus, the team is allowed some flexibility in making exceptions to the consequences presented in the grid. The *Court Process* document states, however, that, in order to maintain consistency and efficacy, it is necessary that “exceptions [truly be] exceptions,” a position reiterated by team members.

The sanctions grid, in addition to demonstrating that certain behaviors will be met with definite, predictable consequences, provides a means to monitor participants’ progress and regress. As demanded by the Program, participants are generally responsible for maintaining contact with the appropriate team members, completing all treatment requirements, and exhibiting good conduct. The sanctions grid encourages participants to fulfill these responsibilities, because it explicitly details the expected Program responses to participants’ non-compliant behavior. As reported by team members, the most commonly used sanctions are listed below:

- Additional court sessions;
- Additional treatment meetings;
- Additional drug screens;
- Community service hours;

- 24 or 48-hour jail stays;
- 30 days in an inpatient treatment Program; and
- Termination.

Because the District Courts DTC team uses a grid to direct sanctions decisions, the STEP Program avoids many of the problems, such as inefficient administration and inconsistent application, faced by other Drug Treatment Courts in regards to sanctions. The grid allows the team to make swift, fair, and consistent decisions that are expected and accepted by participants. In fact, a majority of participants reported satisfaction with the administration and application of sanctions. Additionally, most participants described the sanctions component of the Program as fair. Although at least one team member described the grid as occasionally restricting, several team members stated that the grid ultimately benefits both the team and participants. By ensuring that sanctions decisions are made fairly and consistently, the grid provides, in the words of one team member, a “safety net” that protects the integrity of the system and minimizes participants’ criticism.

Even though the team and participants generally agree that sanctions are fairly and appropriately applied, both sides acknowledge that sanctions do not work equally for all participants. The sanction of jail, in particular, revealed discord over its efficacy. At least one team member and one Program alumnus believed that jail is unhelpful to participants and should not be used as an immediate sanction. On the other hand, several participants praised jail as a highly effective sanction. Additionally, several participants mentioned the fear of jail as a strong motivating influence to remain clean and compliant. In response to the disagreement over efficacy, at least one team member stated that the team needs to revisit the sanctions grid in order to determine the effect of certain sanctions. These team members argued that certain sanctions should be removed if they are simply punishments and do not positively alter behavior, an outcome that opposes one of the District Courts STEP principles governing sanctions.

In order to improve the efficacy of the sanctions, particularly jail, at least one team member suggested that the team attempt to reduce the time in between non-compliance and sanction, a suggestion that fits with the District Courts STEP principle of delivering sanctions in a timely manner. According to these team members, even though a system is in place to facilitate immediate communication and avoid delays, busy schedules on the legal side of the team mean that participants sometimes must wait up to two weeks to receive a sanction, thus diminishing the immediacy of the sanction and, in turn, its efficacy as a behavioral reinforcement. Additionally, the potential two-week wait may impede recovery progress by punishing participants who have improved since the incident of non-compliant behavior. In order to ensure immediate communication and reduce wait times, several team members suggested that the team revisit and possibly adjust its current system.

Recommendations

- It is recommended that the District Courts STEP team maintain the grid because of its ability to deliver fair and consistent decisions regarding sanctions. While the grid is used to guide most sanction responses, it also allows the team to retain a desired degree of discretionary flexibility, when necessary.

- Because of its ability to deliver fair and consistent responses to non-compliant behavior, team members recognize the grid as an essential resource. Some team members noted, however, that it is necessary to review the sanctions included in the grid for efficacy and appropriateness. Thus, it is recommended that the team re-evaluate its sanctions, especially the use of jail sanctions, in an attempt to establish consensus over which sanctions should be used and how frequently these sanctions should be administered.
- At least one team member mentioned that participants occasionally must wait up to two weeks to receive a sanction for an incident of non-compliance. Because of this delay, which is especially adverse in the case of a jail sanction, participants may be sanctioned following two weeks of full compliance, thus impeding the recovery process and diminishing the effects of the punishment and reward system. In order to limit the occurrence of this situation, it is recommended that the team revisit its current system to ensure that, when necessary, immediate communication between the Case Coordinators and Judges is possible. If the team is able to reformat its system to reduce delays in communication, then it should also be able to reduce the potentially detrimental delays in sanction delivery.

Incentives

Team members and participants named graduation, or commencement, as the strongest incentive offered by the District Courts STEP Program, because it represents recovery from drug and/or alcohol addiction and ultimate life improvement. In addition to graduation, the following incentives are those most commonly used:

- “A Team;”
- Praise from the Judge and applause in court;
- Reduced court fees;
- Reduced community service hours;
- Byes from court sessions; and
- Drawings for prizes and gift certificates.

Like sanctions, the incentives system is governed by a grid (Appendix B). The incentives employed by the District Courts STEP Program are intended to assist participants in instilling the self-discipline necessary for recovery. While the team agrees that the incentives are fairly administered, they disagree over the efficacy of the incentives. Several team members stated that incentives do facilitate recovery, especially for struggling participants, while several other team members expressed the sentiment that incentives, although helpful, are not as effective as sanctions in terms of altering participant behavior.

In order to improve the efficacy of the incentives system, some team members proposed additional incentives, including byes from meetings, assistance with court fees, access to employment Programs, and social outings with staff. In addition, at least one team member expressed a desire to increase and expand the tangible incentives, such as prizes and gift

certificates, currently used by the Program for participants on the “A Team.” In order to obtain more incentives, at least one team member suggested that the team commit to further developing relationships with local organizations and businesses.

While participants echoed this desire to see more tangible incentives, particularly those relating to educational and employment opportunities, participants clearly expressed a preference for incentives related to byes from meetings and court sessions. Participants stated that they appreciate prizes and gift certificates, but, in terms of the Program, they value their time more than money and expressed the wish that incentives would reduce their time-consuming Program commitments. In explaining this preference, many participants stated that it is logistically difficult to attend all of the required case management meetings and court sessions, especially for those participants without transportation and with employment and/or family obligations. Thus, participants find incentives related to byes from meetings and court sessions so appealing because they result in reduced travel time and costs, direct and indirect.

