

**Mecklenburg County  
Superior Drug Treatment Court  
Process Evaluation Report**

**2005**



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# Mecklenburg County Superior Drug Treatment Court (MCSDTTC)

## Process Evaluation Report

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# **Mecklenburg County Superior Drug Treatment Court (MCSDTC)**

## **Process Evaluation Report**

### **Executive Summary**

#### **Purpose:**

- To describe the operation of the Mecklenburg County Superior Drug Treatment Court (MCSDTC) Program.
- To compare the implementation of the court with the methods described in program grants, manuals, handbooks, and mandates.
- To examine the strengths and weaknesses of the current implementation of the court.
- To make recommendation regarding possible improvements to the current structure and operation of the court.

#### **Background:**

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

#### **Method:**

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

#### **Key Findings:**

- The majority of participants served by the program were male and African American/Black.
- Crack was the most common primary drug of choice, followed by marijuana.
- An examination of the outcome status of former GCADTC participants revealed that a larger percentage was discharged than had graduated. Almost one-third of the participants successfully completed the program. Both the graduation rate and the retention rate were below the average rates for Adult Drug Treatment Court's (DTC's) in North Carolina.
- On average, current participants were satisfied with most of the program components.
- Team members and participants highlighted the dedication and commitment of MCSDTC team members.

- Compliance with DTC requirements is effectively monitored through case management, treatment, drug testing, probation supervision, and judicial supervision.
- A wide range of treatment services are provided to participants.
- The program promotes significant improvements in the lives of participants, according to team members and participants.
- Team members and participants expressed the need for additional housing and employment services for participants.
- The Alumni Program for program graduates had been temporarily suspended.
- Sustainable funding was the main barrier reported by team members.

### **Conclusions:**

The MCSDTTC is a post-sentence, drug court program designed to address the substance abuse problems of adult, non-violent offenders with Class F, G, H or Class I felonies. This program, which was implemented in June 1998, has a dedicated Core Team that is overseen by an Operations Committee and a Local Management Committee. Their commitment, professionalism, and timely communication of information are some of the qualities that make the MCSDTTC Team a cohesive unit, and contribute to the successful implementation of the program. Another strength of the program is the availability of a wide range of treatment services that are tailored to each participant's individual needs by the Treatment Team. In addition, case management and judicial supervision are key program components that provide participants with the guidance and support needed to succeed in the program, while ensuring frequent monitoring of their progress in the recovery process.

Areas for further improvement include sustainable funding, additional resources for ancillary services, implementation of sanctions and incentives, and the reinstatement of the Alumni Program. Continued collaboration with the local TASC office and the Local Management Entity in Mecklenburg County will enable the Court to fully utilize treatment services supported by public resource funds. The Court could continue to publicize its needs for housing and employment services with local agencies, and consider seeking experts who could consult with the Team on accessing these services for participants. Some suggestions for using sanctions more effectively include implementing the point system, and helping participants to make a connection between their behavior and the sanctions imposed by the Judge during the court session. It was also recommended that court administrators should continue efforts to reinstate the Alumni Program, in order to provide graduates with ongoing support after they complete the program.

Based on the various sources of information collected for this evaluation, it appears that the MCADTC Program has been implemented in a manner that is consistent with its stated goals and objectives. As reported by team members and participants, the program has also promoted significant positive changes in the lives of participants. The program helped participants to improve their relationships with family and friends, maintain sobriety, obtain employment, increase self-esteem, and become productive members of society. These are only a few of the changes reported by team members and participants. In conclusion, the Court's accomplishments in implementing this program provide a strong foundation from which to execute the recommendations made in this report.

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

### North Carolina Drug Treatment Court Goals

#### *North Carolina Drug Treatment Courts*

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

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

## **North Carolina Adult Drug Treatment Courts**

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

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

### **Local Program Mission, Goals and Objectives**

#### ***Mission***

The overriding mission of all the Mecklenburg County Adult Drug Treatment Courts, according to the Mecklenburg Drug Treatment Court (DTC) Programs 2004-2005 Action Plan is:

*“The Mission of the Mecklenburg County Drug Treatment Court (DTC) 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.”*

#### ***Goals and Objectives***

The Mecklenburg County Superior Drug Treatment Court materials do not specifically state any Program Goals, but they do state several objectives. The MCSDTTC Program Objectives, as specified in the Mecklenburg DTC Programs 2004-2005 Action Plan, are as follows:

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



## ***Conclusions and Recommendations Regarding Program Goals and Objectives***

The mission statement of the MCSDDTC clearly states the program's values, purpose, and the method that the court plans to use to achieve its purpose. An examination of the program objectives documented in the 2004-2005 Action Plan, indicates that these are more applicable as program goal, rather than objectives. The MCSDDTC Operations Committee could consider adopting these as the program goals, and developing more specific objectives that are matched to each goal. These objectives should detail how the Court plans to quantify and measure its success in achieving the stated goals. Since the goals and objectives of a program guide its operation and evaluation, the Court might consider adding its goals and objectives to the MCSDDTC Operations Manual. The goals of the MCSDDTC, as stated in the Action Plan, are comprehensive and they exceed the North Carolina goals for Adult Drug treatment Courts.

### **History of Guilford County Adult Drug Treatment Court (MCSDDTC)**

In 1995, the North Carolina General Assembly enacted the North Carolina Drug Treatment Court Act, housing the pilot drug treatment programs in the Administrative Office of the Courts (AOC). The General Assembly gave the AOC the power to facilitate the creation and funding of local drug treatment courts in North Carolina. The MCSDDTC was initially funded through the state funds and began operation in July of 1998. Since then, the program has continued to receive the majority of its funding through the state legislature, which renews the budget every year. A reduction of funds for Drug Court's based on the 2005 state budget has had a direct impact on the MCSDDTC, resulting in the loss of two core team member positions. Finding diverse and sustainable sources of funding has become a primary focus of MCSDDTC administrators.

### **History of Program Implementation and Modifications**

Mecklenburg County implemented its first Adult Drug Treatment Court in the District Courts in 1995, to address the prevalence of substance abuse and dependence among criminal defendants. Based on the success of the first program, a second District Court level DTC program was implemented the following year. The need was identified for a similar type of program at the Superior Court level, and funds became available in 1998 as part of the expansion of the state budget allocation for DTC's in North Carolina.

Several key individuals were involved in the original planning team for the Court, including Randy Monchick, the AOC DTC Director at the time, Judge Fulton, Judge Ray Warren, Steve Ward, an Assistant District Attorney, and Bob Ward, an Assistant Public Defender. Other individuals who were involved in the planning process included Amanda Mingo, an Assistant District Attorney, Karen Simon, the Mecklenburg County DTC Program Director at the time, and a representative from the Probation Office. In the spring of 1998, the planning team hired the John White, the first Case Coordinator, and developed a Core Team. Judge Warren was to be the Court's first Judge, and the Southeast Addiction Institute and Learning (SAIL) agency was identified as the main treatment provider. The Mecklenburg County Superior Drug Treatment Court was officially implemented on June 10th, 1998, and the first court session was held on June 26th, 1998. Over the years, the Court has received some funding through Governor's

Crime Commission (GCC) grants, and Mecklenburg County, but the state budget continues to be its primary source of support. 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. For the purposes of this report, court administrators agreed that the Superior Court should be referred to as the Mecklenburg County Superior Drug Treatment Court (MCSDTTC).

Team members identified several changes that have occurred in the implementation of the Court that make it different from the plans that were originally proposed by the planning team. When the Court first began, it included an intensive probation component. Team members later determined that this component was unsuitable for the program, and it was discontinued after 18 months. There was also some deliberation regarding the evaluation of treatment progress, whether it should be marked by the length of time in treatment, or completion of a specified curriculum. Team members decided that completion of a treatment curriculum, or a treatment phase was the best criteria to use in measuring progress in treatment. Another change reported by team members was a substantial revision of the Sanctions and Incentives Grids. In addition, team members mentioned that, over time, the Court developed a more streamlined referral process, in which the Case Coordinator became responsible for conducting all eligibility interviews to determine eligibility for the program. More recently, the MCSDTTC was forced to terminate two staff members, the Criminal Court Coordinator and one Case Coordinator, due to a reduction in the state budget allocation for DTC's. However, according to team member reports, it is likely that the Criminal Court Coordinator will resume her position soon, with the attainment of additional funds from Mecklenburg County.

The MCSDTTC has conducted previous evaluations in the form of strategic planning sessions, and a SCOT (Strengths, Challenges, Opportunities and Threats) analysis. The SCOT Analysis highlighted the program's strengths, the challenges faced by the administrators and the Team in implementing the program, and the opportunities that the court could utilize to improve its functioning.

In the 2003-2004 SCOT Analysis, team members identified the program's strengths as follows: committed staff members, professionalism, reasonably-well funded, genuine concern/care for clients, open to new ideas, knowledgeable staff, specialized, experienced staff, stable staffing patterns, and training opportunities. The Team also listed the challenges that the Court faced at the time, and stated options for overcoming these challenges. Court administrators commented on the court's progress in addressing the nine challenges listed in the 2003-2004 SCOT Analysis.

The first challenge was that clients seemed to have more problems than they did in the past, and the problems were more severe. To address this challenge, participants with mental health issues were identified and referred to the SAIL psychiatrist for further evaluation, referral, and treatment. These participants could also participate in SAIL's treatment program for individuals with a dual diagnosis in substance abuse and mental health. The second challenge identified by the Team was the availability of the judicial role. Court administrators reported that they attempted to coordinate the DTC court schedule with the judicial court schedule. As a result, the Judge has been more consistent in his attendance of Team meetings during the past year. The

third challenge was the lapse of time between identification of potential clients and program enrollment. Administrators worked with the District Attorney's office to ensure that client court dates were scheduled to occur within 30 days of their referral to the MCSDTC program. Case Coordinators also made arrangements for the clients to be added on to the next available plea conference. The fourth challenge was that the population being served by the program had become significantly younger. The Team addressed this issue by identifying treatment models and skills training workshops geared towards this population. Administrators reported that SAIL uses Cognitive Behavioral Therapy with younger participants and utilizes topic-specific groups, such as anger-management classes, for younger participants.

The fifth challenge stated in the 2003-2004 SCOT Analysis referred to team members' concerns regarding the suitability of some participants for the program. In response, the Case Coordinator, Probation Officer, Treatment Liaison and Assistant District Attorney began to work more closely in reviewing the backgrounds of potential candidates. By doing so, the Team was able to more accurately target candidates who were chemically dependent, rather than those who were recreational users. The sixth challenge was related to the collection of fees. The Team implemented additional incentives for participants who paid their court fees on time, particularly those on the A-team. Court administrators reported that these strategies have assisted in gaining greater compliance with fee payment. The seventh challenge was that some participants must continue fulfilling their probation requirements even after they graduate from the DTC program. Court administrators were able to attain approval for termination of probation for all graduates who had paid their fees. This year, the Team took each participant's amount of clean time into consideration when determining whether the participant's probation would be terminated upon program completion.

The eight challenge identified in the SCOT analysis was the difficulty in determining whether participants should utilize private inpatient treatment services versus jail inpatient treatment options. The administrators reviewed the policy and procedures applicable to private intensive treatment options versus jail in-patient treatment. It was determined that if a participant refused to enter residential treatment upon the recommendation of the Court, the participant could be ordered by the Court to enter jail treatment. Finally, team members identified the termination policy as a challenge, and explored the possibility of making it more flexible. After some discussion, the Team determined that the existing policy was sufficient, but they would continue to review it periodically. They decided that new charges involves violence would result in automatic termination from the program. Other new charges would be reviewed on a case-by-case basis.

## Methods and Procedures Used in the Process Evaluation

### Planning and Orientation

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

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

### **Data Collection and Analysis**

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

#### ***Quantitative data***

Quantitative data and methods were used to describe the population that has been served by Mecklenburg County Superior Drug Treatment Court for all current participants, and those who were discharged between January 2002 and June 27, 2005. The data were used 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 treatment court experience. Current participants completed a Consumer Satisfaction Questionnaire at the beginning of a focus group (described below). The Consumer Satisfaction Questionnaire asked participants to provide information regarding their demographic and background characteristics such as gender, race, ethnicity, employment status, marital status, and family composition. The Questionnaire also included basic demographic and background information items on various aspects of the 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. Two, one-and-a-quarter hour-long focus group interviews were conducted with a total of eight MCSDTTC participants. Focus group interviews were conducted in conference room at the Southeast Addiction Institute and Learning Center (SAIL), and were led by trained project staff members from IRT. The Moderator's Guide used in conducting the interviews included topics such as the most and least helpful aspects of the drug court program, barriers to full program participation, feedback about sanctions and incentives, and the impact of the drug court on participants' lives. Prior to beginning the focus groups, the moderator reviewed the informed consent forms with focus group members and answered participants' questions. Then, the moderators followed the protocol outlined in the Moderator's Guide.

Additionally, using MIS data, IRT staff members identified (via personal identification numbers) former participants who were discharged during 2004 or 2005. This list was stratified by gender, race, and drug of choice, and identification numbers were selected using a random numbers table. A total of eighteen graduates and eighteen terminated participants were selected, and the list was provided to the Case Coordinator. The Case Coordinator then matched these identification numbers to participant names, and provided IRT staff members with contact information (when possible) and facilitated the scheduling of in-person or telephone interviews with former participants. Of the 18 successful program graduates who were identified, only four had working telephone numbers. Of these four, three were able to be contacted, and all three graduates agreed to complete a telephone interview. The 18 terminated participants had absconded from the program, and no contact information was available.

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

Finally, individual interviews lasting approximately one hour were conducted with nine drug court team members, including two team members whose positions were terminated during the course of the evaluation. The main topics discussed in each individual staff interview included questions about program history, the most and least helpful aspects of the Drug Treatment Court (DTC) program, the respective roles of team members, barriers to implementing the drug court program, feedback about sanctions and incentives, and how the drug court has impacted participants' lives. Individual interviews were conducted either in team members' offices or by

telephone, and were led by trained project staff members from IRT. Prior to beginning the interview, the interviewer reviewed the informed consent form with the staff member being interviewed and answered any questions. Then, the interviewer followed the protocol outlined in the interview guide to complete the interview.

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

### ***Observational data***

Observational methods were used to gather information regarding the processes used in pre-court staff meetings and in court sessions. For the 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, the interaction among team members, and interactions between the judge and the participants.

### ***Historical Documents***

Documents pertaining to the history, implementation, modification, and funding of the court were also analyzed for this process evaluation. Documents reviewed included, strategic planning and SCOT Analyses, the program Operations Manual, the Participant Handbook, the Participant Contract, the Contract between SAIL and the AOC, the SAIL treatment curriculum, and staff resumes. Trained IRT staff members collected, reviewed, and incorporated information from these documents into the process evaluation where appropriate.

## **Characteristics of Drug Court Participants**

Demographic and background characteristics data were collected from MCSDTTC participants including current participants, successful graduates of the program, and participants who were terminated from the program due to rule infractions or other reasons. These data were retrieved from the NC Adult MIS database, which the MCSDTTC uses to track participants, on June 27<sup>th</sup>, 2005. Demographic and background characteristics of the entire sample are shown first; then, the demographic and drug use characteristics are examined as risk factors in the prediction of each type of outcome (e.g., successful program completion, unsuccessful termination). Other variables examined are the sources of referral, reasons for termination and ineligibility, average length of time from referral to admission, compliance with DTC requirements, and drug testing results. All reported results are based on results of descriptive statistics.

Table 1, below, shows the court status of current MCSDTTC participants, and those who were discharged between January 2002 and June 27<sup>th</sup>, 2005. Information regarding these participants' compliance with various DTC components was available beginning in March 2000, when the first of these former participants was admitted to the program. A total of 226 complete records

were available for use in these analyses. This sample included 38 active participants, and 188 former participants. Approximately one third of the former participants successfully completed the program (31%), while the others were discharged unsuccessfully (69%). This graduation rate is slightly below the average North Carolina graduation rate for Adult Drug Treatment Courts, which is 35% (NC Legislative Report, 2005). However, it is similar to graduation rates of other Superior DTC programs in North Carolina such as Buncombe County Superior DTC Program (32%) and Craven County Superior DTC Program (30%). The retention rate was calculated by dividing the number of active and graduated participants, by the total number of participants served by the program. The overall MCSDTC retention rate was 43%, and the retention rate for CY 2004 was 53%. These rates are lower than the average North Carolina retention rate for Adult Drug Treatment Courts (66%). The retention rate for CY 2004 was also lower than the retention rates for Buncombe County Superior DTC (72%) and Craven County Superior DTC (73%), as reported in the 2005 NC Legislative Report.

**Table 1. Drug Court Status of MCSDTC Participants**

<b>Characteristics Of Participants (As of 06/27/2005)</b>	<b>Number of Participants</b>	<b>Frequency (Percent)</b>
<b>Total Number of Participants</b>	<b>226</b>	
Total Active (Current) Participants	38	17%
Total Former Participants	188	83%
<b>Status of Former Participants</b>		
Graduated	59	31%
Terminated	129	69%
<b>Retention Rate</b>	<b>97</b>	<b>43%</b>

The demographic and background characteristics of the DTC participants at the time of enrollment can be seen below in Table 2. Three-quarters of the participants served by the program were male (75%), and one-quarter of the participants were female (25%). Most of the participants were African-American (80%), and about one-fifth of the participants were Caucasian (18%). The ages of participants ranged from 18 years to 61 years, and the average age was 36 years. More than half of the participants were single (58%), half were unemployed (49%), and more than half had obtained a high school diploma, GED, or some college education (56%). The most common primary drugs of choice were crack (42%) and marijuana (26%). Approximately one-fifth of the participants (20%) indicated that they had received some type of mental health treatment before they were admitted to the MCSDTC Program. In addition, a large majority of participants (82%) reported that they had received substance abuse treatment prior to program admission.

**Table 2. General Demographic and Basic Characteristics of MCSDTTC Program Participants**

<b>Characteristics Of Participants (At the Time of Enrollment)</b>	<b>Number of Participants</b>	<b>Frequency* (Percent)</b>
<b>Age of Participants</b>		
Average age in years	Age-36	Range (18-61)
<b>Gender</b>		
Female	57	25%
Male	169	75%
<b>Race / Ethnicity</b>		
African / African American	181	80%
Caucasian / White	40	18%
Other	4	2%
<b>Marital Status</b>		
Married	36	16%
Divorced	26	12%
Separated	21	9%
Single/Never married	130	58%
Widowed	1	0%
Living with someone as though married	9	4%
<b>Educational Attainment (Years of School Completed)</b>		
Middle school (6-8)	11	6%
High school (No diploma)	72	39%
High school diploma / GED	61	33%
Some college or technical college	20	11%
Two-year college / Associate degree	21	11%
Graduate or Professional degree	2	1%



**Table 2. Cont.**

<b>Characteristics Of Participants (At the Time of Enrollment)</b>	<b>Number of Participants</b>	<b>Frequency* (Percent)</b>
<b>Employment Status</b>		
Unemployed (available for work and/or actively seeking work)	93	49%
Full-time (35 hours or more per week)	48	25%
Part-time (under 35 hours per week)	22	12%
Disabled	3	2%
Not in labor force and not available for work	18	9%
Other	7	4%
<b>City of Residence</b>		
Charlotte	161	99%
Matthews	2	1%
<b>Primary Drug of Choice</b>		
Alcohol	28	13%
Cocaine (powder)	15	7%
Crack	94	42%
Stimulants	2	1%
Heroin	15	7%
Marijuana	57	26%
Narcotics/Opiates (other than heroin)	9	4%
Other	3	1%
<b>Ever Received Mental Health Treatment</b>		
No	173	80%
Yes	42	20%
<b>Ever Received Substance Abuse Treatment</b>		
No	38	18%
Yes	172	82%

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

The following six tables (Tables 3 to 8) show MCSDTTC participant characteristics (race, gender and primary drug of choice) by treatment court status, and rates of program completion as a function of participant characteristics. As shown in Table 3, African-Americans comprised about four-fifths of the graduated (80%), and terminated participants (78%), and a higher proportion of the active participants (89%).