In regards to the incentives that are currently used, many participants expressed favorable feelings about the praise and encouragement offered by both Judges. These sentiments are reinforced by the Consumer Satisfaction Questionnaire findings, which show that 80% of respondents are satisfied or very satisfied with their interactions with the Judge. Even though the participants unanimously appreciate and respect the Judges, several participants explained that judicial praise is valuable but not necessarily a strong incentive to avoid substance use and to improve Program compliance. Rather, these participants argued that judicial praise is simply a reinforcement of compliant behavior, not a means to positively influence non-compliant behavior.

Recommendations

- While participants certainly appreciate all of the incentives associated with the Program, they expressed a clear preference for incentives related to byes from required treatment meetings and court sessions. In regards to the District Courts STEP Program, participants expressed the belief that time is more valuable than money or other tangible rewards. Thus, it is recommended that the team consider offering incentives that reduce the Program-related time commitments that are less essential in participant recovery. As an example, it may be beneficial to allow participants on the “A Team” to be occasionally excused early or entirely from court.
- Even though participants reported wanting other incentives, they truly value the different tangible incentives that are currently used. In fact, participants and team members both commented that it would be wonderful to expand the number of tangible incentives available to the Program. In order to achieve this goal, it is recommended that the team devise a formal strategy to identify and secure potential incentives from community businesses and organizations.

Case Management and Judicial Supervision

In the District Courts STEP Program, case management is led by the Case Coordinators, Treatment Providers, and Probation Officer. As stated in the *Policies and Procedures Manual*, the case management team is expected to “guide, encourage, admonish, and problem-solve with the clients toward completing the specific tasks required by the Program.” The team accomplishes this objective through treatment and case management meetings, drug testing, home visits, and compliance reports. Based on participants’ performance on these components, the case management team presents reports and recommendations regarding each participant to the other team members.

Team members and participants recognized that the Case Coordinators, who are primarily responsible for coordinating treatment, monitoring compliance, and updating their fellow team members, fulfill essential roles that help shape the success of the Program and its participants. In fact, more than half of the team members specifically identified the Case Coordinators as key or helpful components of the Program. Participants agreed, commending the Case Coordinators as helpful and supportive. Even though participants appreciate and respect the Case Coordinators, several participants expressed the view that the meetings with the Case Coordinators are inefficient and unnecessary. These participants argued that the meetings, which can require an hour of round-trip travel time to downtown Charlotte, usually last no more than 15 minutes. As an alternative to daytime meetings, these participants suggested that case management meetings would be easier to attend if scheduled in the evening, immediately following an evening treatment session.

As part of case management and in preparation for the upcoming court session, the treatment team, including the Criminal Court Coordinator, Case Coordinators, Treatment Providers, Treatment Director, and Treatment Administrator, meets to discuss each case on the docket. In these meetings, the treatment team discusses the status of each participant by addressing treatment compliance and all other relevant factors, including housing, employment, and family circumstances, that may affect compliance or require intervention. Based on the information shared in these discussions, the treatment team decides upon the appropriate sanction or incentive to recommend to the Judge at the pre-court session on the following day. As observed by one iRT staff member, the treatment team meeting appeared organized and proceeded efficiently. Additionally, team members were able to easily access all pertinent information regarding each participant, because meeting minutes and participant data are entered into the computer as the treatment team meeting occurs. This shared access to the same, basic information results in informed and appropriate decisions.

In addition to the case management component of the Program, participants are monitored by Judge Lewis or Judge Mercer in biweekly court sessions, which, according to the *Policies and Procedures Manual*, are intended “to encourage performance and successful completion of the Program.” In order to satisfy this intent, the Judges act, in the words of one Judge, “like a father figure,” alternating between encouragement and admonition, depending on the participant’s level of compliance.

Immediately prior to the court sessions, the team meets to review each case on the docket and, based on the decisions reached in the treatment team meeting from the previous day, to make recommendations to the Judge regarding sanctions and incentives. For this process evaluation, three iRT staff members observed a pre-court meeting and subsequent court session led by Judge Mercer. While pre-court and court sessions led by Judge Lewis were not observed by iRT staff members, team members reported that the judicial supervision and administration is quite similar for each Judge, and participants' comments revealed an equal level of affection and respect for Judge Mercer and Judge Lewis.

In the court session observed by iRT staff members, Judge Mercer began by calling two participants, each who missed a prior meeting and/or appointment, to stand in between the legal and case management sides of the team, seated at opposite tables. Only one of these offenders appeared at court, and the Judge resolved this case without sanctions. The judge issued an order for arrest for the other offender. At least one team member reported that unexcused court absences only result in an order for arrest for a participant if a sanction has already been planned for that court session. Otherwise, sanctions for court absences are reserved for repeated 'no shows'.

After resolving these first two cases, the Judge called the name of the "A Team" participants and read the number of clean days for each one. This was greeted by courtroom applause. All A Team participants are eligible for a drawing for an incentive, and the judge presided over the drawing for tickets to a WNBA basketball game. The Judge then proceeded to individually call each remaining participant to the floor. The Judge spoke to each participant, offering mostly encouragement but also admonition, when necessary. While the substance of each conversation focused on Program compliance and treatment progress, the Judge personalized several of the conversations, inquiring about recent family and employment developments. Following the completion of the docket, an alumnus in attendance requested and received the opportunity to speak to the participants, and this alumnus offered the current participants words of encouragement and support. Finally, the Public Defender and Criminal Court Coordinator made concluding remarks regarding Program news and educational opportunities, respectively.

During this observation, the three iRT staff members sat in different locations throughout the courtroom. While the staff members agreed that the court session appeared organized and proceeded smoothly, the staff members seated in the middle and rear areas of the courtroom found it difficult to hear the words exchanged between the Judge and participants. The staff members attributed this difficulty to a combination of noise from the gallery, largely resulting from the translation efforts for Hispanic participants, and the absence of any microphones to amplify the voices of the Judge and participants.

In sum, both team members and participants stated that judicial supervision is an important and helpful component of the Program. In fact, at least 70% of participants who completed the Consumer Satisfaction Questionnaire are satisfied or very satisfied with the frequency of court sessions and their interactions with the Judge at these sessions.

While the participants generally are satisfied with the judicial supervision, strive to please the Judge, and relish the public recognition received in court, several participants stated that judicial

supervision alone is not a strong enough factor to influence behavior. Instead, these participants stated that judicial supervision effectively complements the other Program components and enhances the overall STEP experience, but it alone does not offer enough motivation to generate compliance.

Summary and Recommendations

- Participants clearly like the Judge and value his praise. Although no problems are apparent, changes in courtroom structure could potentially enhance the influence of the Judge on participant attitudes and behaviors. Changes to consider include having participants approach the bench, shake hands, and exchange a few words with the Judge.
- Based on observations of one court session led by Judge Mercer, it can be difficult to hear the words of the Judge and participants during court. In order to improve the audibility of those who should be heard and reduce the audibility of those who should not be heard, it is recommended that the team consider three actions:
 - Review the expectations for participant behavior in the courtroom, particularly when sitting in the audience.
 - Secure a microphone for the Judge to amplify his voice.
 - Place the translator(s) in an area of the courtroom that minimizes the distraction of a second voice.

Treatment

In order to begin treatment, a participant must first be screened for eligibility by the Case Coordinator, who uses the SASSI and ESI. If eligible based on these results, a participant is then assessed for treatment appropriateness by the Treatment Provider Liaison. Once approved as eligible for admission and appropriate for treatment, participants begin attending treatment sessions, and the Case Coordinator and other relevant team members develop a treatment plan which incorporates realistic short-term and effective long-term goals and objectives. Additionally, the treatment plan is subject to periodic reviews, which include the examination of medical, mental health or other reasons related to Program performance and may result in alterations to the treatment and supervision plans.

Treatment consists of three successive levels – Intensive Outpatient Care (Primary Care), Continuing Care, and Aftercare – which must be completed within two years. All three outpatient treatment levels are delivered by Southeast Addiction Institute and Learning Center, Inc. (SAIL), a substance abuse treatment center hired by the AOC to provide treatment to participants in the STEP Program. While it is expected that participants will progress in order from Intensive Outpatient Care to Aftercare, participants can be returned to a prior treatment level as a result of treatment non-compliance. Additionally, participants may be referred to Inpatient Residential Care if they repeatedly fail drug testing. If participants enter Inpatient Residential Care, they must begin the treatment process anew at the Intensive Outpatient Care level.

Beginning with the first treatment level, Intensive Outpatient Care consists of three three-hour treatment sessions per week and lasts eight weeks. In these treatment sessions, participants distribute their time equally between group and educational sessions. In addition to these treatment sessions, participants are required to attend at least three AA/NA meetings per week, obtain a sponsor, and complete at least the first three steps of the AA/NA Program. In order to progress to the second treatment level, participants must be clean for a minimum of 30 days.

In Continuing Care, the second treatment level, participants are required to attend two one-and-a-half hour treatment sessions per week for 12 weeks. These sessions focus on group and cognitive behavioral therapy treatment, but the Treatment Providers retain discretion in leading the sessions as they see fit. Additionally, participants must attend at least four AA/NA meetings per week and a recommended total of three family sessions. By meeting these requirements and testing clean for a minimum of 60 days, participants can advance to the third and final treatment level.

Aftercare, the third and final treatment level, allows the team to monitor participants' progress by requiring participants to attend one-and-a-half hours of group treatment per week until graduation. Participants also must attend at least five AA/NA meetings per week and complete the remaining number of family sessions necessary to achieve the total of eight required by the Program.

In addition to the normal treatment Program, the STEP Program offers six specialty treatment groups, which are listed below:

- Anger Management – This group meets one-and-a-half hours per week for 12 weeks.
- Dual Diagnosis Group – This group follows the standard SAIL three-level treatment model (Primary Care, Continuing Care, and Aftercare) and is restricted to participants who have received dual diagnoses of substance abuse addiction and mental health illness, including personality disorders.
- Insight – This group for participants suffering from physical and/or sexual abuse meets two hours per week.
- Latino Group – This group follows the standard SAIL three-level treatment model and is conducted in Spanish and on the weekends.
- Relapse Intervention – This group meets one-and-a-half hours per week for eight weeks.
- Women's Group – This group meets for one-and-a-half hours per week during Aftercare.

Although several of these specialty groups do address treatment differences related to co-occurring disorders, gender and ethnicity, the treatment Program remains largely the same and does not address differences in drug-of-choice. At least one member expressed a desire to design the treatment Program, or at least certain parts of the treatment Program, to distinguish participants based on their substance abuse addiction. These team members believe that in addition to the standard treatment Program offered to all participants, treatment should be able to

address participants differently based on the type of substance abuse addiction. Despite this concern, the majority of team members named treatment as a key component of the Program.

The majority of participants shared this perception, characterizing treatment as an important and helpful component of the Program. In fact, 80 percent of participants who responded to the Consumer Satisfaction Questionnaire are satisfied or very satisfied with the substance abuse treatment services provided by the Program. In explaining their satisfaction with treatment, participants cited both individual and, more frequently, group therapy as particularly beneficial. Participants specifically praised group therapy because it allows them to interact with others who have been in similar situations and are currently together in the “same boat,” a realization that reportedly provides comfort and encouragement throughout the recovery process. In support of this perspective, at least one team member mentioned the participants’ collegiality as one of the most beneficial aspects of the Program.

Although most participants said the individual and group therapy sessions at SAIL were be valuable, several participants described this treatment as being much less helpful than the AA meetings they attended. They believe that AA benefited their recovery more than SAIL treatment.

Despite some dissension, the majority of team members and participants believe that the SAIL treatment program is an important and helpful component of the total District Courts STEP Program. Given the support and praise for SAIL, the emerging funding issues are especially significant. Specifically, at least one team member reported that the Program may be unable to treat all of the current participants, particularly those with dual diagnoses, because of changes in funding that will occur starting in July 2005. This potentially means that services may need to be altered and/or decisions made as to which participants will receive this intensive outpatient treatment.