**Table 3. Racial Background by Court Status**

Race	Court Status			
	Active	Graduated	Terminated	Total
African/African American	89%	80%	78%	181
Caucasian/White	11%	17%	20%	40
Native American	0%	0%	1%	1
Mixed Race	0%	0%	1%	1
Other	0%	3%	0%	2

Table 4 indicates that the rate for graduation from the MCSDTC Program were slightly higher for African American participants (32%), than for Caucasians (28%).

**Table 4. Rates of Program Completion by Race**

Race	Court Status		
	Graduated	Terminated	Total
African/African American	32%	68%	148
Caucasian/White	28%	72%	36
Native American	0%	100%	1
Mixed Race	0%	100%	1
Other	100%	0%	2

As shown in Table 5, females represented about a quarter of the graduated participants (24%), one-fifth of the active participants (21%), and slightly more than one-quarter of the terminated participants (27%).

**Table 5. Gender by Court Status**

Gender	Court Status			
	Active	Graduated	Terminated	Total
Female	21%	24%	27%	57
Male	79%	76%	73%	169

Table 6 shows the rates of program completion by gender. The graduation rate for female participants (29%) was slightly lower than the rate for male participants (32%).

**Table 6. Rates of Program Completion by Gender**

<b>Gender</b>	<b>Court Status</b>		
	<b>Graduated</b>	<b>Terminated</b>	<b>Total</b>
Female	29%	71%	49
Male	32%	68%	139

Table 7 indicates that crack was the primary drug of choice for two-fifths of the terminated participants (40%), and a slightly higher proportion of the active (45%) and graduated participants (46%). Marijuana was a more prevalent primary drug of choice for active participants (37%), than for graduated (25%) or terminated (22%) participants. On the other hand, alcohol was less prevalent for active participants (8%), than it was for graduated (12%) and terminated participants (14%). None of the active participants reported cocaine as their primary drug of choice, while cocaine was the drug of choice for 10% of the terminated participants. The “other” types of drugs represented in Table 7 and 8 include stimulants (other than crack or cocaine), depressants, and hallucinogens.

**Table 7. Primary Drug of Choice by Court Status**

<b>Primary Drug of Choice</b>	<b>Court Status</b>			
	<b>Active</b>	<b>Graduated</b>	<b>Terminated</b>	<b>Total</b>
Alcohol	8%	12%	14%	28
Cocaine (powder)	0%	3%	10%	15
Crack	45%	46%	40%	94
Heroin	5%	5%	8%	15
Marijuana	37%	25%	22%	57
Narcotics/Opiates	3%	5%	4%	9
Other	3%	4%	2%	5

As shown in Table 8, the program completion rate (35%) for participants who used the most common primary drugs of choice, crack and marijuana, was slightly higher than the overall program completion rate of 31%. The highest completion rates were for the four participants who used “other” types of drugs (50%), and the eight participants who used narcotics or opiates (38%). The lowest program completion rates were for cocaine (13%), and heroin users (23%).

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

Primary Drug of Choice	Court Status		
	Graduated	Terminated	Total
Alcohol	28%	72%	25
Cocaine (powder)	13%	87%	15
Crack	35%	65%	77
Heroin	23%	77%	13
Marijuana	35%	65%	43
Narcotics/Opiates	38%	63%	8
Other	50%	50%	4

The next four tables (Tables 9 to 12) examine the sources that initially referred participants to the MCSDTTC Program. Table 9 shows the referral sources for 420 current, former and ineligible MCSDTTC participants. Three fifths (60%) of the referrals to the MCADTC program were made by Public Defenders, and one-fifth of the referrals were made by Private Defense Attorneys. The other main referral source was the Probation or Parole Officers, who referred 12% of the candidates.

**Table 9. Primary Referral Source**

Primary Referral Source	Number N=420	Percentage
Court appointed Defense Attorney	1	0%
DCC (Probation/Parole Officer)	49	12%
District Attorney	15	4%
Judge	19	5%
Private Defense Attorney	83	20%
Public Defender	252	60%
Sentencing Services Program	1	0%

Table 10 shows the primary referral source by gender for adults who completed the eligibility interview upon referral. Demographic information such as race and gender was not available for some of the ineligible candidates. Referral sources were similar for male and female participants. However, Public Defenders referred a higher proportion of females (67%) than males (59%). Alternatively, Judges and the Private Defense Attorneys referred a greater proportion of males than females.

**Table 10. Primary Referral Source by Gender**

Primary Referral Source	Court Status*		
	Female (N=89)	Male (N=270)	Total
DCC (Probation/Parole Officer)	12%	11%	41
District Attorney	4%	3%	13
Judge	1%	6%	16
Private Defense Attorney	15%	21%	69
Public Defender	67%	59%	219
Sentencing Services Program	0%	0%	1

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

As seen in Table 11, Public Defenders referred almost two-thirds (64%) of the African American candidates, as compared to half (50%) of the Caucasian candidates. On the other hand, Private Defense Attorneys referred a higher proportion of Caucasian candidates (24%) than African-Americans (18%).

**Table 11. Primary Referral Source by Race**

Primary Referral Source	Court Status			Total
	African / African American (N=276)	Caucasian / White (N=72)	Other (N=5)	
DCC (Probation/Parole Officer)	10%	11%	50%	39
District Attorney	3%	6%	0%	13
Judge	3%	8%	50%	16
Private Defense Attorney	18%	24%	0%	68
Public Defender	64%	50%	0%	216
Sentencing Services Program	0%	0%	0%	1

The primary referral source was also examined by participant status for active, current and former participants. As Table 12 shows, the referral sources for active participants were similar to those of the terminated participants. A lower proportion of graduates were referred by Public Defenders (43%), as compared to the other two groups. Alternatively, Private Defense Attorneys and the Probation or Parole Officers referred a slightly higher proportion of graduates, than terminated or active participants.

**Table 12. Primary Referral Source by Participant Status**

Primary Referral Source	Court Status			
	Active	Graduated	Terminated	Total
Court appointed Defense Attorney	0%	0%	0%	0
DCC (Probation/Parole Officer)	11%	17%	11%	28
District Attorney	3%	7%	2%	7
Judge	3%	5%	5%	10
Private Defense Attorney	21%	26%	17%	45
Public Defender	63%	43%	66%	134
Sentencing Services Program	0%	2%	0%	1

MCSDTTC Program participants can be discharged for a variety of reasons. Table 13 shows the primary reasons for discharge due to termination for 129 former participants. Although the MIS requires reasons for discharge to be designated as primary, secondary, tertiary, etc, there were a few cases in which a participant was assigned two different primary reasons. The percentages were calculated using the actual number of terminated participants (129), rather than the total number of primary reasons for discharge (135); therefore the percentages do not add up to 100%. The majority of MCSDTTC participants (84%) were terminated because of noncompliance with the MCSDTTC Program rules (DTC noncompliance).

**Table 13. Primary Reason for Discharge due to Termination**

Primary Reason for Discharge	Number (N=129)	Percentage
DTC noncompliance	109	84%
Positive Drug/Alcohol Test	11	9%
Technical Probation Violation unrelated to DTC	3	2%
Neutral Discharge	7	5%
Other	5	4%

Participants could have more than one type of noncompliance listed. These reasons for noncompliance are further described in Table 14. More than four-fifths of the participants were noncompliant in all areas listed, including “failure to attend treatment” (99%), “failure to attend court” (85%), “failure to make case manager [case coordinator] contacts” (92%), and “failure to make probation contacts (89%)”. Due to the prevalence of participants’ failure to meet “other” requirements, it would be helpful if this category of noncompliance were further specified to identify what these other requirements might be.

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

<b>Type of non-compliance *</b>	<b>Number (N=109)</b>	<b>Percentage</b>
Failure to attend treatment	108	99%
Failure to attend court	93	85%
Failure to make case manager contacts	100	92%
Failure to make probation contacts	97	89%
Failure to meet other requirements	105	96%
Other	23	21%

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

Table 15, below, shows the average length of time between various program time periods. According to this data, an average of 15 days elapsed between referral to the MCSDTTC and the Eligibility Interview. Participants were typically admitted to the program 49 days after the date of referral, and 34 days after the eligibility interview was conducted. The large standard deviations for these calculations indicate that the actual time periods differed greatly from the means. Upon further examination of the greatest time intervals, including the maximum of 421 days between referral and admission, it was observed that some participants were referred to the program but did not submit to an eligibility interview until up to one year later. In some cases, the time interval between time periods was a negative value because the order of these events was reversed for a few participants.

On average, participants attended their first court session eleven days after they were enrolled. About one-third of the MCSDTTC participants (30%) were admitted to the program on their first court date, so these two program dates were the same. This is consistent with the court's policies which indicate that candidates are admitted to the program during their first court appearance. However, for over half of the participants (53%), the first court session was recorded two weeks after they were admitted to the program. According to team member reports, the admission dates for these participants were the dates on which they became "active" participants after being ordered into the program during the plea slot hearing, and signing the Contract. Their first court appearance was two weeks later, when the MCSDTTC Judge officially welcomed them to the program. As demonstrated by the negative minimum value, some participants attended one or two court sessions before program admission.

The average number of days from admission to the intake interview was 10 days, and the greatest interval between these time periods was 59 days. In some cases the time interval between admission and intake interview was represented by a negative value, which means that the interview was conducted prior to admission.

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

<b>Time Interval</b>	<b>N*</b>	<b>Mean</b>	<b>Std Dev</b>	<b>Minimum</b>	<b>Maximum</b>
Average Number of Days from Referral to Eligibility Interview	207	14.9	34.1	-128	400
Average Number of Days from Eligibility Interview to Admission	220	34.3	41.6	-45	415
Average Number of Days from Admission to First MCSDTC Court Session	217	11.3	10.4	-14	77
Average Number of days from Admission to Intake Interview	185	10.0	11.9	-23	59
Average Number of days from Referral to Admission	213	48.5	51.9	-3	421

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

Table 16, below, shows the average length of time between various program time periods for current participants only. According to this data, an average of nine days elapsed between the referral date and the eligibility interview date for current participants. Participants were typically admitted to the program 30 days after the date of referral. This shows that there has been a decrease in the length of time that elapses between referral and admission.

**Table 16. Average Length of Time for Program Referral, Interview and Admission for Current Participants**

<b>Time Interval</b>	<b>N*</b>	<b>Mean</b>	<b>Std Dev</b>	<b>Minimum</b>	<b>Maximum</b>
Average Number of Days from Referral to Eligibility Interview	34	8.7	9.1	0	32
Average Number of Days from Eligibility Interview to Admission	35	22.3	20.1	2	80
Average Number of days from Referral to Admission	37	29.9	19.3	3	81

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

Average program enrollment for MCSDTC participants who were discharged either due to program completion or for other reasons is shown in Table 17. The average length of time between admission and discharge for all discharged participants was 263 days or approximately nine months. However, this time interval varied greatly and ranged from 14 days to 756 days. Graduates spent an average of 15 months in the program (456 days), while terminated participants were in the program for an average of six months (175 days). Graduates completed the program within approximately one to two years.



**Table 17. Average Program Enrollment**

<b>Time Interval</b>	<b>N*</b>	<b>Mean</b>	<b>Std Dev</b>	<b>Minimum</b>	<b>Maximum</b>
Average Number of days from Admission to Discharge	188	263.3	191.1	14	756
Average Number of days from Admission to Graduation Date	59	455.5	119.18	357	756
Average Number of days from Admission to Termination Date	129	175.5	148.7	14	735

MCSDTTC participants demonstrated high levels of compliance with attendance of case management appointments, probation contacts, AA/NA appointments and court sessions. As seen in Table 18, the highest levels of compliance were observed for attendance of required probation contacts (88%). Participants attended 82% of the required court sessions, and more than half of the missed court sessions (56%) were excused absences. Participants attended 85% of their case management appointments, and 82% of their required AA/NA meetings. When compared by court status, compliance rates were much higher for graduates and active participants than for terminated participants.

**Table 18. Compliance with MCSDTTC Requirements**

<b>Compliance Issue</b>	<b>Court Status</b>			
	<b>Active</b>	<b>Graduated</b>	<b>Terminated</b>	<b>All Participants</b>
Proportion of case management appointments attended to appointments required.	92%	94%	71%	85%
Proportion of AA/NA appointments attended to appointments required.	88%	94%	67%	82%
Proportion of probation appointments attended to appointments required.	93%	98%	77%	88%
Proportion of court sessions attended to court sessions required.	92%	91%	71%	82%
Proportion of court session absences that were excused.	65%	91%	40%	56%
Proportion of court sessions absences that were not excused.	35%	9%	60%	44%

Participants also appear to be compliant with drug testing, which is used to monitor their ability to achieve abstinence from drugs while in the program (see Table 19). Negative drug tests were recorded for at least nine out of ten drug test results for methamphetamines (95%), opiates (93%), marijuana (92%), and alcohol (94%). The lowest rate for drug testing compliance was for cocaine or crack (88%), which is also the most common primary drug of choice for MCSDTTC participants. Participants either admitted, or tested positive in eight percent of the tests for cocaine or crack. Approximately two to four percent of all tests were rejected by the lab. These findings describe results from 2746 tests for methamphetamines, 3941 tests for

opiates, 4202 tests for marijuana, 4176 tests for cocaine, and 618 tests for alcohol. Fewer tests were submitted for alcohol because MCSDTTC team members generally conduct alcohol tests only upon suspicion of use.

**Table 19. Drug Test Results**

Type of Result	Type of Drug Tested *				
	Alcohol	Cocaine	Marijuana	Opiates	Metham- phetamines
Admitted use	0%	1%	0%	0%	0%
Contaminated specimen	0%	0%	0%	0%	0%
Did not show for test	0%	0%	0%	0%	0%
Inconclusive results	0%	0%	0%	0%	0%
Excused positive (Specify why)	0%	0%	0%	0%	0%
Lab rejected specimen	2%	4%	4%	4%	4%
Negative, based on test	94%	88%	92%	93%	95%
Positive, based on test	4%	7%	4%	2%	1%
Refused test/unable to give specimen	0%	0%	0%	0%	0%
Specimen not submitted for analysis	0%	0%	0%	0%	0%

\* Numbers are rounded to the nearest whole number. Therefore, 0% represents proportions that are below 0.50%.

In the MIS database, on May 9, 2004, the recording of treatment attendance changed from a “TRUE/FALSE” response in the Attendance field, to a numeric record of the number of treatment hours required and the number of hours made. Therefore, treatment compliance is presented in these two formats below in Tables 20 and 21. As shown in Table 20, participants who were in the MCSDTTC Program between March 2000 and May 9, 2004, attended approximately 70% of the required treatment sessions. In addition, about one-third of the missed treatment sessions were excused absences.

**Table 20. Treatment Compliance: Proportion of Treatment Sessions Attended Before May 9, 2004**

Treatment Sessions Attended	8323
Treatment Sessions Missed	3491
Total Number of Treatment Sessions Recorded	11,814
Proportion of Treatment Sessions Attended	70%
Proportion of Missed Treatment Sessions that were due to Excused Absences	32%

Between May 9, 2004 and June 27, 2005, MCSDTTC participants attended an average of 74% of the required treatment hours (see Table 21). This proportion represents the average ratio of hours attended to hours required, as calculated for each participant record. About 531 of the

records included in the MIS had missing information regarding the number of treatment hours attended.

**Table 21. Treatment Compliance: Proportion of Treatment Sessions Attended After May 9, 2004**

Treatment Hours Required	8924
Treatment Hours Attended	6599
Proportion of Treatment Sessions Attended	74%

The data that are presented in Table 22, below, reflect average length of enrollment in treatment phases only for participants with complete data in the “Date Entered” and “Date Completed” fields for each level, as recorded in the Treatment Attendance table of the MIS database. *N* refers to the number of participants for whom data were available to calculate the number of days between the participant’s entry into the treatment phase, and the participant’s completion of the treatment phase. *Mean* refers to the average number of days participants were enrolled in the treatment phase. Averages could not be calculated for participants who were active/current in a given phase, since there was no “Date Completed” recorded for that phase. In addition, length of enrollment could not be calculated for participants who were terminated, as “Date Completed” was not recorded for these participants.

Although the overall sample analyzed for this evaluation included a total of 226 MCSDTC participants, data regarding participants’ length of time in various treatment phases were only available for 116 participants in Level I, 90 participants in Level II, and 32 participants in Level III. On average, participants spent about four months in Level I, five months in Level II, and seven months in Level III participants. The treatment phases are further described in the Treatment section of this report.

**Table 22. Average Length of Enrollment in Treatment Phases**

<b>Treatment Phase</b>	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>Minimum</b>	<b>Maximum</b>
Level I	116	110.66	53.10	46.00	325.00
Level II	89	145.81	89.15	-6.00	446.00
Level III	32	199.25	121.36	43.00	469.00

The AOC provided quantitative data that describe the punishment type recorded for offenders who were active in the MCSDTC as of July 22, 2005. As can be seen in Table 23 below, the majority of the Court’s current participants had an intermediate punishment type, while about one-eighth of the participants had a community punishment type.

**Table 23. Punishment Type of Current Participants as of July 22, 2005**

<b>Punishment Type</b>	<b>Number (N=33)</b>	<b>Percentage</b>
Community	4	12%
Intermediate	29	88%

The AOC also provided quantitative data that describe the primary offenses recorded for offenders who were active in the MCSDTTC as of July 22, 2005. These charges are shown in Table 24, below. All of the current participants had a felony charge as their primary offense. The most common offense was “possession of a schedule II controlled substance,” which was recorded for one-third of the current participants. Almost one-quarter of the current participants were charged with “possession with intent to sell a schedule II substance.”

**Table 24. Primary Offenses of Current Participants as of July 22, 2005**

<b>Type of Primary Offense</b>	<b>Number (N=33)</b>	<b>Percentage*</b>
Breaking & Entering Vehicles (Principal)	1	3%
Breaking & Entering with Intent to Sell Felony (Principal)	1	3%
Conspiracy (Principal)	1	3%
Embezzlement (Principal)	1	3%
Financial Identity Fraud (Principal)	1	3%
Obtain Controlled Substance by Fraud (Principal)	1	3%
Possession of Controlled Substance (Principal)	1	3%
Possession of Schedule I Controlled Substance (Principal)	1	3%
Possession of Schedule II Controlled Substance	1	3%
Possession of a Schedule II Controlled Substance (Principal)	10	30%
Possession of a Schedule II Controlled Substance (Attempted)	1	3%
Possession with Intent to Sell Schedule I Substance (Principal)	1	3%
Possession with Intent to Sell Schedule II Substance (Principal)	8	24%
Possession with Intent to Sell Schedule IV Substance (Principal)	1	3%
Selling Schedule II Substance	3	9%

A total of 169 candidates referred to the MCSDTTC Program were determined to be ineligible for the program after a Case Coordinator conducted the eligibility interview. The reasons for program ineligibility are show in Table 25, below. Candidates could have multiple reasons listed for ineligibility, which were recorded in the database by entering a response of either “true” or “false,” for each reason. In about one-seventh of the records (14%), all of the reasons for ineligibility were marked “false.” Therefore, it is not clear why these candidates were ineligible. In addition, nearly half of records for ineligible candidates had missing data (46%). The most common reason for ineligibility was “not willing to participate,” which was recorded for one-fifths of the ineligible candidates.