Summary and Recommendations

- Several team members reported that funding issues will shape the future of the treatment Program, possibly affecting the number of participants that can be treated. If funding does not allow for all participants to be served by SAIL, it is recommended that participant outcomes and/or general treatment outcome research be consulted to facilitate decisions about which participants might benefit most from the SAIL program. Alternative treatment structures should also be explored. These alternatives could include a greater reliance on AA/NA groups and/or the use of AA/NA groups in addition to shorter term treatment available through the local mental health care system LME.
- At least one team member expressed a desire to incorporate more drug specific treatment methods or specialty groups. These team members believed that participants with addictions to certain substances are less successful in treatment than those with addictions to other substances, and those drug-of-choice groups that are less successful might benefit from special counseling methods. It is recommended that the team seek out information about drug-specific substance abuse treatments and

based on this information assess the feasibility and advisability of making changes to the current treatment options to enhance outcomes for those groups with lower graduation, i.e. program completion rates.

Ancillary Services

In addition to the outpatient treatment supplied by SAIL and AA/NA, the District Courts STEP Program offers its participants ancillary inpatient treatment, education, housing, and mental health services through various external service providers. The Case Coordinators are responsible for referring participants to the appropriate provider, and these referrals are based on the Case Coordinators' professional discretion, along with information imparted by other team members and the participants themselves.

Inpatient treatment is used by the District Courts STEP Program for participants who repeatedly fail drug testing; however, the American Society of Addiction Medicine (ASAM) criteria and other relevant personal and environmental factors are also used to guide this decision. The District Courts STEP Program relies on a number of agencies, including ARC Black Mountain, Harvest House (Latino participants), Hope Valley, McLeod Center, Mecklenburg County Substance Abuse Services, and Mercy Horizons (medical detoxification), to provide its participants with inpatient treatment, which typically is administered as an intensive one-month Program. If participants are ordered and fail to report to inpatient treatment or simply reach a designated level of non-compliance, they can be sanctioned with the inpatient treatment Program in the Mecklenburg County Jail.

Although instrumental in the planning and implementation efforts of the STEP Program, TASC (Treatment Accountability for Safer Communities) no longer plays a role in the District Courts Program. Although the Program has requested TASC involvement, TASC has reportedly been unable to help due to changes in funding and staffing limitations. At least one team member reported that the Case Coordinators perform many of the roles typically fulfilled by TASC representatives in Drug Treatment Courts.

The District Courts STEP Program also offers participants and their children access to education services through Central Piedmont Community College (CPCC) and Smart Start, respectively. At CPCC, participants can attend GED, HVAC, and welding classes, while participants with children under the age of six receive access to Smart Start, a statewide initiative designed to prepare children for entry into school. As an added educational resource, the STEP Program itself offers participants in both Districts A and B access to weekly computer classes.

The District Courts STEP Program also offers its participants housing and mental health services, though these service linkages are neither as formalized nor developed as the inpatient treatment and education opportunities. Through several agencies, the Program secures halfway and transitional housing for participants in need. A psychiatrist on staff is available to provide mental health services, when necessary. Finally, in an effort to assist those participants who rely on public transportation to get to and from treatment meetings and court sessions, the Program offers bus passes.

The District Courts STEP program has employed an innovative approach to creating service linkages. The program encourages program team members to volunteer time with local social service agencies, such as homeless shelters. By affording employees this opportunity, the program learns about some of local service opportunities that could benefit clients and creates incipient linkages through this volunteer program.

Despite general satisfaction with the current level of ancillary services, team members reported a shared desire to improve and expand the ancillary services offered by the STEP Program. Half of the team members named housing and employment as service areas that can and should be enhanced to benefit the participants and their recovery. Additionally, several team members noted the need to bolster the mental health services available to participants. Finally, at least one team member suggested that the Program establish a form of life skills training to educate participants about basic yet essential competencies, such as personal, professional, and financial management. At least one team member reported that additional ancillary services are probably available in the community to address some of the stated deficiencies, but the team does not possess the time and/or resources required to effectively explore these opportunities.

Reiterating some of the team members' sentiments, participants expressed a desire for more education and employment services, i.e. helping participants secure stable employment in addition to employment training. They explained that these elements are fundamental to the overall recovery process and ultimate life improvement. Additionally, several participants advocated the importance of a community service Program as part of the STEP Program. The appeals for additional services do not represent discontent, however, as the majority of participants indicated, through focus group and Consumer Satisfaction Questionnaire responses, satisfaction with the current ancillary services offered by the STEP Program. Several participants mentioned that the Program sufficiently accomplishes its role in locating and securing basic ancillary services, and it is simply the personal responsibility of the participants to fully exploit these opportunities.

Summary and Recommendations

- Even though the STEP Program currently offers an impressive and varied set of ancillary services, team members and participants expressed a shared desire to expand this set of services. Specifically, team members most frequently noted a need for enhanced housing and employment services, and participants echoed the need for help finding employment as well as providing access to additional educational resources. If resources permit, the STEP program may want to explore the possibility of facilitating participant employment through volunteer programs or other means.

Termination

Termination, which represents the ultimate sanction, is mandated by the following criteria:

- Voluntary withdrawal, though a two-day “cooling off” period is allowed;
- A 90-day period for an outstanding Order for Arrest;
- Three consecutive “No Performance” reports;

- Information requiring case disposition
- Two false urine test samples; and
- Failure to successfully complete Orientation in Phase I.

In addition, termination may be utilized in response to the following criteria:

- Any combination of four “Poor Performance” or “No Performance” reports;
- New misdemeanor charges;
- New felony charges;
- Failure to complete a Program phase in sufficient time;
- A 60-day or more absence due to an Order for Arrest;
- A medical or other disability that interferes with success in the Program.

The termination policy includes specific criteria that detail the causes of termination from the STEP Program. The criteria include both immediate causes, such as new charges, and repeated causes, such as continued “Poor Performance” or “No Performance” on Program requirements. In order to objectively evaluate performance, the team relies on the Overall Performance Grid, which is administered using a point system based on participants’ ability to meet Program requirements. Thus, performance level is defined by the point system, not team members’ subjectivity.

Even though the Overall Performance Grid and termination criteria provide a simple guide to termination, several team members reported that the decision to terminate participants is not completely objective in terms of defining how much non-compliance constitutes too much. In these cases, team members explained that the team is averse to terminating participants and, as a result, uses termination as a last resort. Specifically, one team member stated, “It takes a lot for a person to be terminated from the Program.” Another team member commented that participants “are given every possible chance before being terminated.” In sum, all team members and participants reported that the termination policy is fair if also liberal in allowing participants multiple opportunities to succeed.

As part of this policy, terminated participants are allowed to re-enter the Program following termination, a position in accordance with the overall Program mission. Team members, however, disagreed over the appropriateness of this position. Several team members stated that participants deserve a second chance, and they asserted that some participants “are not ready the first time” and may need a second chance in order to achieve recovery success. An equal number of team members oppose this view and believe that participants should have only one opportunity to benefit from the program. These team members argued that the Program cannot afford to waste limited human and financial resources on participants who have demonstrated an increased chance of failure.

Summary and Recommendations

- Team members disagreed over the appropriateness of allowing terminated participants to re-enter the Program. Some team members stated that a second chance is ultimately necessary for certain participants, while other team members felt that

second chances waste valuable resources. Because of this disagreement among team members, it is recommended that the team review its termination policy and attempt to establish consensus regarding the appropriateness of allowing terminated participants to re-enter the Program. The team may want to consider data on participants who have already participated and been discharged twice in order to make the decision.

Graduation

Graduation, or commencement, specifically represents the successful completion of the STEP Program. More importantly for the participants, however, graduation signifies full recovery from drug and/or alcohol addiction and results in the court dismissing and possibly expunging the related criminal charge(s). In order to graduate, participants must fulfill the following criteria:

- Successful completion of all Program phases;
- Minimum of 120 clean days prior to graduation;
- All Program and treatment costs fully paid;
- Completion of exit interview; and
- Completion of mandatory jail time.

In general, the team believes that the graduation criteria are fair and reasonable based on the purpose of the Program. At least one team member stated that the requirement of 120 days clean is an appropriate length of time to establish an acceptable level of stability. In the words of another team member, the graduation policy is “cut and dry,” which results in a straightforward, consistent process. While most team members are satisfied with the graduation criteria, at least one team member opposed the criterion that requires full payment of all treatment fees. Even though the treatment fees are an essential part of the Program and are required by a North Carolina state statute, one team member argued that the fees seem unrelated to recovery, the true goal of the Program and therefore should not interfere with participants graduating. In support of this argument, 78% of participants who completed the Consumer Satisfaction Questionnaire find it somewhat hard or difficult to pay the required treatment fees.

Participants who do graduate have their charges dropped by the State of North Carolina; those with probation cases, on the other hand, are provided with a favorable report. At the actual graduation ceremony, which is held during a court session, participants receive a certificate or plaque, congratulations, and applause from the team members and their fellow participants. In addition, graduating participants have the opportunity to address the court, and team members reported that most graduates utilize this opportunity.

Team members offered several explanations regarding why certain participants graduate and others do not. Several team members cited the presence and strength of family support as a key factor. Other team members attributed success to age, explaining that older participants fare better because they are the ones who have experienced more negative effects from their substance abuse. At least one team member, however, stated that even with years of experience

and observation, it is nearly impossible to accurately predict which participants will succeed and which participants will fail.

Instead of naming external support or any demographic characteristic, participants unanimously identified personal desire as the primary distinction between those participants who complete the program and those who don't. Specifically, participants affirmed that certain participants fail because they "do not want it" enough, and, echoing some team members' explanations, because they have not yet hit "rock bottom".

Following graduation, alumni are encouraged to return to court to openly share their success with active participants; however, there is no formal alumni Program currently in place. One has existed "off and on" in the past. At least one team member expressed a desire to better follow alumni in order to maintain contact and monitor post-Program recovery status.

Summary and Recommendations

- Although some Team members offered hypotheses related to participant outcome, several noted that it is nearly impossible to accurately predict success. In order to develop a better, more empirical understanding of participant outcomes, which have implications for nearly every component of the Program, it is recommended that the team use existing MIS and exit interview data. With this blend of quantitative and qualitative information, the team should be able to identify which, if any, characteristics are associated with success and failure and, in turn, can use this knowledge to inform and guide relevant decisions regarding the future of the Program.
- Because of their own experiences with recovery and their program success, alumni can be a valuable and inspiring resource for the STEP Program and its participants. Currently, alumni are allowed and encouraged to return to treatment meetings and court sessions, but there is no formal Program in place to facilitate their involvement. In order to maintain contact with alumni and more extensively incorporate them into the treatment Program, it is recommended that the team explore the possibility of re-establishing an official alumni Program, possibly integrating alumni into key planning and leadership roles.

Global Impressions about the STEP Program as Reported by Team Members

There are three main aspects of the STEP Program to which team members consistently attribute the program's success. First, team members reported that the treatment support and guidance received through SAIL, as well as the external support from AA/NA meetings, are among the most important factors contributing to participant success. The program's emphasis on participant accountability – enforced through drug testing and judicial and case management supervision – was also cited as a contributing factor. Finally, team members reported that the Case Coordinator and Treatment Providers are integral to the effective functioning of the Program. Several team members noted that the Case Coordinators are among the STEP Program's most valuable assets.

In addition to these aspects of the Program, team members also reported that they and their fellow team members are dedicated to their positions, communicate and get along well with one another, and embrace a teamwork mentality. The team member relationships with one another and with the participants are professional, and team members reported that the team as whole is interested in the best interests of the participants. Several team members explicitly stated that their primary goal is to see the participants succeed.

As is the case with most other DTC programs, the greatest concern expressed was related to funding issues. Team members reported concerns that funding might not continue at the same level in the next fiscal year. As a result, team members worried that the budget might not be sufficient to pay for all of the current team positions and the current services used by participants.

Global Impressions about the STEP Program as Reported by Participants

Participants nearly unanimously praised the STEP Program as effective and beneficial. In fact, several participants explicitly credited the Program with saving their lives. In commending the Program, participants most frequently cited the treatment components, including group and individual therapy, AA/NA meetings, and drug testing, and the accompanying efforts of the team members. Participants stated that team members are respectful, professional, sincere, and establish a system of support that enriches the entire treatment process and facilitates recovery.