**Table 25. Reasons for Ineligibility**

<b>Reason for Ineligibility</b>	<b>Number (N=169)</b>	<b>Percentage*</b>
Not chemically dependent	4	2%
Not willing to participate	34	20%
Current violent offense	3	2%
History of non-violent offenses	1	1%
Charged/Convicted of ineligible nonviolent offense	1	1%
Disqualifying pending charges	2	1%
Does not reside in DTC service area	6	4%
Active sentence required by law	2	1%
Weapon involved in current offense	1	1%
DTC team determination of ineligibility or Inappropriateness	3	2%
Other reasons for ineligibility	17	10%
Non-compliant with DTC pre-admission	14	8%
<b><i>None of the ineligibility reasons apply</i></b>	23	14%
<b><i>Ineligible reason missing</i></b>	77	46%

*Note: Participants may have more than one recorded reason for ineligibility.*

**Summary Of Main Findings From Analysis Of MIS Data**

1. Most of the participants served by the MCSDTTC between January 2002 and June 2005 lived in Charlotte, while two participants were residents of the city of Matthews.
2. Three quarters of the participants were male, and the program completion rate for males was slightly higher than the rate for female participants.
3. The majority of participants served by the program were African Americans, and the rate of program completion for African Americans was slightly higher than the rate for Caucasians.
4. The average age of participants was 36 years, and slightly more than half of the participants entered the program with a high school diploma, GED, or a college education. At the time of enrollment, less than two-fifths of the participants were employed either full-time or part-time.
5. The MCSDTTC retained 43% of the participants served, and had a graduation rate of 31%. The program completion rate and the retention rate for the MCSDTTC were both lower than the average rates for North Carolina Adult Drug Treatment Courts.
6. Crack was the most prevalent drug of choice, followed by marijuana. At the time of enrollment, approximately two-fifths of the MCSDTTC participants identified their primary drug of choice as crack, and one-quarter of the participants said it was marijuana. The program completion rates for participants whose primary drugs of choice were crack, marijuana, narcotics, opiates, or other drugs, were higher than the overall rate of program completion. The lowest rates of program completion were for participants whose primary drug of choice was either cocaine or heroin.

7. Defense attorneys served as the primary source of referral for MCSDTTC participants. Three-fifths of the participants were referred by a Public Defender, while one-fifth were referred by a Private Defense Attorney. A difference was observed when sources of referrals were compared between graduated and terminated participants. A greater proportion of graduates were referred by a Private Defense Attorney, and a greater proportion of terminated participants were referred by a Public Defender.
8. DTC noncompliance was the primary reason for discharge for over four-fifths of the terminated participants.
9. On average, an eligibility interview was conducted two weeks after the date of referral, and participants were admitted 34 days later. The entire admissions process from referral to admission took, on average, 49 days. For current participants, the length of time between referral and admission was only 30 days. The average total program time between admission and discharge was approximately 175 days for terminated participants, and 456 days for graduates. All time intervals calculated varied greatly among participants, as evidenced by the high standard deviations from the means.
10. Participants demonstrated high rates of compliance in fulfilling program requirements, particularly current participants and graduates. The lowest rate of compliance with program requirements was for treatment attendance. The greatest proportion of positive drug test results was observed in tests for cocaine or crack.
11. Although data regarding length of time in treatment phases were incomplete, participants spent an average of four months in Level I, five months in Level II, and seven months in Level III.
12. Most of the current MCSDTTC participants had an intermediate punishment type, and the most common charges were “possession with intent to sell a schedule II substance,” and “possession of a schedule II controlled substance.”
13. Although the reason for ineligibility was not listed for almost half of the ineligible candidates, the most frequently recorded reasons for program eligibility were “not willing to participate,” and “other reasons.”

## Description of Drug Court Team

### **Composition, Roles, and Responsibilities of Team Members**

The MCSDTTC Core Team consists of the Presiding Judge, Program Director, Criminal Court Coordinator, Assistant District Attorney, Assistant Defense Attorney, Case Coordinators, Probation Officer, and a Treatment Provider Liaison. At the start of this evaluation, the Court was forced to terminate two key positions due to financial constraints. These two individuals, the Criminal Court Coordinator and one of the Case Coordinators, were interviewed before they left their positions, and their feedback was integrated into this report. Most of the duties performed by the Criminal Court Coordinator were transferred to the Program Director, and the remaining Case Coordinator took over the Court’s entire caseload. According to team members, however, that the Court plans to reinstate the Criminal Court Coordinator position in the near future. Other than these recent changes due to funding constraints, team members reported that the Team’s composition has remained relatively stable since the Court started in 1998. However,

two positions, the Public Defender and the Assistant District Attorney positions, have experienced turnover approximately once every two years.

The MCSDTC Team meets twice a month during pre-court planning and staffing meetings to make decisions regarding responses to participant compliance and general issues related to the functioning of the court. Team members identified other professionals who should be added to the MCSDTC Team. Two team members requested the addition of a representative from the Police Department on the Team, and mentioned that the Team included such a position in the past. One team member commented on the need for an additional Case Coordinator, and another team member suggested that the Team should include a representative from the local jail inpatient treatment program. In addition, two team members recommended that the Team should add a Community Liaison position. This individual would be responsible for assisting participants to find employment, connecting them with community service opportunities, and engaging faith-based organizations.

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

According to the MCSDTC Operations Manual, the Judge's role is an important component of a successful drug court program. The Judge monitors participants' progress, presides over each DTC court session, participates in pre-court staffing meetings, serves as a member of the Operations Committee, and holds participants accountable for their behavior through the imposition of sanctions and rewards. Additional roles of the Judge include functioning as a spokesperson for the program, assisting in the development and implementation policy and procedures, and developing supportive relationships with participants. The Judge reported that he also provides support to the Case Coordinators. The roles and responsibilities of the Judge, as described in the Operations Manual, are consistent with those stated in the Best Practice Guidelines.

According to the MCSDTC Operations Manual, the Program Director ensures that the court's mission is implemented in a manner that is consistent with the national and state standards for DTC's. The Program Director reports directly to the Management Committee. The responsibilities of the Director include overseeing the overall administration and management of the court, serving as a linkage collaborating agencies, managing MIS information, and ensuring quality control. In addition, the Director manages the Court's budget and ensures that funds are available for effective program operations. The role of the Program Director, as documented in court materials, is consistent with the duties prescribed in the Best Practice Guidelines.

According to the MCSDTC Operations Manual, the Criminal Court Coordinator is responsible for coordinating daily program operations, monitoring provider compliance with program protocols, and monitoring other staff members. The Criminal Court Coordinator also provides linkage between collaborating agencies that support the DTC, and manages MIS information. The Coordinator tracks program activities, generates reports, and fulfills other responsibilities as directed by the Program Director. The Program Coordinator reported that she performs some

additional duties including providing support to Case Coordinators, assisting in the development of program goals and evaluations, and attending pre-court staffing meetings. Although the Best Practice Guidelines do not make reference to a Criminal Court Coordinator position, this individual's role is complementary to that of the Program Director. The Criminal Court Coordinator fulfills some of the administrative duties listed in the Best Practice Guidelines, under the supervision of the Director.

According to the MCSDTC Operations Manual, the Assistant District Attorney (ADA) is responsible for protecting the rights of any victims and the community at large by ensuring that participants are held legally accountable for their actions through the imposition of sanctions and rewards. The ADA reviews and recommends appropriate candidates for the program, informs participants of consequences for noncompliance or new arrests, and functions as a spokesperson for the program as requested by the Management Committee. In addition, the ADA attends pre-court staffing meetings and makes recommendations for sanctions, terminations, and graduations. The ADA also develops a constructive relationship with each participant, attends trainings, and assists in the development and implementation of the program's policies and procedures. The roles and responsibilities of the ADA, as described in the Operations Manual, are consistent with those stated in the Best Practice Guidelines.

According to the MCSDTC Operations Manual, the Public Defender is responsible for ensuring that participant's rights are protected. The Public Defender also advises participants of their constitutional rights, explains the program to potential participants, and represents DTC participants during court sessions. Other responsibilities of the Public Defender include, attending pre-court staffing meetings, helping to create action plans, assisting in the development and implementation of the program's policies and procedures, and functioning as a spokesperson for the program as requested by the Management Committee. The Public Defender reported that she also protects the freedoms and work schedules of participants during the decision-making process, and ensures that sanctions and incentives are enforced in a consistent manner. The duties of Defense Attorney, as documented in court materials and described in her own reports, are consistent with those prescribed in the Best Practice Guidelines.

According to the MCSDTC Operations Manual, the Probation Officer (PO) provides supervision of clients while on probation, and ensures that they remain accountable. The Probation Officer also oversees the timeliness and integrity of all drug testing, and reports drug test results to the Case Coordinators. The Probation Officer attends pre-court staffing meetings, assists the Case Coordinator in monitoring participants, and provides the Team with information regarding participants' compliance with program requirements. In addition, the Probation Officer investigates clients' criminal records in relation to eligibility, treatment issues, and program evaluation. The Probation Officer assists in the development of case plans, as well as the development and implementation of court policies and procedures. The Probation Officer reported that she also conducts unannounced home visits, attends Treatment Team staffing meetings, maintains some contact with the participant's family, and performs some case management duties. The duties of Probation Officer, as documented in court materials and described by her reports, are consistent with those prescribed in the Best Practice Guidelines.



According to the MCSDTC Operations Manual, the Case Coordinators (Case Manager) are responsible for facilitating resources for participants. The Case Coordinators supervise an active caseload of up to 30 clients, and they perform case management duties. Additional roles of the Case Coordinators include screening and assessment of prospective clients, maintaining record keeping of client information, supervising drug testing, preparing client progress reports, and submitting program statistical reports. The Case Coordinators attend pre-court staffing meetings, maintain communication with all program professionals, attend relevant training, and ensure that confidentiality standards are maintained. Case Coordinators reported that they also present cases to the Judge during court hearings, coordinate the time and agenda for pre-court staffing meetings, and make recommendations to the Team regarding sanctions and incentives. The duties of the Case Coordinator, as documented in court materials and described by their reports, are consistent with those prescribed in the Best Practice Guidelines.

According to the MCSDTC Operations Manual, the Treatment Provider Liaison serves as the link between the criminal justice system and the treatment system. The Treatment Provider Liaison provides progress reports to the Criminal Court coordinator, addresses issues of confidentiality, and helps to maintain a non-adversarial atmosphere in the DTC. The Treatment Liaison attends pre-court staffing meetings, court hearings, and relevant DTC trainings. The Treatment Provider Liaison reported that he also provides the Team with information on participant treatment attendance and other issues related to their treatment. The role of a Treatment Provider Liaison is not described in the Best Practice Guidelines.

### ***Conclusions and Recommendations Regarding Team Composition, Roles and Responsibilities***

Despite the loss of two core team members, the MCSDTC Team is comprised of all the individuals required by the AOC Best Practices Guidelines. Due to funding constraints, the Court recently terminated two positions, the Criminal Court Coordinator, and one of the Case Coordinators. Although team members suggested that the Criminal Court Coordinator position might be reinstated in the near future, they were no immediate plans to hire another Case Coordinator. At the time, it is unclear how these changes will affect the functioning of the Court, and its retention rate.

The roles and responsibilities of MCSDTC team members are comprehensively and clearly documented in Operations Manual. The Manual describes the purpose of each position and details specific responsibilities for each team member. In addition, all of the roles of the MCSDTC team members are consistent with the AOC best practice guidelines. Team members reported that the composition of the Team has remained fairly stable, other than recurring turnover in the Public Defender and Assistant District Attorney positions. The Operations Committee, which includes a Senior Assistant District Attorney and a Senior Assistant Public Defender, could discuss whether this rate of turnover affects the functioning of the Court, and develop strategies for minimizing turnover within the two positions if necessary.

Team members identified the need for consultation with additional professionals who are not currently included on the MCSDTC Team, such as a representative from the Police Department and the local jail inpatient treatment program. Team members also requested the addition of a new Community Liaison position, and another Case Coordinator. In response to these

suggestions, the Court's administrators could discuss this issue with their Operations Committee and evaluate the Court's ability to add these positions to the Team. Alternatively, the Team could seek professionals from these disciplines who would consult with the Team on a regular basis.

According to the team member descriptions of their roles, and observations of a team meeting and court hearing, the MCSDTC team members appear to be adequately fulfilling their roles as stated in court documents. During the team meeting, each team member's role was clearly evident based on his or her theoretical perspective and contributions to the discussions. The roles of the MCSDTC Team members are complementary to one another, and they contribute to the Team's ability to consider all aspects of a participant's situation when making decisions. The Team might consider adding a brief description of each team member's role to the Participant Handbook. This would inform new participants of the role that each team member plays in the Court, and the nature of his or her relationship with participants.

### **Background Training and Continuing Education**

This section describes the background training, orientation experiences, and continuing education opportunities provided to each of the MCSDTC team members. Team members were each asked to describe how they first became involved in working in this Court. A few team members reported that they were asked to join the Team by the Judge or another team member. Alternatively, most team members transitioned into their roles on the Team as a result of their positions in collaborating agencies. In these cases, they shadowed their predecessors and attended Team meetings with them prior to assuming their full responsibilities as MCSDTC team members. Other team members mentioned that they were oriented to their jobs through hands-on training, or by attending DTC trainings. Team members stated that there is no official orientation procedure in place for new staff members.

More than half of the team members reported that they received training at national DTC conferences through the National Drug Court Institute (NCDI). In addition, all team members had attended the AOC training conferences offered for DTC team members statewide. A few team members commented on the benefits of the training they received, mentioning that it helped them to learn more about addiction, strategies being implemented by other courts, and the effective use of sanctions and incentives. Four team members expressed the need for additional cross-disciplinary training, specifically training on case management, and new techniques or strategies for use with the DTC population.

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

#### **Judge**

Judge William Bell received a Juris Doctorate degree (JD) from the Wake Forest School of Law. He also has a Master of Divinity degree in Theology, and Bachelor of Arts in Political Science and Education from Duke University. Judge Bell previously worked as an ordained United Methodist minister for six years before earning his law degree. He then worked as a Staff Attorney for Womble, Carlyle, Sandridge & Rice. He was an Assistant District Attorney in

Mecklenburg County for ten years, before he accepted a position as a Superior Court Judge in 1997. It is within this capacity, that he became the presiding Judge for the MCSDTTC in 2001.

### **Program Director**

Jeanne Tourtellott, the Program Director, received a Master of Arts degree in Marriage, Family, and Child Counseling from Pacific Christian College. She also has a Bachelor of Science degree in Business Administration. Ms. Tourtellott has had experience working for various financial institutions as well as human services organizations. She has held positions as Director of Workforce Development for the Capistrano Unified School District, and Supportive Services Manager for the Housing Authority of the City of Charlotte. In 2002, she accepted the position of Program Director for Mecklenburg County Drug Treatment Courts.

### **Criminal Court Coordinator**

Rosalind James, the Criminal Court Coordinator, has a Bachelor of Arts degree in Liberal Arts Science from Medaille College, and an Associates of Arts degree in Liberal Arts Science Degree from Erie Community College. Her previous work experience includes working as a Case Manager/Transition Specialist, a Vocational Educator, an Evaluation Specialist, and an Assessment Specialist. She accepted a position as the Drug Treatment Court Criminal Court Coordinator for Mecklenburg County Adult DTC's in 1998. Ms. James is currently undergoing Public Manager training.

### **Case Coordinator**

John E. White, the Case Coordinator, has completed some graduate studies in Criminal Justice at the University of North Carolina at Charlotte. Mr. White has a Bachelor of Arts degree in Political Science and a minor in Criminal Justice from North Carolina Central University. He has held positions as a Supervisor for Mecklenburg Pre-Trial Services, and a Counselor at Hope Haven. He was also a Program Manager for the Work Hardening, Education, Empowerment, and Life Skills (W.H.E.E.L.S.) program at the Uptown Shelter/George Shinn Center, and an Assistant Manager at the Emergency Winter Shelter. In 1998 he was recruited to join the MCSDTTC the court's first Case Coordinator. Mr. White is a member of the Addiction Professionals of North Carolina, (APNC) and National Association Alcohol Drug Abuse Counselors (NAADAC).

### **Treatment Provider Liaison**

John Crawford Smith, the Treatment Provider Liaison, received a Master of Science degree in Counseling from New Life University in Charlotte, and a Bachelor of Arts in Human Services, with a Minor in Business Administration, from Elon University. In addition, he has a Certificate in HIV/AIDS and Substance Abuse Education from Boston University School of Public Health. His previous experience includes working as a Program Therapist at a Community Psychiatric Center, a Counselor for Carolinas Healthcare System, and a Clinical Supervisor of High Risk Intervention at Family Group. He was an Executive Director for SCW Residential Care before

accepting a position as a Clinical Counselor at SAIL (Southeast Addictions Institute and Learning Center) in 2004. It is within this capacity that he became the Treatment Provider Liaison for the MCSDTC. Mr. Smith is certified as a Qualified Mental health Professional, and is currently working on his certification as a Qualified Substance Abuse Counselor.

### **Assistant District Attorney**

Jeffery A. Davis, the Assistant District Attorney, has a Juris Doctorate degree (JD) from Mississippi College School of Law, and a Bachelor of Science degree from Western Carolina University. His previous experience includes positions as an Employment Interviewer and a Human Resource Manager. He also held internships for a Justice of the Mississippi Supreme Court, the Mississippi Secretary of State, and as a Law Clerk for the U.S. Attorney's Office in the Southern District of Mississippi. In 2001, he accepted a position as an Assistant District Attorney for the 26<sup>th</sup> Judicial District. It is within this capacity that he became a member of the MCSDTC Team in 2004. Mr. Davis is a Board Member for the Charlotte Mecklenburg Zoning Board of Adjustment.

### **Public Defender**

Charlena A. Harvell, the Public Defender, received a Juris Doctorate Degree from the University of Dayton School of Law, and a Bachelor of Arts degree from Catawba College. Her previous experience includes working as an Adjunct Professor in the Criminal Justice Department at Catawba College, and a Paralegal for Alston & Bird, LLC. She accepted a position as an Assistant Public Defender for the 26<sup>th</sup> NC Judicial District in 2000. It is within this capacity that she became a member of the MCSDTC Team in 2004. Ms. Harvell is a member of the Leary Bar Association, and serves on the Board of Directors for Summit House of Charlotte.

### **Probation Officer**

Ms. Shana Steele, the Probation Officer, received a Bachelor of Arts degree in Political Science and Criminal Justice at North Carolina State University. She became a member of the MCSDTC Team in 2001.

### ***Conclusions and Recommendations Regarding Background Education and Training***

As recommended by the *Drug Court Key Components*, MCSDTC team members reported that they had participated in national and state training conferences providing role-specific and general DTC training. Based on the information provided, it appears that the MCSDTC team members have appropriate background experience in substance abuse, social services, and criminal justice. Team members also exhibit adequate levels of educational training for their respective positions. In order to increase the competence of team members in their fields of expertise, the Court might consider establishing continuing education requirements for each position and including these requirements in the Operations Manual. This could also include timelines for treatment providers to attain certification as Qualified Substance Abuse Counselors, in order to maintain compliance with NC Best Practice Guidelines.

Two team members indicated a need for additional cross-disciplinary training opportunities. It is recommended that the Court's administrators continue to seek funding and opportunities to provide interdisciplinary training for all drug court team members. Some specific training areas identified by team members included training on case management, and new techniques for working with the DTC population. Ongoing cross-disciplinary training could be instrumental in creating a better understanding of the Court's mission, goals, and operating procedures. It might also help the court to strengthen the overall functioning of the Court.

MCSDDTC team members reported that the program does not have a formal orientation procedure. A standardized orientation procedure would be helpful in training new team members and facilitating their acclimatization to the duties of their respective positions. This procedure could include an orientation packet with information such as a description of one's role in the court, copies of procedural handbooks, and other pertinent information. The proposed procedure would ensure that new team members are completely and quickly prepared to fulfill the duties required of their positions.

### **Court Administration & Decision Making Process**

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

The MCSDDTC Court operates under the direction of the Mecklenburg County Drug Treatment Court Management Committee, and the Mecklenburg county Drug Treatment Court Operations Committee. As stated in the Operations Manual, the Local Management Committee is "responsible for adopting local guidelines and procedures necessary for the operation, evaluation and success of the [Drug Treatment Court] program." A list of members of the Local Management Committee is provided in the Mecklenburg DTC Program, 2004-2005 Action Plan does. They include:

- A Senior Resident Superior Court Judge,
- A Chief District Court Judge,
- An Assistant District Attorney,
- An Assistant Public Defender,
- A Clerk of Superior Court,
- A Chief Probation Officer,
- A Trail Court Administrator,
- A member of the Private Criminal Defense Bar,
- A local Law Enforcement Officer,
- A representative of a local community college,
- The Drug Court Program Director,
- The Drug Court Operations Coordinator,
- A representative of the Mecklenburg County Health Department,
- A representative of Local Area Mental Health.