While participants generally appreciate the Program and accept the substance and purpose of its requirements, a number of participants complained about the time and travel commitment required by the Program. Most participants stated that they entered the Program with an accurate understanding of its expectations and requirements, but at least one participant mentioned being unaware of and unprepared for the substantial time commitment. Several participants reported that the number of required meetings and sessions, particularly the Case Coordinator meetings, felt overwhelming and seemed inefficient. Participants requested that the Case Coordinator meetings, currently held in downtown Charlotte during the day, be moved to a time and/or place that would lessen the transportation and time requirements. At least one participant suggested that these meetings would be more convenient if held in the evening, following treatment meetings. Participants also stated that incentives related to byes from court sessions and treatment meetings would be viewed quite favorably. In evaluating STEP incentives, participants stated that time is more valuable than money or other tangible prizes, and thus byes are perceived as an especially appealing way to recognize and reward compliance.

Despite the expected complaints about the time commitment required by the Program, nearly all active and former participants interviewed as part of this evaluation are sincerely happy with and grateful for their STEP experience. Participants stated that the Program satisfactorily fulfills its role by providing the resources necessary for recovery, and it is the individual responsibility of each participant to optimally utilize these resources. According to most participants, the Program will result in recovery success and ultimate life improvement if the individual participant is willing to accept help and make a change.

Consumer Satisfaction Questionnaire Data

During parts of two weekly group therapy sessions, active participants were asked to voluntarily complete a confidential Consumer Satisfaction Questionnaire, which included both objective and subjective questions. The objective questions asked participants to report on demographic and background characteristics, such as their age, marital status, living arrangement, time spent in drug court, employment status, education level, and criminal and treatment history. The subjective questions, which were designed to measure participants' perception of the Program, asked participants to report their level of satisfaction with various Program components and level of ease or difficulty in completing various Program requirements.

Ten active participants, representing the first and second treatment levels, completed the Questionnaire. Appendix C provides an overview of the background and demographic characteristics of respondents who completed the Questionnaire. To briefly summarize, the mean age of the respondents is 37 and the mean time of Program participation is almost seven months. The majority of respondents is male, white, employed full time, and has completed high school. In addition, the majority of respondents have a criminal and treatment history. The respondents reported alcohol, cocaine, and marijuana as the primary drug of choice.

In reference to the subjective questions that asked participants to rate their satisfaction with various Program requirements, at least half of the respondents were satisfied or very satisfied with all 14 Program components included in the Questionnaire (Appendix D). Respondents were most satisfied with the following components: interactions with the Judge and the rest of the STEP team; drug testing; and the substance abuse treatment services. Respondents were least satisfied with the ancillary services and sanctions, although the rate of dissatisfaction failed to exceed 50 percent among respondents. In sum, respondents were generally pleased with their STEP experience, as 80 percent of the respondents were satisfied or very satisfied with the overall Program. It is also noteworthy that the majority of respondents believed that the Program very much or completely protected their overall constitutional rights.

Respondents also found many of the Program requirements easy or very easy to satisfy. In fact, the majority of respondents found it easy or very easy to satisfy 15 of the 18 requirements included in the Questionnaire (Appendix E). Respondents found it easiest to satisfy the requirements of staying crime free, attending Probation Officer and Case Coordinator meetings, and attending and cooperating with drug testing. On the other hand, a majority of respondents found it somewhat hard, difficult, or very difficult to satisfy the requirements of attending court sessions and paying the required court fees and fines.

Although the data from the Consumer Satisfaction Questionnaire expresses some participants' perceptions of the Program and its components and requirements, this data may not be representative of all current participants' views.

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.

Key Component 1

Drug courts integrate alcohol and other drug treatment service with justice system case processing.

The STEP Program effectively and appropriately integrates discussion of participants' substance abuse treatment service into all team meetings and court sessions.

Key Component 2

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

All team members are committed to the non-adversarial approach and the principal concern is the well being of the community and the participant. The participants understand the underlying principle of non-adversarial approach and accept the roles of each team member within the non-adversarial framework, specifically the role of the judge, Case Coordinators, and treatment providers in this approach.

Key Component 3

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

The referral process has been effectively integrated into the court protocol for all ADA's assigned to the Drug Unit in order to assure prompt identification of possible candidates for the STEP Program. Once the candidate has passed the eligibility screening, it has been recommended that the admission process should be more streamlined in order to prevent the possibility of miscommunication.

Key Component 4

Drug Courts provide access to a continuum of alcohol and other drug testing.

Drug testing is a mandatory component of the STEP Program, as each participant is tested at least once per week.

Key Component 5

Abstinence is monitored by frequent alcohol and other drug tests.

The STEP Program administers weekly drug tests to each participant at designated locations, including SAIL and court.

Key Component 6

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

The STEP Program utilizes a grid to direct responses to participants' compliance. The grid, which team members reportedly follow about 90 percent of the time, enables the team to make coordinated and consistent decisions that are accepted by participants as fair and appropriate. While the grid is usually followed, it does allow the team some discretionary flexibility to manage instances of ambiguity and, when necessary, craft more individualized responses. When

departing from the grid and using discretion, the team maintains coordination by generating its decisions through team discussion and majority rule, often consensus.

Key Component 7

Ongoing judicial interaction with each drug court participant is essential.

Team members and participants both agree that judicial supervision is a necessary and valuable component of the STEP Program. Depending on their district assignment, participants interact with Judge Lewis or Judge Mercer during the biweekly court sessions, at which the Judges monitor Program compliance and administer the appropriate sanctions and incentives. In addition to their judicial responsibilities, the Judges interact with participants in the more intimate manner of a “father figure,” offering repeated encouragement but also demanding a certain level of effort and performance. Based on individual and focus group interviews, participants unanimously respect and admire the Judges, believe that the Judges are concerned about them, and feel that the Judges sincerely want them to succeed.

Key Component 8

Monitoring and evaluation measure the achievement of the Program goals and gauge effectiveness.

The SCOT/SWOT analyses conducted identified the strengths and weaknesses of the STEP Program and recommended actions to be taken in order to strengthen the Program. There were several characteristics of the STEP Program that remained Program strengths for more than two fiscal years, as well as Program weaknesses/challenges that remained challenges for more than one fiscal year. The STEP Program may wish to consider developing a system for documenting and archiving and for following up on action plans developed as a result of Program evaluations.