The Mecklenburg County Local Management Committee includes representation from all but one of the individuals recommended by the AOC Best Practice Guidelines. The only individual not included is a representative from a local treatment provider agency. However, the SAIL Treatment Provider Liaison is represented in the Operations Committee. Court administrators reported that the Local Management Committee meets on a quarterly basis, and fulfills its duties as described in court materials. Administrators reported that they attempted to recruit representation from the local Treatment Accountability for Safer Communities (TASC) office, but the request was denied. The Local Management Committee plans to recruit former graduates of Mecklenburg DTC programs to serve on this committee.

The Mecklenburg County Operations Committee is comprised of selective team members from all of the Mecklenburg County DTC programs. This Committee oversees the day-to-day operations of the DTC programs, and includes the following members: the Superior Court Presiding Judges, the District Court Presiding Judges, DTC Program Director, Senior Assistant Public Defender, Senior Assistant District Attorney, Probation Supervisors, Treatment Provider Liaisons, Criminal Court coordinator, Operations Coordinator, FIRST Court Coordinator, and Youth Treatment Court Coordinator. The Operations Committee meets on a monthly basis and, according to Operations Manual, “operates within established program policies and procedures in a constructive process to resolve policy and operational disputes that effect client success and program effectiveness.” Issues that cannot be resolved by the Operations Committee are directed to the Management Committee by the Program Director. MCSDTTC administrators reported that the Operations Committee adequately provides support and direction to the program, and oversees its implementation.

The MCSDTTC Team makes decisions regarding individual cases during regularly scheduled Team meetings held before bi-weekly court sessions. According to the *Best Practices Guidelines* provided by the AOC, the primary responsibility of the Core Team is to assure the effective functioning of the in-court process of each court session, so as to attain the long-range rehabilitative goals of the DTC.

In order to assess the functioning of the MCSDTTC Team, IRT staff members observed two pre-court meetings and coded information using the Team Meeting Observation Checklist. The Case Coordinator, Treatment Provider Liaison, Probation Officer, Public Defender, Assistant District Attorney, and the Judge attended this meeting. The dedicated Assistant District Attorney was unable to attend this meeting due to a court trial. Therefore, an alternate Assistant District Attorney attended the meeting in his place. Team members reported that the pre-court team meetings are typically one hour long. However, on the last court date of the month, the Team meets for an extra half-hour prior to this meeting to discuss general issues related to the court’s functioning. The meeting observed by IRT staff members began approximately 15 minutes late, and lasted 45 minutes.

The Case Coordinator officially led the team meeting. At the beginning of the meeting, the Case Coordinator provided each team member with a list of the participants to be discussed, and a copy of the Management Information System (MIS) court report describing the status of each of the participants. This court report included information such as compliance with drug testing,

treatment attendance, case management meeting attendance, meetings with the Probation Officer, AA/NA meetings, community service, vocational training, employment, sanctions, and incentives. The Case Coordinator presented each case, reviewed the participant's progress, and solicited input from other team members regarding recommendations for sanctions, rewards, treatment, and ancillary services. Participants who were in 100% compliance with each of the court requirements were discussed first, and the remaining participant cases were discussed in order of their admission date. A total of thirty cases were reviewed during this meeting, with the majority of discussions lasting approximately one minute. This was particularly true of cases involving participants who were compliant in fulfilling DTC requirements. About one-fifth of the cases were discussed for two to five minutes, and two cases were discussed for more than five minutes.

A variety of topics were discussed during case review, including employment, housing, community service, recent criminal behavior, and drug use. Progress in substance abuse treatment was only discussed in relation to noncompliance with treatment attendance, or a need for more intensive treatment. This was the case in one-sixth of the cases. Mental health treatment information was discussed in three cases. Sanctions and incentives were prescribed in response to compliance and progress in achieving program goals. Team members took each individual's history into consideration when making decisions, but sanctions and incentives were mainly based on the respective Grids. The Public Defender was particularly committed to ensuring that sanctions were administered in a consistent manner across all participants.

The decision-making process seemed to follow a democratic process with decisions reached through unspoken consensus. Team members were respectful of each other and allowed each other ample time in which to speak. In addition, they were professional in their communications regarding participants. In most cases, the Case Coordinator offered recommendations for addressing participant compliance, and each team member had an opportunity to provide input into the discussion. These recommendations were largely based on suggestions made by the Treatment Team, during the previous Treatment Team meeting. The MCSDTC Team either agreed with the recommendation, or reached a compromise after presenting opposing viewpoints. In instances where the Team did not come to a consensus, they tabled the discussion and later presented it to the Judge. The Judge had other court obligations, and was only present for the last 15 minutes of the meeting. The team members updated the Judge on their decisions, and described the cases in which they could not reach a unanimous agreement. The Judge considered their input and made a final decision in each of these cases.

Responses of team members to questions about the decision-making process were generally consistent with observations made by IRT staff members; however, there were some inconsistencies. Team members agreed that decisions are made by consensus during pre-court meetings, and the Judge has the final say if there is lack of agreement. Most team members reported that they are given equal opportunity to provide input into all discussions regarding participants. On the other hand, two team members reported that this is not always the case. One team member was dissatisfied with the process in which recommendations are made prior to discussion by the entire Team. The team member indicated that this could lead to favoritism, or a lack of consistency in the application of sanctions and incentives.

### ***Conclusions and Recommendations Regarding the Decision Making Process***

As recommended by the AOC Best Practice Guidelines, the MCSDTC Program is administered by a Local Management Committee. In addition, Mecklenburg County DTC programs have an Operations Committee that oversees the day-to-day operations of the courts. The Mecklenburg County Local Management Committee and the Operations Committee include all of the individuals recommended by the AOC guidelines. However, it was reported that the Court has been unable to recruit a member of the local TASC office to participate in the Local Management Committee. Court administrators reported that both of these committees ensure that the MCSDTC is implemented in accordance with the policies and procedures documented in the court's Operations Manual.

The MCSDTC Team meets before every bi-weekly court session to discuss participant progress. Based on observations of Team meetings and team member reports, it appears that the MCSDTC Team effectively makes decisions in response to participant compliance. Team members were respectful of each other's opinions, professional in their communications, and they appeared to be genuinely concerned about participants. Each team member contributed to the discussions, and decisions were made based on consensus. When an agreement could not be reached, the Team presented their views to the Judge, and he made the final decision. Each team member's role in the MCSDTC Team was clearly evident based on his or her perspective and comments made during discussions.

Contrary to the observations of IRT staff members and the opinions of most team members, two team members reported that they do not always have an equal opportunity to provide input into decisions made about participants. One team member mentioned that the recommendation of a course of action prior to the discussion sometimes leads to a lack of consistency in the administration of sanctions. During the observed team meeting, however, the Public Defender appropriately fulfilled her role by striving to ensure that each decision about sanctions was consistent with court documents and fair for each participant. In addition, the recommendations made by the Case Coordinator were based on the suggestions made by the Treatment Team, when they reviewed the participant's progress in treatment. This facilitates the integration of treatment information into all decisions made about participants. Nonetheless, due to the difference of opinions regarding the decision-making process, the MCSDTC Team might consider holding a discussion about the team member concerns raised in this evaluation. This type of discussion could be incorporated into a Team Retreat session, combined with team-building activities.

According to team member reports, the Judge's busy court schedule often prevents him from being present during the entire duration of the Team meetings. This issue was raised in the 2003-2004 SCOT Analysis, and court administrators reported that the Judge's attendance has been more consistent during the past year. Although the Judge's availability is usually influenced by factors beyond their control, the Team might investigate the possibility of holding the pre-court meetings at an alternative time that better integrates the Judge's schedule, so that he can be present for the entire Team meeting. This would ensure that the Judge is involved in all discussions regarding participants and is adequately updated on each participant's progress before court sessions.



As observed by IRT staff members, the majority of the Team meeting time is spent discussing participants who are noncompliant. Team members reported that they meet for a longer length of time on the last court-date of the month, to discuss general program issues. The Team might consider using part of this meeting as an opportunity to discuss the progress of participants who are compliant in fulfilling MCSDTTC requirements. By analyzing the factors and characteristics that contribute to successful program completion, the Team might be able to gain a better understanding of how the program works and identify ways of strengthening key program components.

### **Assessment of Team Functioning Based On Team Interviews**

All MCSDTTC team members reported that they have good working relationships with one another. One member commented that team members are passionate, and they each bring a different perspective to the table by representing their respective professions and agencies. According to team members, information regarding participants is communicated within a timely manner. One team member mentioned that some information regarding participant progress is communicated between Team meetings, through emails and phone conversations.

Relationships between team members and participants were described as professional and positive. Team members also reported that they all maintain appropriate boundaries in their relationships with participants. Most of the team members reported that they have a positive or helpful attitude towards participants. As one team member stated, the Team shows genuine concern for participants, is committed to ensuring that each participant has the opportunity to succeed in the program. Another team member mentioned that the Team tries to remain approachable so that participants can feel free to come to them with their needs. On the other hand, one team member mentioned that team members sometimes show favoritism towards participants.

The MCSDTTC has occasionally held court-sanctioned functions involving team members, participants, and participants' families. According to team member reports, these events have included graduation parties and picnics.

### **Assessment of Team Functioning Based On Participant Interviews and Focus Group**

Current and former participants were asked to comment on their thoughts about MCSDTTC Team. Current participants reported that the team members were helpful and professional. They felt that the team members treated them with respect and appeared to be genuinely concerned about them. They mentioned that most of their interactions were with the Case Coordinator, Probation Officer, and treatment counselors. One participant said of the team members: "They let me know that they are on my side and that they care." All participants agreed that the Judge was especially fair and caring, describing him as upbeat and fantastic. Overall, the current participants were very pleased with the Team and their interactions with them.

Graduates reported that the team members treated them with respect and seemed to "really care" about them. Graduates also felt that the team members treated them fairly, and listened to them.

All of the graduates identified the Case Coordinators as the most helpful team members, and one mentioned that the treatment counselor was “a great inspiration.”

All of the current participants reported that the communication of information between the Team and the treatment counselors does not prevent them from sharing personal information, nor does it impact their progress in treatment.

### ***Conclusions and Recommendations Regarding Team Functioning***

Based on multiple sources of information, reports made by team members, current participants, and graduates, it appears that the MCSDTT Team is comprised of individuals who are committed to the participants that they serve. Team members described their working relationships as positive and professional, and reported that needed information is always communicated within a timely manner. The communication between team members ensures that all aspects of a participant’s case are discussed and incorporated into decisions made in response to participant compliance. The helpful and caring attitude reported by team members was confirmed by reports made by current and former participants. Participants reported that the team members were helpful, respectful, and caring, which indicates that the Team is a source of support and encouragement to them as they continue through the program.

One team member expressed concern that some team members show favoritism in their attitudes towards participants. The Team decision-making process is geared towards facilitating open discussion about each case, so that decisions are made in a consistent manner across all participants. While this process eliminates opportunities for favoritism, Team members should regularly discuss strategies for remaining impartial to ensure that biases do not affect decision-making.

## **Description of Current Program**

### **Program Overview**

The MCSDTT is a judicially supervised, post-sentence treatment program for non-violent offenders (adults) with Class F, G, H or Class I felonies. The program is designed to reduce drug and alcohol dependence, criminality and incarceration of offenders who have a substance abuse problem. The Core Team that administers the program consists of the presiding Judge, Public Defender, Assistant District Attorney, Case Coordinator, Program Director, Criminal Court Coordinator, Treatment providers, and a Probation officer.

The program components include substance abuse treatment, weekly twelve-step meetings such as AA/NA meetings, weekly meetings with the Case Coordinator, bi-weekly court appearances, regular monitoring by probation officers, and weekly drug testing, including random tests. Progress in fulfilling program requirements is monitored by the Case Coordinator, whose goal is to help the participants stay on track and successfully fulfill all requirements. The Case Coordinator assists with referrals to other agencies for ancillary services such as vocational and educational training, housing, and employment services. The entire program lasts between one and two years.

## **Referral/Admission/Intake**

Referrals to the MCSDTTC can originate from a variety of sources, including Probation Officers, Public Defenders, Private Defense Attorney's, District Attorney's, and Judges. When asked to estimate the length of time from the arrest date to the referral date, most team members reported that it could take between two weeks and three months. All referrals must be reviewed and approved by the Assistant District Attorney, based on the offender's record and the court's eligibility criteria. The Assistant District Attorney then refers approved cases to the Case Coordinator for further screening. According to team member reports, the Assistant District Attorney's Office dictates that the eligibility screening should occur within three weeks after the referral is approved. At least half of the team members reported that the length of time between referral and eligibility screening ranges from two weeks to one month. MIS data analyses revealed that, on average, the Eligibility Screening Interview (ESI) was conducted two weeks after the referral date.

The Case Coordinator uses the Substance Abuse Subtle Screening Instrument (SASSI) to assess the chemical dependency status of all candidates who are referred to the program. If a substance abuse problem is suggested or suspected, the Case coordinator also administers the Eligibility Screening Interview (ESI). The ESI is used to collect background and demographic information, which is later entered into the Eligibility Interview section of the court's MIS system. The Case Coordinator also explains the program to the candidate and any other necessary party, such as the Defense Attorney, and provides them with copies of court materials. Candidates are deemed eligible for the program if they are determined to have a substance abuse problem, and if they meet the program's other eligibility criteria. The Case Coordinator makes a recommendation regarding the candidate's eligibility; however, the final decision regarding the candidate's ability to participate in the MCSDTTC is made during the plea slot hearing. The Assistant District Attorney, Defense Attorney, and the Defendant consider the benefits of the MCSDTTC, and have the option of recommending this to the Judge during the plea slot hearing. According to the Operations Manual, other factors that are considered include the nature of the charges, the circumstances of the cases, and the prior record of the Defendant. If the Defendant is ordered to participate in the MCSDTTC by the Judge, he or she is required to attend the next scheduled Superior Drug Court session for program admission.

On the day of the candidate's first court session, the MCSDTTC Team discusses the eligible candidate and is provided with an opportunity to confirm the candidate's appropriateness for the program. Team members reported that ultimately, the decision of whether or not a candidate is suitable for the program is made by the Assistant District Attorney. This is especially true of cases in which exceptions are made to the eligibility criteria or exclusionary criteria. However, the Team can influence the Assistant District Attorney's decision by voicing their opinions regarding each candidate. Once the Team confirms eligibility, the candidate is asked to sign the Superior DTC Contract before the court session. IRT staff members observed a MCSDTTC court session in which two new candidates were admitted to the program. The candidates were called before the Judge during the court hearing, and the Judge asked them questions regarding their knowledge of the program rules and regulations, and their desire to participate in the program. The Judge also confirmed whether the candidates had reviewed and signed the Superior Drug Treatment Court Agreement (Contract). In addition, the Judge encouraged the candidates to

listen to the suggestions made by the team members, and to be willing to ask for help if needed. Finally, the Judge officially welcomed the new participants to the MCSDTC Program.

Team members reported that the average length of time between eligibility screening and program admission is between two weeks and one month. However, according to the MIS data analysis findings, the average length of time between these two program dates was actually 40 days for all participants. One team member commented that the longer time intervals are due to the fact that the court has no control over the scheduling of the plea slot court dates for candidates, which is when the final decision is made regarding program eligibility. For current participants, the average length of time between the same time periods was only 22 days. This would suggest that the Court has been able to decrease the lapse between eligibility screening and program enrollment. According to team members, once candidates are admitted to the program, they begin attending treatment sessions on the Monday following their first court date. MCSDTC court sessions are currently scheduled on Fridays, which means that service delivery begins three days after program admission.

### ***Conclusions and Recommendations Regarding Referral, Admission and Intake***

The program's procedures are in line with the Bureau of Justice Assistance (BJA) guidelines recommended in the Drug Court Key Components. The Court utilizes several sources of referrals, and a clear procedure is in place to ensure that potential DTC participants are identified and screened for program eligibility. As reported by team members, the Case Coordinator informs eligible candidates of the program requirements and reviews the court materials with them to advise them of what their participation will involve.

MIS data analysis results indicated that, on average, the eligibility interview was conducted two weeks after candidates were referred to the program. A longer period of time elapsed between the eligibility interview date and the admission date, averaging 40 days. The Superior DTC differs from some other Drug Court programs in that the final decision regarding program eligibility is made by the Judge, during the plea slot hearing. One team member mentioned that the variability of the plea slot court dates contributes to the long time periods between eligibility screening and admission. The Team identified the lapse between identification of potential clients and enrollment as a challenge in the 2003-2004 SCOT Analysis. Court administrators worked with the DA's office to ensure that court dates for potential candidates are scheduled within 30 days of the referral date. Data analysis results of the time interval between referral and admission, for active participants, confirmed that the Court was able to reduce this length of time to 30 days. According to team members, participants typically begin receiving substance abuse treatment services three days after they are admitted to the program. In general, the court's referral and enrollment procedure, as described in court materials and by team members, is geared towards facilitating a quick response to referrals.

### **Capacity and Program Enrollment**

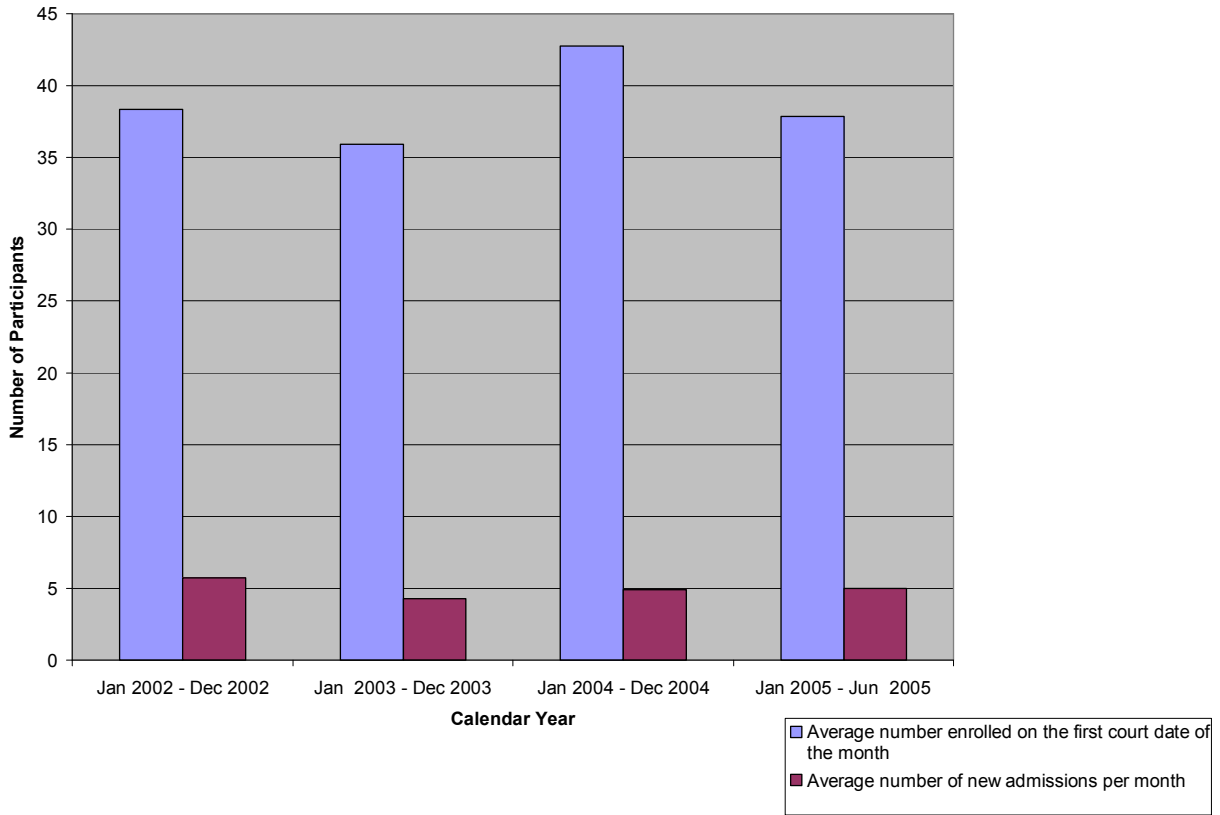
Although the MCSDTC has been in operation since 1998, complete data regarding program admissions, enrollment, graduations, and terminations, were only available from January 2002 onward. The data used for these analyses were collected from the NC Adult MIS database.