Key Component 9

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

There is no structured plan for interdisciplinary education. Rather, this is accomplished informally through on-the-job training. A few team members reported that there is a need for more training in this area. Interviews with team members and participants revealed that there is a perceived division between the treatment team and the legal team. This divide may be ameliorated by implementing interdisciplinary training sessions.

Key Component 10

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

The STEP Program has successfully forged partnerships with several community organizations, including Central Piedmont Community College and Smart Start, to provide its participants with valuable services. Even though the Program has already established several key partnerships to secure valuable services, team members and participants both expressed a desire to expand the

number of collaborative relationships with community organizations, specifically housing and employment agencies.

Conclusions

The STEP Program is effectively satisfying the 10 key components listed in Defining Drug Courts: The Key Components and, in turn, is successfully meeting its mission. Team members and participants both attributed much of this success to the professionalism and commitment of the individual team members and the proficient functioning of the team as a whole.

Additionally, team members and participants cited the coordination and integration between the treatment and court components as an asset of the Program. By requiring treatment, drug testing, and judicial supervision, the team is able to effectively and efficiently monitor and respond to participants' compliance with Program requirements. This effective and efficient ability to respond to participants is facilitated by a grid that enables the team to deliver decisions regarded by participants as fair and consistent.

Even though the Program is performing satisfactorily, many team members identified funding issues as the principal challenge facing the STEP Program. Potential changes in funding may affect the available resources such as the number of participants served by SAIL. This, in turn, may require that changes be made to the STEP program and/or its contract with SAIL. If the available resources are reduced, the team may want to consult existing literature and/or MIS data to make planful, informed decisions about program and/or treatment changes. As an example of one possible change, the District Courts STEP program could attempt to assess which participants could benefit from AA alone versus a combination of SAIL and AA. This would allow the program to afford the treatment for all participants who are likely to need the SAIL treatment.

Participants share similar perceptions of the Program and its various components and requirements. Based on focus group, interview, and survey responses, nearly all participants reported appreciating the opportunity to participate in the program, and several credited the District Courts STEP program with saving their lives. While the majority of participants expressed strong satisfaction with the Program, several participants expressed displeasure with the SAIL treatment and with the frequent, required Case Coordinator meetings. Despite these criticisms, these same participants stated that they are grateful for the opportunity to participate in the Program because the benefits ultimately outweigh the costs.

In its current form, the STEP Program is successfully meeting its mission of providing treatment to criminal offenders with substance abuse addictions. Participants agreed that the Program effectively fulfills its role in supplying the resources necessary for recovery, but it ultimately remains the individual responsibility of each participant to fully utilize these resources to achieve recovery.

APPENDIX A: BIWEEKLY SANCTIONS GRID

This grid provides for specific violations and the expected court responses within a given court session or 14-day period. Where sanctions are redundant or cumulative based on multiple violations over the same or multiple two-week time periods, then the Overall Performance Grid can be referred to concerning the available options.

	First Non-Compliance	Second or More Non-Compliance of the Same Type	Third Non-Compliance	Fourth Non-Compliance
Missed Meeting	<ul style="list-style-type: none"> • Extra court session • Community service possible 	24-48 hours in custody	<ul style="list-style-type: none"> • 48 hours or more in jail • Case Review concerning available intervention 	<ul style="list-style-type: none"> • Case Review concerning available intervention • See OPG*
Missed Drug Screen	<ul style="list-style-type: none"> • Court clean time may equal 0 • Extra screen for the next 2 weeks 	<ul style="list-style-type: none"> • 24 hours in jail • Extra screens for the next 2 weeks 	<ul style="list-style-type: none"> • 48 hours or more in jail • Extra screens each week for a month • Case Review concerning available intervention 	<ul style="list-style-type: none"> • Case Review concerning available intervention • See OPG*
Missed AA/NA Meeting	<ul style="list-style-type: none"> • Replacement or additional meetings • Journal writing 	<ul style="list-style-type: none"> • Additional meetings • Journal writing • 24-48 hours in jail 		
No Meeting Sheet	2 extra court sessions	24 hours in jail	Case Review	
Late Meeting Sheet	Extra court session	2 extra court sessions	24 hours in jail	
Missed Court Session	Issue on OFA	48 hours in jail	See OPG*	See OPG*

OPG – Overall Performance Grid (**Appendix B**)

APPENDIX B: OVERALL PERFORMANCE GRID

INCENTIVES			SANCTIONS
<p>GOOD PERFORMANCE <i>Over two-thirds required points:</i></p> <ul style="list-style-type: none"> • Reduce cost • Bye if in Phase 3 • Certificate or letter when moving to another phase or graduation • T-shirt or other moment at graduation • Medallion at graduation 	<p>Extra tasks done on own:</p>	<p>Missed mandatory tasks:</p>	<p>SOME IMPROVEMENT <i>Based on circumstances, such as missed treatment groups:</i></p> <ul style="list-style-type: none"> • Make-up or extra tasks related to circumstances (such as extra group meetings or drug tests) • Conference with Judge at bench or in chamber • An extra court appearance or weekly court sessions • If warned and mandatory tasks not completed: Community service or 24-48 hours in jail • Court every 2 weeks if in Phase 3
<p>SOME PERFORMANCE <i>Between a third and two-thirds points:</i></p> <ul style="list-style-type: none"> • Choice of sanction • Reduce cost 	<p>Extra:</p>	<p>Missed:</p>	<p>NEEDS IMPROVEMENT</p> <ul style="list-style-type: none"> • Make-up or add tasks • Increased court appearances • Community service time • Increased cost • If warned: 24-48 hours in jail or some jail time
<p>POOR PERFORMANCE <i>Some points up to a third of the required points:</i></p> <ul style="list-style-type: none"> • Choice of sanction • Can stay in Program and still have case dismissed or favorable probation report 	<p>Extra:</p>	<p>Missed:</p>	<p>MUST IMPROVE 1</p> <ul style="list-style-type: none"> • Make-up or add tasks • Some jail time or community service • Jail treatment or DART Program
<p>NO PERFORMANCE</p> <ul style="list-style-type: none"> • Can stay in Program and still have case dismissed or favorable probation report 			<p>MUST IMPROVE 2</p> <ul style="list-style-type: none"> • Short-term jail term up to jail treatment