Administrators of the MCSDTTC reported that program capacity is 30 participants per Case Coordinator. According to team member reports, between 1998 and 2001, the Court maintained an average of 25 to 30 participants, with one Case Coordinator. This would suggest that the court was operating between 83% and 100% of their target capacity during this time period. A second Case Coordinator was hired in the fall of 2001, which increased the Court's total program capacity to 60 participants. Between January 2002, and June 2005, the MCSDTTC never achieved their target capacity level for two Case Coordinators. On June 30, 2005, the court lost one of its Case Coordinator positions due to lack of funding. At the time that this report was written (July, 2005), there were 33 active participants enrolled in the program, with one Case Coordinator. Therefore, the court was operating slightly above their target capacity level for one Case Coordinator.

For the purposes of this report, monthly enrollment was defined as the number of participants who were expected to make a court appearance on the first MCSDTTC court date of each month. Data on participant admission dates were used to determine the number of new admissions each month. The admission date was considered the first date that the participant's status in the program became "active." Within the first full calendar year that data were available (January 2002 to December 2002), the MCSDTTC Program admitted an average of six participants per month and served a total of 88 participants. During the CY 2003, the program admitted an average of four new participants per month and served a total of 92 participants. From January 2004 to December 2004, the program admitted an average of five new participants per month, and served a total of 104 participants. In the first six months of 2005, the MCSDTTC had already served 69 participants, and had admitted an average of five new participants per month.

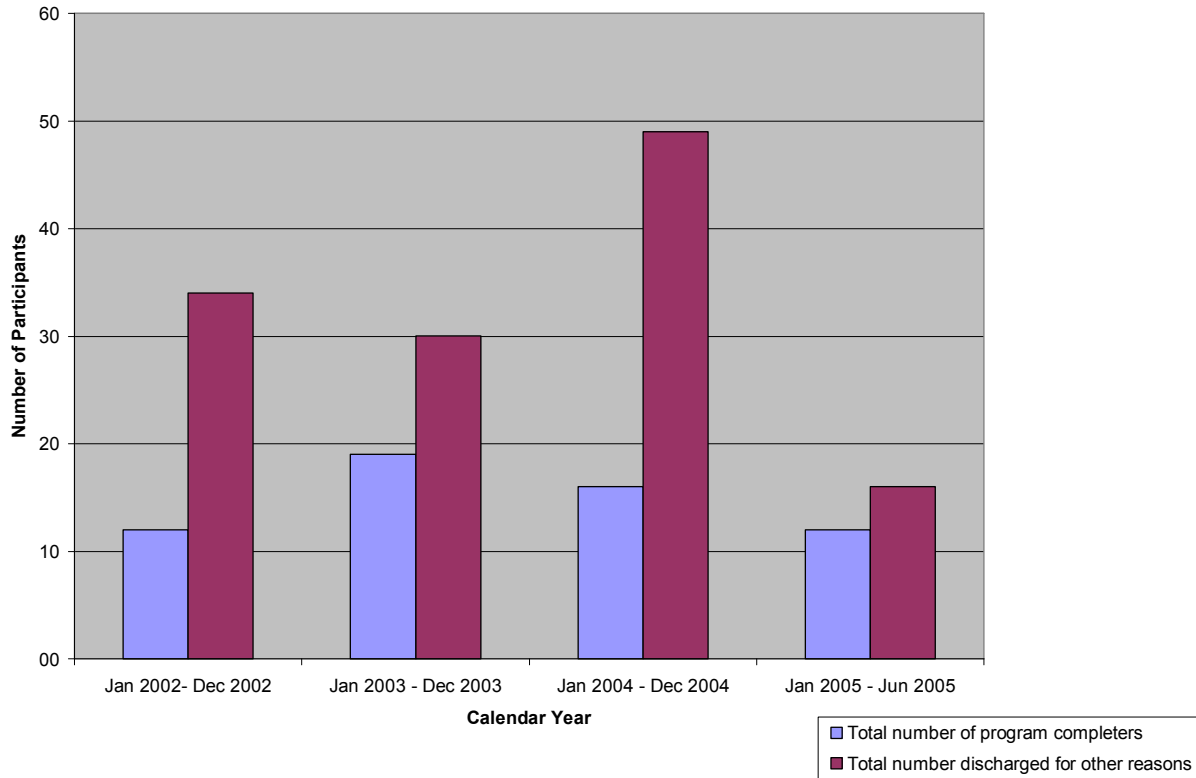
Figure 1, below, shows the average number of participants enrolled on the first court date of each month, and the average number of newly admitted participants per month during the period in which data were available. Data were available for CY 2002, CY 2003, CY 2004 and the first six months in CY 2005. Yearly averages for the number of participants enrolled in the program on the first court date of each month ranged from 36 to 43 participants. Taking into account that the data was unavailable for the first four years of the program, and were incomplete for CY 2005, it appears that program enrollment was highest in CY 2004, but has generally remained at the same level. However, the program's loss of one Case Coordinator will likely impact the enrollment and admissions for the remaining six months of CY 2005.

**Figure 1. Average Monthly Enrollment in the Mecklenburg County Superior Drug Treatment Court Program**



The number of participants who successfully completed the program or were discharged for other reasons can be observed in Figure 2. MIS Data regarding discharge information was also available for CY 2002, CY 2003, CY 2004, and the first six months of CY 2005. A total of 12 participants successfully completed the program in CY 2002. The program subsequently had 19 graduates in CY 2003, 16 graduates in CY 2004, and 12 graduates in the first six months of CY 2005. The number of participants discharged for reasons other than program completion was highest in CY 2004, totaling 49 participants. The program also had the highest enrollment in CY 2004, and served the greatest number of participants during the same year. Termination from the program can occur for several different reasons, which are discussed elsewhere in this report.

**Figure 2. Number of MCSDTTC Participants who Successfully Completed or were Discharged for Other Reasons**



### **Eligibility Criteria**

The MCSDTTC serves non-violent offenders (adults) with Class F, G, H or Class I felonies. Team members reported that the program is designed for individuals who have a substance abuse problem, and not those who are known for drug dealing. The eligibility criteria and exclusionary criteria, as documented in the MCSDTTC Operations Manual, are described below.

The eligibility criteria are:

1. Current offense in class F, G, H, or I felony excluding trafficking (does not have to be drug related);
2. Eligible to receive a community or intermediate punishment;
3. Chemically dependent as determined by the evaluation instrument;
4. Verifiable residence in Mecklenburg County;
5. Felony probation violation under F, G, H, or I.

Participants are automatically deemed ineligible from the program based on the following exclusionary criteria:

1. Conviction of schedule 1 or 2 trafficking offenses in past 5 years;
2. Violent felony conviction in the past 10 years.

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

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

All team members interviewed reported that the program targets moderate to high risk offenders. A few team members mentioned that the court occasionally makes exceptions to the eligibility criteria. One team member stated that the Case coordinator might override the SASSI results, if there is reason to believe that the candidate manipulated the answers, but is inappropriate for the program. An example of this situation involves cases where the candidate is a drug dealer, but does not have a history of using drugs. According to one team member, the Court will sometimes accept offenders with violent felony convictions, if the conviction happened seven to ten years ago. This decision is made by the entire MCSDDTC Team, on a case-by-case basis, and the Assistant District Attorney has the final say in the matter. Another team member mentioned that the Court was more likely to accept these types of cases when the referral rate was low. The majority of the team members indicated that the MCSDDTC eligibility criteria are appropriate. However, one team member suggested that the program should accept candidates with violent offenses, even if their convictions were less than 10 years ago.

### ***Conclusions and Recommendations Regarding Eligibility Criteria***

The MCSDDTC eligibility criteria clearly describe the Court's target population, and they also identify types of candidates who are ineligible for the program. Findings from MIS data analysis indicated that the primary offenses and punishment types currently represented by the Court's participants are in accordance with the stated eligibility criteria. In addition, the MCSDDTC eligibility requirements are generally consistent with the AOC guidelines for adult DTC's. According to court materials and team member reports, screening for chemical dependency is based on the results of the SASSI. The Team might consider specifying the screening instrument in the third eligibility criterion, which would make it more similar to the AOC criteria. Both the MCSDDTC and the AOC eligibility criteria state that offenders should be eligible for community or intermediate punishment types. However, in order to access public resource funds for treatment services, AOC recommends that the Court revise its eligibility criteria to state that it accepts only intermediate punishment offenders, or community punishment violators at-risk for revocation.





Superior Court Judge presiding over the court session designated for probation hearings or the Senior Resident Superior Court Judge for appropriate action.

If the defendant enters or successfully completes the program then one, all or some of the following shall occur (specify):

Dismissal of the following charges: \_\_\_\_\_

Reduction of the following charges: \_\_\_\_\_

Consolidation of charges: \_\_\_\_\_

Avoidance or reduction of jail time: \_\_\_\_\_

Avoidance or reduction of Probation Supervision: \_\_\_\_\_

Other: \_\_\_\_\_

This the 1st day of July 2005

\_\_\_\_\_  
S.T.E.P. Superior Court Judge

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Probation Officer

\_\_\_\_\_  
S.T.E.P. Case Manager

\_\_\_\_\_  
Assistant District Attorney

\_\_\_\_\_  
Attorney for Defendant

In addition to the Contract, team members reported that participants also sign two Confidentiality Agreements. These agreements, the Team Release of Information and the Agency Release of Information, are included in the MIS system. The Case Coordinator reviews each document with eligible candidates before they are admitted to the program. These agreements inform participants of the types of information that may be released, or disclosed to the DTC team members and other agencies that might provide services to them. Team members reported that during the plea slot hearing, new participants sign another form that provides more detailed information regarding the requirements that they must fulfill as part of the MCSDTTC program.

### ***Conclusions and Recommendations Regarding the Contract***

The MCSDTTC Contract informs the participant that they must adhere to the Program requirements documented in the Participant Handbook. The Contract also states the potential benefits of the program, such as avoidance of jail time or possible dismissal of charges. However, since this is a Superior court, most of the participants do not qualify for dismissal of felony charges. A clear procedure is in place to ensure that the participant understands the contract and agrees to the terms listed therein prior to program admission.

Although the Contract does not include a more detailed description of the program requirements, it was reported that participants also sign an agreement form during the plea slot hearing, which is more comprehensive. This assures that participants are fully aware of the requirements and philosophy of the MCSDTTC Program before they are admitted.

## Drug Court Phase System

The MCSDTC phase system consists of three phases that require varying levels of structure, supervision, and treatment intensity. In each phase, participants are required to fulfill requirements such as treatment, weekly case management meetings attendance, probation meetings, Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meeting attendance, weekly drug tests, and payment of fees.

According to the Operations Manual, completion of the entire program is expected to occur within twelve to fifteen months. As described in the MCSDTC Participant Handbook, the entire program is expected to take a minimum of one year with a maximum of two years. MIS data analysis results indicated that the average program length was 15 months for graduates and six months for terminated participants. This data represented all participants discharged from the program between January 2002 and June 2005. When asked to comment on the length of the program, four team members reported that it was appropriate. On the other hand, two team members suggested that the minimum length of time in the program should be increased in order to prevent relapse after program completion. One team member thought the minimum length of time in the program should be seventeen months, and another thought it should be two years.

A detailed description of each phase is provided below, and the Phase Grid included in the MCSDTC Participant Handbook is replicated in Table 26.

**Phase I** focuses on orienting the participants to the court program and encouraging them to accept their treatment. This phase usually lasts between 90 and 120 days. Phase I participants must attend a minimum of nine hours of treatment per week, meet with the Case Coordinator once a week, meet with the Probation Officer as directed, attend three NA/AA meetings a week, attend court every two weeks, submit to three drug tests per week (one random), pay \$10 a week in court fees, and acquire a temporary sponsor. Participants also begin working on goals related to housing, employment, and further education. Requirements for movement to Phase II are as follows: complete intensive outpatient treatment, be current on program costs, have a temporary sponsor, and have 30 consecutive days of sobriety following treatment.

**Phase II** is primarily concerned with teaching participants to maintain recovery and sustain sobriety. During this phase, participants also focus on other issues that support their recovery, such as housing, education, employment, or family relationships. This phase usually lasts between 90 and 120 days. Phase II participants must remain in good standing with treatment, meet with the Case Coordinator once a week, meet with the Probation Officer as directed, attend four NA/AA meetings a week, attend court once every two weeks, pay \$10 a week in court fees, submit to two drug tests per week (one random), and obtain a permanent sponsor. Requirements for movement to Phase III are as follows: remain in good standing in treatment, be current on program costs, have a permanent sponsor, and have 90 additional consecutive days of sobriety. In addition, participants are also required to have paid 50% of any court ordered restitution before they move to Phase III. Restitution costs typically refer to court-ordered costs, and they are different from the court fees that participants are required to pay to the treatment provider on a weekly basis. According to team member reports, most participants also complete the required 50 hours of community service during Phase II.

**Phase III** is primarily concerned with reinforcing recovery by teaching participants coping and relapse prevention techniques. It is also aimed at helping participants to deal with day-to-day issues in their lives while in the MCSDTTC Program. This phase usually lasts between 120 and 180 days. Phase III participants must remain in good standing in treatment, meet with the Case Coordinator once every two weeks, meet with the Probation Officer as directed, attend 5 NA/AA meetings per week, attend court once every two weeks, pay \$10 in fees each week, submit to two drug tests per week (one random), and obtain a permanent sponsor. Participants also continue to work on goals related to housing, employment, and further education.

**Table 26. Program Phases for the Mecklenburg County Superior Drug Treatment Court**

	<b>Phase I (90 to 120 days)</b>	<b>Phase II ( 90 to 150 days)</b>	<b>Phase III (120 to 180 days)</b>
<b>Orientation</b>	Complete Program	N/A	N/A
<b>Treatment</b>	Minimum 9 Hours	Good Standing	Good Standing
<b>Case Management</b>	1 Meeting/Week	1 Meeting/ Week	1 Meeting/ 2 Weeks
<b>Probation contact</b>	As Directed by Probation Officer	As Directed by Probation Officer	As Directed by Probation Officer
<b>AA/NA Meetings</b>	3 Meetings/Week	4 Meetings/Week	5 Meetings/Week
<b>Court</b>	1 Session/2 Weeks	1 Session/2 Weeks	1 Session/2 Weeks
<b>Drug Tests</b>	2/Week + Random	1/Week + Random	1/ 2 Weeks + Random
<b>Fees</b>	\$10.00/Week	\$10.00/Week	\$10.00/Week
<b>Clean Time</b>	30 consecutive days post treatment	90 consecutive days	120 consecutive days
<b>Sponsor</b>	Temporary	Permanent	Permanent
<b>Housing/Job/School</b>	N/A	Work on Goals	Work on Goals

The four team members who commented on the phase system reported that the Court adheres well to the phase system, and the Case Coordinator maintains accurate records pertaining to participants' phase status.

***Conclusions and Recommendations Regarding the Phase System***

The MCSDTTC phase system clearly describes the requirements that participants must fulfill during each program phase, and the criteria for progression from one phase to the next. This is consistent with the AOC guidelines presented in the Best Practices for Model Drug Treatment Courts. Two team members commented on the average length of the program, and suggested that the minimum length of time in the program should be increased to 17 months or two years. Decisions regarding phase movement and graduation are made during Team meetings, on a case-

by-case basis. The Program currently allows participants to remain in the program for up to two years, and graduates completed the program in 15 months, on average. Therefore, the Team can continue to utilize this process to ensure that particular participants, who need extra support, or more intensive treatment, are retained in the program for the full two years. Several team members reported that the phase system is implemented as it is described in the Participant Handbook, and information regarding phase status is recorded accordingly.

### **Sanctions**

The MCSDTC Operations Manual states that, sanctions are used to “provide structure, to teach and to allow for responsibility, goal setting and success in achieving those goals.” The Operations Manual includes a list of principles concerning sanctions and incentives, guidelines for implementing sanctions and incentives, and a Sanctions Grid. This Grid is replicated below in Table 27.

The Team decides on the appropriate sanctions for participants during bi-weekly pre-court Team meetings. They discuss each case, review the participant’s history of noncompliance, and make a decision based on the Sanctions Grid. As stated in court materials, the Team is encouraged to follow the structure provided by the sanction grid, while remaining flexible to individual circumstances. The court’s guidelines also state that discussions regarding sanctions or incentives should be focused on the ensuring the participant’s success in the program. Observations of an MCSDTC team meeting indicated that the Team applied both of these principles in the decision-making process. The Case Coordinator maintains records of the type of sanction given and the type of infraction for each participant, and enters the information into the MIS database.

As observed by IRT Staff members, decisions about sanctions and incentives were made by the team members without the Judge’s input, but the Judge was updated on these decisions prior to the court session, and he remained the final decision-making authority. The Operations Manual specifically states, however, that the “incentive/sanction decision remains with the judge, and should not shift to the case manager in staffings or open court.” When sanctions were given by the Judge during the court session, participants were provided with an opportunity to comment on the sanctions, and to present information that was relevant to the decision. The Judge listened to participant concerns and, in one case, delayed the sanction as requested by the participant. The Judge provided a clear rationale for his decision to delay the sanction. It was noted that in many cases, the imposition of sanctions was not accompanied by an explanation relating the sanction to the noncompliant behavior.

The Operations Manual describes a Supervision Point System, in which the percentage/point system would reflect the participant’s ATTENDANCE at treatment, case management, probation, and AA/NA meetings. This means that if a client attends all required meetings, he/she can score 100% in the point system; however, this client could still be in need of a sanction if, for instance, they had a positive drug test or new charge against them. The points would then be used to determine how the court response to each participant during bi-weekly court sessions. According to an observation of a Team meeting and reports made by team members, the program does not currently utilize this point system. Instead, sanctions are administered in accordance

with the Sanctions Grid. The grid lists prescribed sanctions by the type of offenses, and the incidence of noncompliance. Level I offenses include missed treatment, case management or probation meetings. Level II offenses are curfew violations and missed drug screens. The third level of offenses consists of missed court sessions or false drug screens. For each type of offense, sanctions increase in severity based on whether it is the participant's first, second, third, or fourth noncompliance. The Grid also describes sanctions for the third or fourth noncompliance of tardiness for meetings. The range of sanctions used by the Team includes extra meetings, community service, financial penalties, more intensive treatment services, more restrictive curfews, jail time, and care review for termination. Team members reported that "case review for termination" does not denote that the participant will be terminated after committing the given offense. Rather, the Team uses this opportunity to discuss the use of other sanctions or more intensive treatment options that could help the participant to continue in the program and to avoid termination.

**Table 27. Sanctions Grid for the Mecklenburg County Superior Drug Treatment Court**

- **Level 1 Offense:** Missing treatment, Case management, or Probation meeting
- **Level 2 Offense:** Missed Drug Screen or Curfew Violation
- **Level 3 Offense:** Missed Court Session or False Drug Screen
- Positive Urine tests will be considered on a case-by-case basis. The court may suspend jail time in extraordinary circumstances.
- Any offense in Phase 3 will automatically be considered a third non-compliance, except at the discretion of the court.