Appendix C: Responses to Demographic Questions Included in Questionnaire

QUESTION	n	RESPONSE FREQUENCY
SEX		
<i>Female</i>	4	40%
<i>Male</i>	6	60%
ETHNICITY		
<i>Hispanic</i>	0	0%
<i>Not Hispanic</i>	7	100%
MARITAL STATUS		
<i>Divorced or Separated</i>	5	50%
<i>Married</i>	1	10%
<i>Single</i>	4	40%
LIVING ARRANGEMENT		
<i>Community Housing</i>	1	11.1%
<i>Incarcerated</i>	0	0.0%
<i>Independent</i>	8	88.8%
RACE		
<i>Black</i>	4	44.4%
<i>White</i>	5	55.5%
<i>Other</i>	0	0%
CHILDREN UNDER 18 LIVING AT HOME		
<i>Yes</i>	2	20%
<i>No</i>	8	80%
EMPLOYMENT		
<i>Full Time</i>	6	75%
<i>Part Time</i>	0	0%
<i>Unemployed</i>	2	25%
AGE (Average)		37
TIME SPENT IN PROGRAM (Average)		6.5 months
PRIMARY DRUG OF CHOICE		
<i>Alcohol</i>	3	30%
<i>Cocaine</i>	3	30%
<i>Marijuana</i>	2	20%
<i>Other</i>	2	20%
CRIME		
<i>Illegal Selling</i>	2	20%
<i>Possession</i>	6	60%
<i>Other</i>	2	20%
CRIMINAL HISTORY		
<i>Yes</i>	8	80%
<i>No</i>	2	20%
TREATMENT HISTORY		
<i>Yes</i>	6	60%
<i>No</i>	4	40%
COMPLETED HIGH SCHOOL/GED		
<i>Yes</i>	9	100%
<i>No</i>	0	0%

Appendix D: Satisfaction with Components of Mecklenburg County Drug Treatment Court

COMPONENT	RESPONSE		STATISTICS		RESPONSE FREQUENCY			
	n	NA	Mean	Standard Deviation	Very Unsatisfied	Unsatisfied	Satisfied	Very Satisfied
1. Frequency of court appearances	10	0	3.20	.92	0%	30%	20%	50%
2. Interactions with the judge	10	0	3.30	1.06	10%	10%	20%	60%
3. Interactions with the DTC team	10	0	3.40	1.07	10%	10%	10%	70%
4. Cooperation of agencies with each other	10	0	3.10	1.10	10%	20%	20%	50%
5. Substance abuse treatment services	10	0	3.40	1.07	10%	10%	10%	70%
6. Mental health treatment services	8	2	3.63	.74	0%	12.5%	12.5%	75%
7. Vocational treatment services	4	6	3.00	.82	0%	25%	50%	25%
8. Other services received	8	2	2.75	1.16	12.5%	37.5%	12.5%	37.5%
9. Sanctions received	7	3	2.71	.76	0%	42.9%	42.9%	14.3%
10. Incentives received	7	3	3.00	1.15	14.3%	14.3%	28.6%	42.9%
11. Drug testing	10	0	3.10	.99	10%	10%	40%	40%
12. Community service activities	4	6	3.25	.96	0%	25%	25%	50%
13. Pro-social activities organized by the DTC	8	2	3.13	1.13	12.5%	12.5%	25%	50%
14. Drug Court Program overall	10	0	3.40	1.07	10%	10%	10%	70%
					Not at all	Somewhat	Very	Completely
15. Protection of overall rights	10	0	2.90	1.10	10%	30%	20%	40%

Notes:

1. Scores range from a low of 1 (Very Unsatisfied) to a high of 4 (Very Satisfied).
2. Response frequencies based on number of valid responses (n).
3. Due to rounding, response frequencies do not necessarily total 100%.

Appendix E: Difficulty with Requirements of Mecklenburg County Drug Treatment Court

REQUIREMENT	RESPONSE		STATISTICS		RESPONSE FREQUENCY				
	n	NA	Mean	Standard Deviation	Very Difficult	Difficult	Somewhat Hard	Easy	Very Easy
1. Making it to court appearances	10	0	2.40	.84	0%	0%	60%	20%	20%
2. Attending mental health treatment services	7	3	1.86	.69	0%	0%	14.3%	57.1%	28.6%
3. Cooperating with mental health treatment Program	8	2	1.88	.83	0%	0%	25%	37.5%	37.5%
4. Taking medication regularly	5	5	2.00	.71	0%	0%	20%	60%	20%
5. Attending SA treatment services	10	0	2.00	.94	0%	0%	40%	20%	40%
6. Cooperating with SA treatment services	10	0	2.30	1.16	0%	20%	20%	30%	30%
7. Attending other services	7	3	2.14	1.07	0%	14.3%	14.3%	42.9%	28.6%
8. Going to drug testing	10	0	1.90	.74	0%	0%	20%	50%	30%
9. Cooperating with drug testing	10	0	2.10	.88	0%	10%	10%	60%	20%
10. Attending meetings with probation officer	8	2	1.75	.71	0%	0%	12.5%	50%	37.5%
11. Attending meetings with Case Coordinator	10	0	1.90	.74	0%	0%	20%	50%	30%
12. Attending AA/NA meetings	10	0	2.10	.88	0%	0%	40%	30%	30%
13. Participating in AA/NA meetings	10	0	2.10	.99	0%	10%	20%	40%	30%
14. Paying court fees	9	1	3.11	1.05	0%	44.4%	33.3%	11.1%	11.1%
15. Paying court fines	7	3	3.29	.76	0%	42.9%	42.9%	14.3%	0%
16. Staying away from bad influences	10	0	2.00	.82	0%	0%	30%	40%	30%
17. Staying clean and sober	10	0	2.50	1.08	10%	0%	30%	50%	10%
18. Staying crime -free	10	0	1.60	.70	0%	0%	10%	40%	50%

Notes:

4. Scores range from a low of 1 (Very Easy) to a high of 5 (Very Difficult).
5. Response frequencies based on number of valid responses (n).
6. Due to rounding, response frequencies do not necessarily total 100%.