**Table 27. Cont.**

<b>Level of Offense</b>	<b>First Noncompliance</b>	<b>Second Noncompliance</b>	<b>Third Noncompliance</b>	<b>Fourth Noncompliance</b>
Tardiness for Case Management Appt.			Extra case management visit & additional 8 hrs c.s.	Jail 24 to 48 hours
Tardiness for Treatment Sessions			Additional 5 hrs. c.s.	
Tardiness for Court	Additional 2 hrs. c.s.	Additional 5 hrs. c.s.	Additional 10 hrs. c.s.	24 hour Jail Incarceration
<b>All Level 1 Offenses</b>	Extra meeting plus 5 additional hours of comm. Service	Extra meetings plus 10 hours of comm. service	24 - 48 hour Jail Incarceration	Case review for termination
<b>Level 2 Offenses</b>				
Missed Drug Screen	Back to "0" Clean time	Jail 24 to 48 hours	Jail 24 to 48 hrs. Case review	Case review for termination
Curfew Violation	More restrictive curfew	24 Hour Jail Incarceration	48 hour Jail Incarceration	Case review for termination
<b>Level 3 Offenses</b>				
Court Session	Issue OFA	Jail 24 to 48 hours	Case review for termination	
False Drug Screen	Jail 24 to 48 hours	Case review for termination		
Positive Urine	Jail 24 to 48 hours	Treatment	Relapse Prevention or additional inpatient treatment	Case review for termination

**\*cs (community service)**

**1.** *Upon Program Completion, each case will be considered on its own merit. Clients may be moved to unsupervised probation, regular probation, or taken off probation altogether.*

Team members reported that the sanctions are administered in a fair manner, with the exception of one team member who said they are "sometimes" fair. According to five team members, the sanctions are delivered consistently across participants and across behaviors. On the other hand, three team members reported that the Team considers individual circumstances when making decisions about sanctions. This can sometimes lead to instances in which two participants may receive different sanctions for the same behavior. One team member attributed some of differences in the application of sanctions to favoritism on the part of the team members. As observed during a team meeting, the Team utilized the Sanctions Grid, but also maintained the flexibility to consider extenuating circumstances when making decisions regarding sanctions.

The Public Defender played a key role during discussions, by reminding team members of the need to apply sanctions in a consistent manner, and ensuring that a clear justification was provided when this was not the case.

Most of the team members gave credence to the effectiveness of sanctions, while two team members reported that sanctions are only effective in some cases. One mentioned that jail is the most effective sanction. All of the team members thought that sanctions are used often enough, and one commented that they are used excessively. Three team members suggested that the Court could improve its use of sanctions by making more utilization of community service. One team member noted that the court could conduct research on ways to use community service in a more therapeutic manner. This individual also expressed a need for additional training on sanctions and incentives for the entire Team.

Views of current participants regarding the usefulness of sanctions were similar to those of the team members. The majority of the current participants agreed that the sanctions used by the court are effective in stopping unwanted behavior. Two participants reported that the sanctions are effective for some people, but not for others. Participants reported that sanctions are fair, but they are not distributed in a consistent manner. Only one participant reported the sanctions were administered consistently across participants and across behaviors. A few participants commented that the delivery of sanctions is more consistent than it was in the past. More than half of the participants suggested that the Team should increase its consideration of individual factors, such as the participant's history, when making decisions about sanctions. Several participants thought that jail should only be used as a sanction for noncompliance with drug testing, and should not be used as a sanction for missed meetings.

Two graduates reported that the sanctions were appropriate and effective. One graduate had never received sanctions, and therefore did not have a comment. Another graduate reported that the sanctions provided motivation to "get back on track and stay on track."

### ***Conclusions and Recommendations Regarding Sanctions***

The MCSDTTC Program has clearly documented procedures and guidelines for determining appropriate sanctions in response to participant noncompliance. The Sanctions Grid describes sanctions by the type of offense, and the number of times that the participant has committed the offense. This system is geared towards ensuring that sanctions are delivered in a consistent manner across participants and across behaviors. Team members reported that the Court imposes sanctions in a consistent manner, while maintaining the flexibility to consider individual circumstances in each case. Many participants reported that the application of sanctions is inconsistent, but they also advocated for greater consideration of individual circumstances when determining sanctions. Observations of the Team meeting indicated that the team appropriately balances these two objectives, with the Public Defender effectively advocating for the participants rights during discussions.

Most of the team members and participants reported that the sanctions are effective in teaching participants to be responsible for their own actions, and providing consequences for noncompliance. However, a few team members and participants thought that sanctions are only effective for some participants. Several suggestions were made for changes in the Court's



current use of sanctions. As suggested by a few team members, the Court could conduct research on ways to use community service more often, and to use it in a more therapeutic manner. This might include finding opportunities in which participants can volunteer within the local community as part of a sanction. The Court should also discuss the feasibility of implementing the point system described in the Operations Manual. Since the Court usually imposes sanctions during bi-weekly court session, a point system would provide participants with a more immediate consequence or punishment for their noncompliant behavior. In addition, one team member recommended that the Team should seek additional training on how to utilize sanctions in the most effective way.

IRT staff members observed the imposition of sanctions during a MCSDTTC court session. In most cases, sanctions such as jail were not accompanied with a message relating the sanction to the noncompliant behavior. It is suggested that the Team, in consultation with the Treatment Provider Liaison, could discuss ways to provide the Judge with a specific message to be relayed to each participant when a sanction is announced. For example, a participant sanctioned to jail for a positive drug screen could be asked to use the time to reflect on the circumstances that led to the use, and to complete a writing assignment related to the relevant trigger(s). This would be consistent with the principle stated in the Operations Manual, which states that, “Incentives and sanctions should not be merely given primarily to make “others feel good” or clients “feel good or bad.” It is important for the Judge to make this connection for the client and the group in the court session, and for other participants to communicate a similar message when necessary.”

### **Incentives**

The MCSDTTC Team uses a variety of incentives to reward positive behaviors and to recognize participants’ accomplishments in achieving program goals. Although both material and non-material incentives are used, the ultimate incentive is viewed as the participant’s recovery from addiction to substances. The Team makes decisions about incentives during bi-weekly Team meetings. The Team bases its decisions on procedures documented in the Operations Manual, such as the Incentives Grid, the list of principles concerning sanctions and incentives, and guidelines for implementing sanctions and incentives.

The Judge awards incentives during court sessions, for behaviors such as completion of a program or treatment phase, timely payment of court fees, maintenance of sobriety for a specified number of days, attendance of additional AA/NA meetings, and program completion. Team members reported that the program does not utilize the point system; therefore, the rewards described in the Incentives Grid for a “perfect score” do not apply. The most common rewards for compliant behavior are applause and praise from the Judge. Other types of rewards utilized by the court are certificates, reduced fees, grab bags, and reduced community service. In addition, participants who are 100% compliant on all requirements are considered part of the A-team. A-team participants are called first during court sessions, and their names are included in a monthly drawing for gift certificates to restaurants or department stores. The Case Coordinator maintains records of the type of reward given and the type of accomplishment for each participant, and enters the information into the MIS database. The Incentives Grid that is used by the Team to determine rewards is replicated below in Table 28.

**Table 28. Incentives Chart for the Mecklenburg County Superior Drug Treatment Court**

Behavior	Praise from Bench	Applause	Certificates/ Letters of Recognition	Reduced Fees	Grab Bag, mementos, flowers, etc.	Reduced C.S.	Byes	Progress through Phases	Graduation
Perfect Score	*	*	*	*	*	*	*		
Complete Tx Phase	*	*	*	*	*			*	
Complete Program Phase	*	*	*	*	*			*	
Additional AA/NA Meetings	*	*				*			
Personal Achievement	*	*							
Clean Time (30/60/90)	*	*						*	
Timely Payment of Fees				*					
Program Completion	*	*	*	*	*	*			*

1. Upon Program Completion, each case will be considered on its own merit. Clients may be moved to unsupervised probation, regular, probation, or taken off probation altogether (if probation applies).

MCSBTC team members reported that the program incentives are administered in a fair manner, and they are delivered consistently across participants and across behaviors. Team members also agreed that incentives are effective in providing motivation and marking participant accomplishments. One team member mentioned that the greatest motivations for participants are avoiding jail-time or termination. The A-team incentive and praise from the Judge were identified by two team members as the most effective rewards. Most of the team members reported that the use of incentives is adequate, while three team members stated that rewards should be used more often. Four team members recommended the increased use of incentives such as BYEs, movie tickets, and coupons for dinner.

Current participants reported that rewards and incentives were helpful, but they were not their main sources of motivation. Participants identified other factors that motivated them to refrain from use of alcohol and other drugs, including accountability, support from team members, enforcement of compliance through sanctions, and the structure provided through fulfillment of program requirements. Two participants mentioned that the A-team and bus passes are the most beneficial incentives. Several current participants seemed to be unaware of the types of rewards available to participants. At least half of the participants thought that rewards should be used more often, and recommended the use of rewards that would allow participants to be excused from court sessions or other requirements. A few participants reported that they would like the opportunity to have their charges dismissed upon successful completion of the program.

However, since this is a Superior DTC program, dismissal of charges only occurs on a case-by-case basis, as determined during the participant's plea slot court hearing.

All three graduates reported that the rewards used by the Team were helpful and motivational. Graduates particularly enjoyed being on the A-Team as well as receiving a certificate and a cake upon graduation. One graduate mentioned that hearing the number of clean days announced in court was also motivational. Another graduate suggested that the Team might consider using more rewards that allow participants to miss a meeting requirement or to engage in activities with their children.

### ***Conclusions and Recommendations Regarding Incentives***

The MCSDTTC Team rewards positive behavior and recognizes participants' accomplishments with the use of incentives. Decisions about incentives are based on the Incentives Grid, and the Operations Manual provides guidelines on the appropriate implementation of these incentives. Both team members and participants reported that these incentives provide participants with motivation to continue working towards their goals, and to fulfill program requirements. Current participants noted, however, that incentives are not their main source of motivation to refrain from the use of substances. Several team members and half of the participants indicated that incentives should be used more often. Team members suggested increased use of BYEs, movie tickets, and dinner coupons. Current and former participants requested more opportunities to earn BYEs and excused absences from other meeting requirements.

When current participants were asked to discuss the incentives during a focus group, some were unaware of the types of incentives available. The MCSDTTC Team could consider adding a copy of the Incentives Grid to the Participant Handbook, in order to better inform participants of the rewards they can expect for achieving certain milestones or making progress in the program. The Team might also consider expanding the Incentives Grid, to incorporate some of the suggestions made by team members and participants. This could also be an opportunity to add incentives not currently listed in the Incentives Grid, such as the A-Team, or to implement the point system. This system would provide participants with a more immediate reward for their compliant behavior, by allowing them to keep track of the number of points they have earned each day.

### **Case Management and Judicial Supervision**

MCSDTTC participants are regularly monitored to ensure that they maintain compliance with program rules and regulations. Supervision is accomplished primarily through drug testing, bi-weekly court status hearings, as well as weekly supervision meetings with the Case Manager, Probation Officer and Treatment Providers.

#### ***Drug Testing***

According to the Participant Handbook, drug testing continues throughout the entire duration of the program. All of the participants, regardless of their program phase, must submit to one urinalysis test per week. The Case Coordinator and the Probation Officer conduct the drug tests

on alternating weeks, during scheduled meeting times at each of their offices. Alcohol use is tested using a Breathalyzer, upon suspicion of use. Random drug tests are also administered, though not in a systematic manner. Team members reported that random tests are conducted periodically, at office visits, based upon suspicion of use. Occasionally, team members also randomly draw three names during a court session, and selected participants are required to immediately submit a drug test. All drug tests are sent to the Probation Department lab for analysis and results are usually received within three days. In addition, the treatment counselors may occasionally conduct drug tests at the treatment agency, at their own discretion.

The majority of the MCSDTTC team members reported that the drug tests and other current monitoring methods are effective. One team member expressed the desire to be able to use SCRAM bracelets for monitoring alcohol use. All current and former participants reported that the drug tests were helpful in motivating them not to use alcohol and drugs.

### ***Case Management***

Team members reported that, upon admission, the Case Coordinator develops an individual case plan developed for each participant. This case plan identifies the participant's needs and includes goals for addressing those needs and working on issues such as housing, education, vocational training, family issues, and any other needs identified. The Case Coordinator and the Probation Officer meet regularly with participants between court sessions to monitor their progress and provide them with support. As stated in the Operations Manual, "their job is to guide, encourage, admonish and problem solve with clients towards completing the specific tasks required by the program." The Case Coordinator also coordinates with other professionals involved with each participant and assists participants in accessing other service systems.

Participants meet with the Case Coordinator once a week if they are in Phase I or Phase II, and once every two weeks if they are in Phase III. The Probation Officer meets with participants once every two weeks. Team members reported that curfew is only utilized at the discretion of the Team. For participants who are on curfew, the Probation Officer makes frequent home visits to monitor compliance. Home visits for all other participants are conducted once every two weeks. The Case Coordinator collects and maintains information regarding participants' progress in each aspect of the program, and enters it into the Management Information System (MIS) for easier data management. This information is then reported to team members in summary format during pre-court team meetings.

Only two of the team members reported that they use the MIS to enter information, or to generate reports on participant progress. One team member mentioned that the court reports are useful to the Team in making decisions about participants. A few changes were suggested for the MIS, including removing the web-based functionality, and making it more user friendly. It was also suggested that agencies affiliated with the program should have the capability to enter relevant data directly into the MIS.

A few team members and two graduates identified case management as one of the most helpful aspects of the program to participants. One team member stated, "The Case Coordinators are very nurturing and they demonstrate a lot of patience with participants." A graduate made the

following comment: “I had gotten sanctions and was tired and I gave up and surrendered and listened to my case manager... [who] really helped me.” Current participants also reported that their Case Coordinators were very helpful. One participant said, “I need someone to push me and he tells me where I’m week at.” Another current participant suggested that participation in the program would be easier if the case management meeting schedule could be more flexible, especially for participants who work during the day.

### ***Judicial Supervision***

MCSDTTC participants are required to appear before the Judge during bi-weekly court sessions. The Judge responds to participant compliance by offering words of praise and encouragement or awarding the participant with other incentives. If a participant has been noncompliant, the Judge enforces the sanctions prescribed by the Team. Three team members reported that these bi-weekly court appearances before the Judge are the most helpful program component to the participants.

All of the current participants agreed that the Judge’s monitoring during bi-weekly court sessions was helpful in motivating them to refrain from the use of substances. They reported that the Judge is fair and caring, and commented that he is “fantastic” and “upbeat.” One participant mentioned that the Judge gives participants a chance to speak on their own behalf. Graduates also reported that the Judge’s monitoring was a motivational factor. One graduate said of the Judge, “I think he was a savior to me...he was really helpful. He would tell me the difference he could see and that he could see the change in me.” In addition, the graduates reported that the frequency of the court sessions was beneficial. One graduate referred to court appearances as a “reality check about how you need to prioritize.”

### ***Description of Court Session***

Trained IRT staff members observed one court session to assess the courtroom atmosphere, the role of the Judge, the quality of the interactions between the Judge and the participants, and the overall manner in which the judicial model of the drug court is executed in the MCSDTTC. IRT staff coded their observations using the Court Observation Form. Both staff members were in complete agreement regarding the following observations.

The MCSDTTC Team was present for the entire duration of the court session. The Public Defender, Case Coordinator, Probation Officer and Assistant District Attorney all sat at the tables facing the Judge, while the Treatment Provider Liaison sat at the empty Jury section. Team members did not communicate with each other during these proceedings, except to discuss an issue relevant to the case under review, or to determine a response to a question posed by the Judge. The participants all sat together in the courtroom. When a participant’s case was called before the Judge, he or she stepped forward and stood directly behind the defense table, facing the Judge. The courtroom was quiet with very little background noise; at no time was the noise distracting or disruptive to the proceedings.

During the court session, the Case Coordinator called each participant to appear before the Judge for a review of his or her performance during the previous two weeks. The cases were presented

in the same order in which the Team discussed them during the pre-court meeting. The Case Coordinator first called the graduating participant and then participants on the A-Team. The other participants were called in order of their admission dates. Time spent reviewing each case ranged from one minute to three minutes, but averaged approximately one and half minutes. Eye contact was generally sustained between the Judge and each participant during case review. Physical interaction between the Judge and participants during the court session was limited to a handshake with the graduating participant. The Judge, team members, or the participants did not use colloquial language. Substance abuse treatment information was discussed only in relation to participant noncompliance with treatment or drug tests. Mental health issues were discussed in one case.

All incentives and sanctions were consistent with the respective grids and with the decisions made during the pre-court meeting. In each case, the Judge prescribed the recommended sanctions, let the participant speak on his or her own behalf, and issued his final decision. The Judge was appropriately harsh with noncompliant participants, enforcing sanctions despite participants' comments or pleas for leniency. The only exception was a case where the Judge delayed a sanction based on the participant's request. The rationale for the Judge's decision was clearly evident. Alternatively, the Judge was encouraging and supportive of participants who were compliant in fulfilling the MCSDTTC requirements. The Case Coordinator presented incentives to participants who had achieved certain accomplishments. Several times, the Judge addressed the courtroom and used examples from participants' case as teaching moments.

At the end of the court session, a few new participants were admitted into the program. The participants were asked about their legal representation, whether they understood the Contract and the court requirements, and whether they entered into the program of their own free will. The Judge explained what was required of them in the program, and encouraged them to listen to the team members and to ask them for help, if needed.

### ***Conclusions and Recommendations Regarding Case Management and Judicial Supervision***

As reported by team members, current participants, and former participants, case management and judicial monitoring are some of most helpful aspects of the MCSDTTC Program. Observations of the court sessions indicated that the Judge uses these hearings as an opportunity to educate participants and their families about the benefits of compliance and completion of the program, as well as to reinforce the consequences for noncompliance. Participants mentioned that their Case Coordinators provided them with support and encouragement, while drug testing and the Judge's monitoring motivated them to refrain from the use of alcohol and other drugs. As suggested by one participant, the Team could evaluate the possibility of allowing participants who work during the day to schedule their case management appointments during the evenings. Since participants have the option of attending treatment sessions in the evening, a more flexible schedule for case management meetings would make it easier for them to maintain employment while fully participating in the program.

Most of the team members expressed satisfaction with the current monitoring methods utilized by the court. One team member suggested that the court could benefit from the use of SCRAM, which facilitates 24 hour monitoring of participants' alcohol usage. The Team could evaluate

their ability to pay for the costs of using SCRAM, and research the experiences of the Mecklenburg County DWI Courts with the use of this technology. Although team members reported that random drug tests are administered periodically, the Court might benefit from the addition of a systematic random drug testing procedure. According to the Drug Court Key Components, drug testing is central to monitoring of DTC participants, and frequent drug tests are essential. An example of a random drug testing system utilized by some other courts is a color-coded system. Participants are assigned a color, and required to call a certain number everyday, to determine which color should come in for drug tests.

Information on each participant's status is recorded by the Case Coordinator, and entered into the North Carolina Adult Drug Court Management Information System (MIS). Although the MIS system was reported to be useful for Team decision-making, a few team members commented on the changes that could be made to make the system more efficient. It was also suggested that the data entry process could be improved if agencies affiliated with the program could enter relevant data directly into the system. The Team should discuss the costs and benefits of requesting the Treatment Provider Liaison to enter treatment information directly into the database as well as asking the Probation Officer to enter information related to drug testing results and other probation-related issues. The Team could also consult with the AOC regarding the specifics of implementing this type of process.

### **Treatment**

The MCSDTTC Participant Handbook informs participants that they will receive treatment services that will educate them about the disease of chemical dependency and how to lead substance free lives. Treatment is one of the methods used by the MCSDTTC to achieve its primary goal of "reducing alcoholism and other drug dependencies among offenders." As stated in the Operations Manual, services vary in intensity depending on the participant's phase and any specific individual needs. Treatment can consist of clinical assessments, intensive outpatient treatment, residential services, detoxification services, relapse prevention, aftercare services, family sessions, and mental health services.

The Southern Addiction Institute and Learning Center (SAIL) in Mecklenburg County is the primary provider of substance abuse services for MCSDTTC participants. SAIL is licensed by the state of North Carolina to provide mental health services, and all the organization's staff members are registered with the North Carolina Professional Certification Board. An official contract exists between SAIL and the NC Administrative Office of the Courts. The contract documents the agreement between both agencies regarding the scope of services, terms, payment for service, reporting and compliance, personnel, and other factors related to service delivery. According to team member reports, all SAIL staff members who provide services to MCSDTTC participants are Certified Qualified Substance Abuse Counselors, with the exception of the Treatment Provider liaison who is currently in the process of obtaining this certification.

As reported by team members, participants typically begin treatment three days after they are admitted to the program. New participants meet with a SAIL treatment counselor, who conducts a comprehensive substance abuse assessment of the participant's treatment needs. The assessment also covers the participant's abuse history, family psychiatric history, and other

psycho-social issues. The counselor then develops a treatment case plan for the participant. This case plan is reviewed every six months and treatment is adjusted in light of developments in the participants' behavior, performance, mental health, attitude, and progress through the program. The SAIL Treatment Team meets twice a month to review each participant's progress in treatment. This team includes the SAIL treatment counselors, supervisors and the Clinical Director, the MCSDTC Case Coordinator, and the MCADTC Probation Officer. The Treatment Team discusses each case, identifies issues that need to be addressed, and makes suggestions for adjustments in the participant's treatment, or appropriate sanctions for noncompliance with treatment. SAIL has assigned a Treatment Provider Liaison, who is a member of the MCSDTC Team. The Treatment Liaison supervises the treatment team, and reviews all treatment and clinical decisions made regarding MCSDTC participants.

Treatment consists of three successive levels – Intensive Outpatient Care (Primary Care), Continuing Care, and Aftercare – which must be completed within two years. Participants have the option of attending treatment either in the morning or the evening, based on their employment or childcare schedules. In addition, each participant is required to attend at least two individual counseling sessions per treatment phase. The frequency of individual sessions can be increased based on a participant's request, or if the treatment counselor identifies the need for additional counseling. Participants may also be referred to more intensive services such as long-term treatment or inpatient residential services at SAIL, in jail, or at another facility. The treatment provider also oversees the collection of court fees, and reports on any failure to pay to the Case Coordinator. As stated in the Operations Manual, 25% of these fees are designated for use by the MCSDTC, at the discretion of the Program Director.

Mental health evaluations are performed by the SAIL psychiatrist, or the Mecklenburg County Area Mental Health Center. Participants who have a history with the Area Mental Health Center prior to admission continue to receive services through this agency. The SAIL psychiatrist refers participants in need of mental health services to the Mental Health Center, but continues to meet with them for medication management purposes. Participants with dual diagnoses in substance abuse and mental health are assigned to the dual diagnosis treatment services for the entire duration of their time in the program. However, team members reported that these services were primarily funded by a grant that expired on June 30<sup>th</sup>, 2005. SAIL will continue to provide the dual diagnosis group for participants, but the lack of adequate funding will reduce the total number of participants that SAIL can serve, as well as the length of the treatment program. In addition, participants who do not have Medicaid will no longer be able to utilize the psychiatric services provided through SAIL. These participants will be referred to the local Mental Health Center.

A brief description of the treatment phase system and the services provided at each level is provided below.

#### **Level I (Intensive Outpatient Services):**

Intensive Outpatient Care consists of three three-hour treatment sessions per week and lasts at least eight weeks. In these treatment sessions, participants distribute their time equally between process groups and educational sessions. SAIL uses a Cognitive Behavioral approach, and has developed a treatment curriculum based on the state guidelines provided by the NC Department



of Health and Human Services. The curriculum for the education sessions covers topics such as stages of use/dependency, relapse prevention, triggers, pharmacology, the 12-steps, building a recovery plan, HIV and addiction, anger management, and communication. 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.

**Level II (Continuing Care):**

In Continuing Care, the second treatment level, participants are required to attend two one-and-a-half hour treatment sessions per week for at least 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. Participants are required to attend the family sessions with their families, significant others, and children over 10 years old. The three-hour long family sessions consist of education and group process times, and are held every Saturday morning, as well as the first Tuesday of each month. They cover topics such as breaking the cycle, defense mechanisms, effective communication, family roles, stages of addiction, and parenting. By meeting the Level II requirements and testing clean for a minimum of 60 days, participants can advance to the third and final treatment level.

**Level III (Aftercare):**

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. This phase lasts for at least 32 weeks. 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. Participants can continue to attend the aftercare group for one year after they complete 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 is 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 for 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.

SAIL operates specialty groups that address differences related to co-occurring disorders, gender and ethnicity. Team members reported that the services provided by SAIL adequately address issues of race/culture, gender, age and drug of choice. According to one team member, the court is very sensitive to these issues. This team member commented that the Case Coordinators are trained to recognize these issues and have the flexibility to move participants to different treatment providers or services if their needs are not being addressed. Another team member mentioned that the staff members at SAIL are culturally competent and proficient in addressing issues related to the three primary drugs used by MCSDTTC participants. One team member reported that the program is less effective for treating younger participants, between the ages of 18 to 25. This issue was also raised in the 2003-2004 SCOT Analysis. Court administrators addressed the challenge by ensuring that SAIL Cognitive Behavioral Therapy and utilizing topic-specific groups, such as anger-management classes, for younger participants. While team members expressed satisfaction with the substance abuse treatment services, two team members identified the need for additional mental health treatment services.

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

All of the current participants reported that the treatment services and the AA/NA support groups were helpful and informative. Participants commented that they learned about addiction and its effect on their physical and mental well-being. A few participants mentioned that treatment helped them to become more aware of triggers and to avoid risky situations. Others reported that treatment enabled them to gain self-esteem, become more responsible, and focus on their priorities. Several participants reported that the AA/NA groups were helpful and insightful, particularly because they introduced participants to other people who were going through the recovery process. One participant thought that the number of AA/NA meetings required for higher phases was too high. A few participants reported that the family group is helpful, but the length of the group is too long.

Graduates also reported that the treatment services they received were helpful. They mentioned that they received services such as individual counseling, group therapy, anger management classes and AA/NA support groups. According to two of the graduates, the treatment counselors honest, encouraging, helpful and informative. Two graduates reported that the group therapy and educational sessions provided an opportunity to receive valuable feedback from other DTC participants, and to learn more about addiction. Another graduate named the family component as the most helpful program component. The graduate mentioned that it allowed family

members to gain knowledge about addiction and improved relationships between participants and their family members.

### **Ancillary Services Available to and Utilized by Team Members**

In addition to the substance abuse and mental health services provided through SAIL, MCSDTTC participants may also receive a variety of ancillary services available in the local community. The Case Coordinator makes referrals to the appropriate agencies, in consultation with the SAIL Treatment Team and other team members. Participants may receive referrals for services such as inpatient treatment, housing, education, vocational training, domestic violence, medical, and other support services. As reported by at least one team member, the MCSDTTC Program does not utilize TASC (Treatment Accountability for Safer Communities) for access to any services provided to participants.

MCSDTTC participants who repeatedly fail drug tests, or are determined to need more intensive treatment services, are referred to several agencies that provide residential inpatient treatment services. These include the 28-day program at the McLeod Center, the 28-day Hope Valley program, the six-month Hope Haven program, and the nine-month program at Alpha Acres. The program also utilizes the nine-month program offered by Salvation Army, only for male participants. In addition, the Drug/Alcohol Recovery Treatment (DART), which is operated by the Department of Corrections, administers a 28-day short-term residential program and a 90-day long-term residential program for male participants. One team member mentioned that there are often a limited number of beds available through the inpatient programs. Participants can also be sanctioned to participate in the 28-day inpatient treatment program at the Mecklenburg County Jail. Once participants complete any of these inpatient programs, they return to the Court program and continue fulfilling requirements at their previous Phase level. Their treatment phase, however, is determined by the Treatment Team based on their progress in the recovery process. At least one team member reported the need for more intensive treatment options for participants.

Educational services are offered to participants through Central Piedmont Community College (CPCC), Goodwill Industries, and One Step Up. Participants with children under the age of six receive access to Smart Start, a statewide initiative designed to prepare children for entry into school. Vocational training and employment services are offered through the Charlotte Joblink Career Center, the Energy Committed to Offenders (ECO) program, Peter's Place, Employment Security Commission, Vocational Rehabilitation, and the Urban League. Four MCSDTTC team members identified the need for additional employment assistance services for participants, while two team members reported the need for more vocational training and educational services.

The MCSDTTC Case Coordinator also assists participants with finding affordable housing that enables them to recover from their addiction within a safe, drug-free environment. Participants who need housing services are referred to local housing communities such as Freedom House, Oxford House, Hope Haven, Faith Homes, and the Men's Homeless Shelter. Four team members indicated that there is a need for additional housing options for participants, especially half-way houses and housing for families. Several other service needs were reported by at least

one team member, including financial assistance for participants, family support groups, and transportation.

Three team members reported that participants have easy access to other service systems. One team member mentioned that the Case Coordinator is very aware of the resources available in the community and helps participants to access these services. A few team members reported that participants sometimes face barriers in accessing services. They identified barriers such as transportation, lack of funding for treatment services, lack of discipline to follow through on referrals, and criminal records which make it difficult to access housing.

A few current participants identified transportation as a challenge, but mentioned that the bus passes they received were very helpful. Several participants commented on difficulties in obtaining employment or fulfilling DTC requirements while maintaining their current employment. Some participants suggested that MCSDTTC Team should include a psychiatrist who can provide mental health services, and professionals who can assist them in finding employment and housing.

### ***Conclusions and Recommendations Regarding Treatment and Ancillary Services***

The majority of treatment services offered to MCSDTTC participants are provided by the Southern Addiction Institute and Learning Center (SAIL). Based on team member reports and a review of relevant materials, SAIL appears to be providing services in accordance with the contractual agreement that exists between the agency and the AOC. MCSDTTC participants receive a range of services depending on their respective treatment phase. These services include individual counseling, intensive outpatient services, continuing care services, aftercare services, and family sessions. SAIL also offers a program for participants with dual diagnoses, a women's group, a group for Latino participants, a relapse prevention group, an anger management group, and a group for individuals suffering from physical or sexual abuse. One team member expressed concern regarding the effectiveness of the MCSDTTC program for younger participants. Although this issue was addressed in response to the challenges cited in the 2003-2004 SCOT analysis, the Team might consider conducting an outcome study to determine the effectiveness of the program for different age groups.

Current and former participants reported that the treatment services were informative and helpful in providing them with the skills and tools necessary to become sober and maintain recovery. The variety of services provided by SAIL allows the MCSDTTC program to provide more personalized treatment for participants. The Treatment Team meets twice a month with the MCSDTTC Case Coordinator, and Probation Officer to review each participant's progress in treatment, to identify unmet needs, and to make recommendations for addressing these needs.

In consultation with the Treatment Team and other MCSDTTC team members, the Case Coordinator also refers participants to ancillary services available throughout the community. Through these services, participants have the opportunity to focus on issues that support their recovery. Participants can also gain life skills that allow them to improve their "*overall health, familial, and social functioning...*," which is one of the goals of the program. MIS data regarding referrals to ancillary services appeared to be incomplete, and therefore were not analyzed for this evaluation. It is recommended that the Court track all referrals and record them

in the MIS system, in order to provide an accurate depiction of the rates of referrals, and types of community services utilized by participants.

Team members and participants identified the need for additional assistance with accessing housing and employment services. The MCSDTC Team could continue to seek additional resources throughout the community, and to advertise the Court's needs with local organizations and agencies. As suggested by participants, they could also consider consulting with experts on housing and employment services, or requiring them to become a part of the MCSDTC Team. A safe, drug-free living environment is conducive to participants' recovery, while stable employment allows participants to become self-sufficient, to support their families, and to pay their court fees. A few team members expressed the need for more intensive treatment options for participants, and mental health treatment services. It was also reported that the lack of additional funding for dual diagnosis treatment services would decrease the number of MCSDTC participants who can receive services through SAIL, and reduce the length of treatment services provided to by this agency. In light of recent funding constraints, the Court should continue working with the Local Management Entity, to ensure that they are fully utilizing the treatment services available for MCSDTC participants. In addition, an AOC informant suggested that the Court should continue working with TASC, which controls access to publicly funded treatment services for adult offenders.

### **Termination**

According to the Operations Manual, termination from the MCSDTC Program is viewed as "the final "system" sanction or a client's choice concerning his or her recovery." As stated in the Operations Manual, the reasons for termination from the program are as follows:

- *Voluntary withdrawal (allow for two-day "cooling off" period).*
- *A thirty (30) day period for an outstanding Order for Arrest.*
- *Three (3) consecutive No Performance reports.*
- *Information (such as a lab report of "no drugs found") requiring case disposition.*
- *Two (2) false urine test samples.*
- *Issuance of two or more Orders for Arrest within each phase (discretionary prosecution or dismissal would occur here on a case-by-case basis).*

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

- *Any combination of four (4) Poor Performance or No Performance reports.*
- *New misdemeanor charges.*
- *New felony charges.*
- *Failure to complete a Program Phase in sufficient time.*
- *A thirty (30) day or more absence due to an Order for Arrest.*
- *A medical or other disability that interferes with success in the Program (discretionary prosecution or dismissal would occur here on a case-by-case basis).*

Team members reported that "no performance reports" and "poor performance reports," which can lead to termination, refer to participants' progress in fulfilling program requirements. Noncompliance in fulfilling a few requirements during a one-week period is viewed as a "poor

performance report,” while noncompliance in fulfilling all requirements during a one-week period is viewed as a “no performance report.” If a participant meets any of the stated termination criteria, the Case Coordinator recommends termination as a response to the participant’s actions during the following pre-court staffing meeting. The Team is provided with an opportunity to discuss the case, before making a final decision regarding program termination. Upon termination, participant cases are referred back to probation and rescheduled for revocation or modification proceedings.

Most of the team members reported that the MCSDTC termination policy is appropriate and fair. Two team members mentioned that the policy allows ample opportunity for participants to succeed in the program before termination is used as a last resort. Alternatively, one team member reported that the policy should be made more flexible, since the ultimate goal of the program is rehabilitation. The team member noted that some level of failure should be expected and incorporated in the termination policy.

Team members disagreed about the option of program re-entry for terminated participants. Although the Court’s eligibility criteria do not specifically exclude former participants from program re-entry, team members reported that the Court does not typically accept such candidates. Three team members reported that participants who fail the MCSDTC Program should not be provided with the opportunity to try it for a second time. An equal number of team members suggested that program re-entry should be determined by the MCSDTC Team, on a case-by-case basis.

### ***Conclusions and Recommendations Regarding Termination***

The MCSDTC termination policy states the criteria that result in automatic termination from the program, as well as other criteria that could lead to program termination based on the Team’s discretion. Most of the team members were satisfied with this policy, and two team members mentioned that it provides participants with several chances to reform their behavior before termination is used as a last resort. However, one team member reported that the policy should be more flexible; allowing participants more chances to learn from their mistakes before termination. This team member suggested that the Team should re-evaluate the policy in order to ensure that it adequately promotes the program goals related to rehabilitation. The Team identified the need for flexibility in the termination policy in the 2003-2004 SCOT Analysis. Team members discussed the issue and decided that the existing policy was sufficient, but they would continue to review it periodically.

Reasons for program termination are documented in the Participant Handbook, to inform participants of the policy before they begin the program. It was noted that two of the criteria that may result in program termination, new felony or misdemeanor charges, were listed in the Operations Manual but not in the Participant Handbook. It is recommended that the Team update the Participant Handbook with these additional reasons that may result in program termination. Although team members reported that there is an objective method used to determine “no performance” or “poor performance,” this method is not stated in Court materials. The Team might consider adding the criteria used to measure participant performance to the termination policy documented in the Operations Manual.

There was some disagreement among team members regarding whether or not terminated participants should be able to try the program again. Since there is no specific reference to program re-entry in the Operations Manual, the Team should discuss this issue and update the program's eligibility criteria to reflect their decision.

Due to the lack of accurate contact information, none of the terminated participants could be reached for an interview for this evaluation. It is recommended that the team develop a more systematic procedure for maintaining up-to-date contact information for these participants. This information could be obtained through the Probation Officer by maintaining more updated information on re-arrest data regarding these participants. Such information would be useful in future evaluation activities, including process and outcome evaluations.

### **Program Completion**

The MCSDTTC Participant Handbook lists the following as criteria for graduation:

- Participant must successfully complete all phases of the program; and
- Participant must have a minimum of 120 days clean prior to graduation; and
- Participant must have completed all community service hours; and
- Participant should have paid all program cost; and
- Participant must complete exit interview.

According to the Operations Manual, completion of the MCSDTTC Program is seen as a "system" reward for successful completion of requirements. The Operations Manual also states that participants may receive other rewards upon graduation, such as dismissal or other favorable resolution of the participant's charges. However, since this is a Superior DTC program, dismissal of charges is only applicable on a case-by-case basis. In most cases, program completion results in avoidance or reduction of jail time and reduction of supervised probation time. Although program completion is a great accomplishment, the court views recovery as the ultimate reward. Team members were satisfied with the MCSDTTC graduation policy, and they reported that it is implemented in a fair and consistent manner.

IRT staff members observed a graduation ceremony that was held for a MCSDTTC participant. The Team discussed the participant's case during the pre-court staffing meeting and approved the participant for graduation. At the end of the court session, the Case Coordinator called the candidate to appear before the Judge, and announced that the candidate had completed the program requirements and fulfilled the graduation criteria. The Case Coordinator gave a short speech describing the candidate's history in the program, and ended by congratulating the graduate with words of praise and encouragement. The graduate was also congratulated by the Judge and the Treatment Liaison, and awarded with Certificates of Completion. The graduate thanked the Team for their support, and advised other program participants to work hard towards achieving their goals. All participants, team members, and family members were invited to join the graduate for cake and a time of celebration after the court session.

Graduates are expected to continue attending AA/NA meetings, and to participate in the Mecklenburg County Drug Treatment Court Alumni Program. This program is provided for all

graduates of the Mecklenburg County Adult DTC Programs, and is administered by the Mecklenburg County DTC Operations Coordinator. The Alumni Program was temporarily suspended in April 2005, due to funding constraints. However, it was reported that the program will likely start again in September 2005. In the meantime, a core group of 12 graduates has been making phone calls to former graduates and updating their contact information. The Program's administrators are also researching other alumni programs, to find ways of improving the structure and effectiveness of the Mecklenburg County DTC Alumni Program. Prior to April 2005, the Alumni group met regularly on the third Saturday of every month. During these sessions, graduates had the opportunity to report on their progress and accomplishments, discuss challenges they were facing, and receive support from other graduates. All graduates were also invited to participate in an annual Alumni Picnic event. In addition, some graduates volunteered to act as mentors to other DTC participants, or to make presentations during the aftercare group treatment sessions provided at SAIL for Phase III participants. They also assisted in fundraising activities for the DTC programs, and contacted legislators to petition for additional funding for the programs. At least one team member commented on the importance of ensuring that former participants continue to receive services after graduation.

In addition to the Alumni program operated by Mecklenburg County DTC's, graduates also have an option of attending an Alumni program administered by the treatment provider. Graduates can attend a weekly Alumni group at SAIL that meets for an hour and a half. This group is provided for all SAIL participants, including those who are not involved in any DTC program. It is mainly a process group, in which the group leader provides support to graduates. In accordance with the Contract that exists between SAIL and the AOC, graduates can also opt to continue attending weekly aftercare group sessions that last for an hour and a half, for one year after they complete the MCS DTC program.

### ***Conclusions and Recommendations Regarding Program Completion***

MCS DTC team members reported that the graduation policy is fair and it is implemented as stated in the court documents. The Team adequately commemorates program completion with certificates, cake, words of encouragement, and recognition from the Judge and other team members. The procedures in place to celebrate this occasion reinforce positive norms, mark the graduate's accomplishments, and involve family members and other individuals who are part of the graduate's support network.

According to the Operations Manual, graduating participants are required to have 120 consecutive days of clean time while in Phase III. This criterion is consistent with the Court's goals of helping participants to achieve and maintain sobriety. The Court could consider adding graduation criteria related to the Court's goals of improving "legal employment among AOD dependent offenders," and improving "overall health, familial, and social functioning of AOD dependent offenders." For example, the criteria could require that participants make an attempt to achieve the goals stated in their case plans related to employment, housing, or education. The Team could also update the graduation criteria in the Participant Handbook by adding the criterion stated in the Operations Manual regarding obtaining a permanent sponsor. In addition, the Court should add the graduation criteria to the "Graduation" section in the Operations Manual.



In the past, graduates of the MCSDDTC program have had the opportunity to participate in the Mecklenburg County DTC Alumni Program. Although the program is temporarily suspended, its administrators estimated that it would be reinstated in September, 2005. This type of program is a necessary component of drug court programs, which provides former participants with a continual source of support after they complete the program. One team member mentioned the need for continued access to services for program graduates. SAIL, the MCSDDTC treatment provider, provides graduates with the option to continue attending the aftercare treatment group, or to attend a weekly Alumni group. One team member mentioned the importance of ensuring that former participants continue to receive services after graduation. An additional objective of the Mecklenburg County DTC Alumni Program could be to identify service needs that graduates might have, beyond those provided by SAIL, and refer them to the appropriate services.

### **Global Impressions about the Drug Treatment Court Reported by Drug Court Team**

The MCSDDTC program is characterized by many strengths, which contribute to its effective functioning. When team members were asked to describe factors that were most helpful in terms of enabling them to complete their own duties and responsibilities, they reported the following: Team meetings, open communication with the Case Coordinator, MIS court reports, frequency of court sessions, amount of contact with participants, and the support of the Team during the decision making process. Team members also commented on the aspects of the program that were most helpful to the participants. Five team members named treatment services as one of the most helpful program components, while three team members identified the bi-weekly court sessions. Two team members reported that participants particularly benefited from the role of the Case Coordinator in providing them with support, and connecting them to essential treatment and ancillary services. At least one team member mentioned the importance of drug testing, and the Court's partnership with the Central Piedmont Community College (CPC) for the provision of educational services to participants.

Team members were also asked to designate the key components of the MCSDDTC program that would be crucial for another site to implement if they wanted to replicate the Court with the same level of success. Program elements that were mentioned by a few team members were bi-weekly court dates, adequate treatment services, coordination and open communication between all agencies, education services, a Judge who is trained in substance abuse services, and having an experienced Case Coordinator. Other components reported by one team member were the sanctions and incentives, ancillary services, case plans, drug testing, the Team, and discussion of each case during Team meetings.

According to MCSDDTC team members, the local community has been very supportive of the program. A few team members commented on the support received from the local media, the community college, and area companies that hire program participants. Team members also mentioned support from Mothers Against Drunk Driving (MADD), local politicians, AA/NA programs, the Metrolina AIDS Project, the Local Management Entity (LME) in Mecklenburg County, and other local organizations that provide ancillary services utilized by participants. One team member reported that the Mecklenburg County courthouse employs a Public Relations professional, who has worked diligently to create public awareness of the DTC programs.

Another team member indicated that there is still a need for a concerted effort to educate the public about the cost-effectiveness of DTC programs and their effects on recidivism.

A variety of positive changes in the lives of participants were reported by team members, and attributed to their participation in the MCSDTTC program. Five team members stated that participants re-established family relationships and gained employment. Two team members mentioned that they became more responsible and improved physical appearance. Changes reported by one team member included the following: become more conscious decision makers, became more independent, improved health, developed new friends in recovery, became productive members of society, improved their attitudes, started smiling, and stayed clean.

There was little agreement among team members regarding the characteristics that differentiate participants who succeeded in the program, from those did not change or were terminated unsuccessfully. A few team members reported that successful participants were more willing to listen to team members, and to take their suggestions. At least one team member mentioned that participants who succeeded in the program were more likely to exhibit the following characteristics: positive relationships with family members, humble, tired of using, and committed to participation in the program. On the other hand, team members identified several factors that made it more difficult for participants to succeed in the program. These factors included having undetected or untreated mental health problems, having Adult Deficit Disorder, being a prescription drug user, lack of commitment to the program, and participants whose only motivation to be in the program is avoidance of a jail sentence. One team member reported that the program is less effective for treating younger participants, between the ages of 18 to 25.

Since the inception of the MCSDTTC, the program has been primarily financed through state funds. All of the team members identified sustainable funding as the main barrier that they face in implementing the program. In addition to the funds used for operational expenses and personnel salaries, team members mentioned that the program needs additional funds to pay for treatment services, and structured housing for participants. Court administrators reported that they continue to seek diverse funding sources to sustain the Court. It was also reported that many local Judges, District Attorney's, treatment providers, and MCSDTTC team members, have been active in contacting state legislators to lobby for funding.

Other barriers mentioned by team members were related to treatment services. One team member reported that some local treatment agencies are hesitant to give DTC participants a second chance to receive services. Another team member commented on recent changes in the service definitions for mental health treatment, and the impact on participants' access to treatment services. The Court must continue to target participants who fall within the new service definitions issued by the Department of Health and Human Services, in order to utilize public resource funds for treatment.

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

#### **Consumer Satisfaction**

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

Participants were unevenly distributed by gender; eight males and two females. Seven of participants reported their race as African American or Black, while the others were Caucasian or White. When asked to indicate their living situation, four-fifths said they were living independently, and one fifth said they were residing in community housing. The majority of participants were single, one participant was married, and one was divorced.

The participants' level of education was measured by the highest grade completed in school, and the attainment of a GED. Three participants had a GED, and three participants had completed some college education. The others had completed some elementary or high school education, but had not received a diploma. The majority of participants were employed on a full-time basis. One participant had a part-time job, and only one participant was unemployed.

Participants were asked whether they felt their rights were protected while in the MCSDTTC Program. The rating scale ranged from 1 (Not At All protected) to 4 (Completely Protected). The mean rating was a 3.0 which means that, on average, participants thought their rights were "very protected."

Participants responded to questions about their age, length of time in court, and primary drug of choice. Their ages ranged from 26 to 73 years old, and the average age was 36 years. Four-fifths of the participants reported that they had been in the MCSDTTC Program for six months or less. Two participants had been in the program for a longer length of time, one for ten months and one for twelve months. The primary drugs of choice used by participants were identified as follows: four participants used marijuana, two used crack, two used cocaine, one used heroin, and one used opiates.

The Consumer Satisfaction Survey also included questions about past treatment and criminal histories. Three-fifths of the participants reported that they had received substance abuse treatment prior to program enrollment, and four-fifths stated that they had previously been to court for another crime before entering the MCSDTTC Program. When asked to indicate their past criminal charges, four participants selected "illegal selling/distribution of substances" three participants selected "possession," and one selected "theft." Another participant selected "other," and wrote-in the following response: "obtaining controlled substance by forgery/fraud."

The participants were asked to rate their level of their satisfaction with various aspects of the program. These variables included: frequency of court appearances, interactions with the Judge, interactions with the drug court team, cooperation of agencies with each other in providing services, substance abuse treatment services, mental health treatment services, vocational treatment services, other services that they received, sanctions, incentives, drug testing, community service activities, positive activities/hobbies, and the drug court program overall. The number of respondents rating each component varied, ranging from one to ten participants. Satisfaction with each of these components was rated on a scale from 1 to 4 (1=very unsatisfied,

2=unsatisfied, 3=satisfied, 4=very satisfied). On average, participants were “satisfied” with all but one of the program components, with means ratings of 3.0 or above. Based on the mean values, participants were least satisfied with the sanctions they received (mean of 2.3), and their mental health services (mean of 3.0). However, only one participant rated satisfaction with mental health services. Participants were most satisfied, on average, with their substance abuse treatment services (mean of 3.9), the Drug Court Program overall (mean of 3.8), the community service activities (mean of 3.7), and their interactions with the Judge (mean of 3.7).

Participants were also asked to rate how easy or difficult it was to complete eighteen program requirements including: making it to court appearances, attending mental health treatment services, cooperating with mental health treatment program, taking psychiatric medication regularly, attending substance abuse treatment services, cooperating with substance abuse treatment services, and attending other services arranged by the court. Other requirements included: going to the location of the drug testing, cooperating with drug testing, attending meetings with the probation officer, attending meetings with the Case Coordinator, attending AA/NA meetings, paying court fees, paying fines, staying away from other adults with drug problems or criminal histories, staying clean and sober, and staying crime free. The number of respondents rating each component varied, ranging from one to ten participants. Participants ranked the ease of fulfilling each component on a scale from 1 to 5 (1=very difficult, 2=difficult, 3=somewhat hard, 4=easy, 5=very easy). On average, participants reported that half of these requirements were easy to complete (mean of 4.0 or above), while the other requirements were reported as being somewhat difficult to easy (means between 3.0 and 4.0). Mean scores indicated that the most difficult requirements, on average, were paying fines (mean of 3.1) and paying court fees (mean of 3.2). On average, the easiest requirements to complete were attending other services (mean of 4.1), cooperating with substance abuse treatment (mean of 4.1), participating in AA/NA meetings (mean of 4.1), and cooperating with drug testing (means of 4.1).

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

### ***Summary of Findings from Focus Groups and Interviews with Participants***

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

At least half of the current participants identified the most helpful aspects of the program as the treatment services and structure provided by the program. Two graduates reported that the relationship they formed with their Case Coordinator was the most helpful aspect of the program. One graduate commented, “I had gotten sanctions and was tired and I gave up and surrendered and listened to my case manager... [who] really helped me.” All of the graduates also reported that treatment services were helpful, specifically the family component, services at SAIL, and outpatient services at McCloud. Two current participants reported the time it took to fulfill all of

the requirements kept them busy and “focused on the right thing.” One graduate mentioned that the entire MCSDTC Team was very helpful, and another reported that the housing services through Hope Valley were helpful.

Participants mentioned several barriers that limited their full participation in the program. Three current participants reported that transportation is often a challenge, because their driver’s licenses had been suspended, but they mentioned that the bus passes they received were very helpful. A few current participants mentioned that some of their friends made it difficult for them to stay clean and sober. The participants reported that they were able to avoid these negative influences and to continue in their recovery process. One current participant suggested that participation in the program would be easier if the case management meeting schedule could be more flexible, especially for participants who work during the day. Both current and former participants commented on difficulties related to employment. One graduate reported that it was difficult to maintain employment while fulfilling the DTC requirements. Two current participants and one graduate mentioned that the drug court schedule made it difficult for them to find employment.

Current and former participants were asked to identify the least helpful aspects of the MCSDTC program. Most of the current participants reported that all aspects of the program were helpful. However, two participants reported that the drug court schedule, while helpful in providing structure, limits their options for finding employment. Graduates reported that the entire program was helpful, and there were no particular aspects that were difficult to comply with. Two graduates attributed this to the fact that they had fully committed themselves to participating in the program.

According to current participants, the greatest motivators to refrain from use of alcohol and other drugs were accountability, support from team members, enforcement of compliance through sanctions, and the structure provided through fulfillment of program requirements. Graduates were asked to describe factors that were helpful to them in staying clean and sober. They mentioned the following: God, the lack of a desire to use, being able to talk to their counselor or family members, being aware of the impact that using would have on their lives, attending AA/NA groups, and attending treatment group meetings.

Most participants reported that they interacted with other participants outside of the drug court program at AA/NA meetings and in shared activities such as attending conventions or going bowling. According to two graduates, their interactions with other participants were limited to court-sanctioned activities, treatment groups, and AA/NA meeting attendance. Participants reported that these interactions had a positive impact by allowing them to build supportive relationships with other people who were going through the recovery process.

Participation in the MCSDTC program has led to many positive changes in the lives of current and former participants. All current participants agreed that the MCSDTC program helped them to either reduce or stop using alcohol and other drugs. In addition, participants reported that the program helped them to avoid criminal behavior, and to improve their relationships with their spouses, children and other family members. Current participants also agreed that the program helped them to improve their finances or to become more employable. Other changes reported

by one participant included becoming more assertive, and owning a home. Graduates identified changes such as improved self-esteem; improved finances; ability to further their education; increased self-confidence; becoming more assertive; improved relationships with family members; and achieving sobriety. One graduate also said, "...everything about my life has improved."

While the results of the program seem to be overwhelmingly positive, some participants had suggestions for improvements or changes in the program. Several participants suggested that the MCSDTTC Team should also include a psychiatrist, a housing expert, and an expert on vocational or employment services. A few participants thought that the community service requirement was unnecessary. Two participants suggested that case management meetings should be held less frequently, for example twice a month rather than on a weekly basis. One participant further recommended that case management and probation officer meetings should be scheduled one after the other, so that participants do not need to make two trips. Although the suggestions regarding recruiting experts to consult with the Team are feasible, the implementation of the some recommendations would be contrary to the goals of the Court. Frequent case management and probation officer meetings are scheduled to effectively monitor each participant's progress in the program.

In summary, the global impressions of current and former participants were very positive and appreciative. When asked to describe their overall impressions and feelings about the program, all of the current participants agreed that it was a helpful program that had a significant impact on their lives. Two thirds of the participants reported that the program had helped them to become more responsible. Participants made comments such as: "It has really saved my life," "It helps us to stay clean," and "It is a good program...an opportunity to make a turnaround if you use it." One participant stated, "I hadn't had a job in 11 years and I got one today," while another said, "It's a good program. It helps with social skills and dealing with traps." Current participants were asked what they would say if they had one minute to speak to the director of the program. All of the participants agreed that they would thank the director for the program and made comments such as "Thanks for all your help" and "You need to keep doing it so that others can benefit." Graduates made comments such as, "It was real healthy...It helped me very much," "It encouraged me to stay clean. It gave me a lot of strength," or "It saved my life." One graduated stated, "Treatment court saved my life. I think they should have that everywhere. The way I was heading I was either going to be dead or in prison for the rest of my life."

## Evaluation of Key Components

Aspects of each court were also evaluated against the ten key components of drug courts, as defined in the federal document, *Defining Drug Courts: The Key Components*, taken from [http://www.samhsa.gov/grants/2005/nofa/ti05005svc\\_drugcourts.pdf](http://www.samhsa.gov/grants/2005/nofa/ti05005svc_drugcourts.pdf) or the 2005 Notice of Funding Availability (NOFA), DEPARTMENT OF HEALTH AND HUMAN SERVICES, Substance Abuse and Mental Health Services Administration (SAMHSA)

### Key Component #1

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

The MCSDTTC is consistently in compliance with Component 1. The Team includes representation from the criminal justice system, and a Treatment Provider Liaison. The Treatment Team meets twice a month to review each participant's progress in treatment and to make recommendations for addressing unmet needs. This information is then brought to the Core Team by the Case Coordinator and the Treatment Provider Liaison, during pre-court staffing meetings. This ensures that information on treatment progress is communicated within a timely manner, and is discussed during every team meeting.

### Key Component #2

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

The MCSDTTC consistently promotes public safety and works to protect the rights of the participants. The role of the Public Defender includes advising participants of their rights before they enter the program, and reviewing the Contract with them before they sign it. As observed during Team meetings, the Public Defender advocates for the best interests of participants during decision-making and ensures that sanctions and incentives are imposed in a consistent manner across all participants. The Assistant District Attorney protects the rights of any victims, and the community at large, by ensuring that participants are held legally accountable for their actions through the imposition of sanctions and rewards. The Judge also protects public safety by enforcing the Team's decisions and ensuring that participants are held accountable for their behavior.

### Key Component #3

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

The court implements a screening and admission process that is geared towards facilitating quick identification and admission of eligible candidates. According to MIS data analysis, the average length of time between referral and admission for current and former MCSDTTC participants was 49 days. In the 2003-2004 SCOT Analysis, the Team identified the lapse of time between referral and enrollment as a challenge facing the Court. Results of analyses conducted using data on current participant only, confirmed that the Court was able to reduce the length of time from referral to admission to one month.

#### **Key Component #4**

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

MCSDTTC participants are provided with a variety of treatment services, including clinical assessments, intensive outpatient treatment, residential services, detoxification services, relapse prevention, aftercare services, family sessions, 12-step groups, and mental health services. In addition, the Case Coordinator refer participants to ancillary services such as housing, domestic violence, transportation, educational training, and employment services. Current and former participants found the treatment services to be helpful and informative. Nine out of ten current participants who completed the Consumer Satisfaction Survey reported that they were “very satisfied” with the substance abuse treatment services. At least half of the team members identified the treatment services as the most helpful aspect of the program to the participants. Team members and participants identified the need for additional intensive treatment, mental health, housing, and employment services. The court is encouraged to continue seeking additional treatment options and ancillary services for participants.

#### **Key Component #5**

##### ***Abstinence is monitored by frequent alcohol and other drug testing:***

Drug testing is an integral and required part of the MCSDTTC Program. Every MCSDTTC participant must submit to at least one drug test per week, during regularly scheduled meetings with the Case Coordinator or the Probation Officer. Random drug tests are also conducted at the discretion of team members, or during court sessions. Both current and former participants found drug testing to be a helpful deterrent to drug use. The Court could consider implementing a systematic random drug testing procedure.

#### **Key Component #6**

##### ***A coordinated strategy governs drug court responses to participants’ compliance:***

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

#### **Key Component #7**

##### ***Ongoing judicial interaction with each drug court participant is essential:***

Interaction between the Judge and participants is an important part of the MCSDTTC Program. The Judge speaks directly with each participant at the bi-weekly court sessions, and provides participants with an opportunity to respond to the Team’s recommendations for sanctions and incentives. Team members and participants both found the participants’ interactions with the Judge to be an important aspect of the program. Participants described the Judge as caring and



fair. Consumer Satisfaction ratings indicated that, on average, current participants were satisfied with their interactions with the Judge.

#### **Key Component #8**

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

The MCSDTC has conducted Strategic Planning sessions, and Strengths, Concerns, Opportunities and Threats (SCOT) self-analyses in which the Team identified the program's strengths and weaknesses, and recommend actions that can be taken to strengthen the program.

#### **Key Component #9**

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

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

#### **Key Component #10**

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

The MCSDTC has forged relationships with some community agencies, most notably the Addiction Institute and Learning Center (SAIL) in Mecklenburg County, which is the main treatment provider. Participants are also referred to a variety of ancillary services provided by community-based agencies. All of the team members reported that the local community has been supportive of the MCSDTC program. The Court is administered by a Local Management Committee, which includes representation from many public agencies and community-based organizations in Mecklenburg. A unique aspect of Mecklenburg County DTC's is that they also have an Operations Committee that oversees the day-to-day operations of the courts. Team members identified the need for consultation with additional professionals who are not currently included on the MCSDTC Team, such as a representative from the Police Department and the local jail inpatient treatment program. Team members also reported the need for an additional Case Coordinator, and a new Community Liaison position. Court administrators could discuss these needs with the Operations Committee, and evaluate the Court's ability to add the suggested positions, or seek professionals from related disciplines who could consult with the team on a regular basis.

## Conclusions and Recommendations

### Strengths of Program

This evaluation revealed several key strengths that characterize the MCSDTC, and contribute the functioning of the program. The MCSDTC Core Team consists of individuals who are committed to the goals of the Court and dedicated to the clients who they serve. An observation of a Team meeting indicated that the Team utilizes a democratic decision-making process to determine a response to participant compliance and noncompliance. Team members contributed to the discussions in accordance with their respective roles on the Team, which allowed them to consider all aspects of a participant's situation, while ensuring that they delivered sanctions and incentives in a consistent manner. All of the team members reported that they have good working relationships with one another, and information regarding participants is communicated in a timely manner. Current and former participants spoke highly of the team members, describing them as professional, respectful, and helpful. They also commented that the Team appeared to be genuinely concerned about the participants and their well-being. These multiple sources of information confirm that the MCSDTC Core Team successfully fulfills its main responsibilities which, as stated in the AOC Best Practice guidelines, are to "assure the effective functioning of the in-court process of each local DTC session, so as to attain the long-range rehabilitative goals of the local DTC." In addition, the MCSDTC Core Team is administered by both a Local Management Committee and an Operations Committee. Court administrators reported that both of these committees provide support to the MCSDTC Team, while ensuring the effective operation of the Court as outlined in its Operations Manual.

MCSDTC participants have access to a variety of substance abuse treatment services and they are matched with services based on their individual needs. SAIL, the main treatment provider, has a contractual agreement with the AOC, which outlines the scope of services and other terms related to service delivery. This contract provides the MCSDTC with a basis that they can use to monitor the services provided. The treatment services can consist of clinical assessments, intensive outpatient treatment, residential services, detoxification services, relapse prevention, aftercare services, family sessions, and mental health services. In the past, participants have also been able to receive specialized treatment through groups related to co-occurring disorders, anger management, gender, ethnicity, physical or sexual abuse, and relapse prevention. Each participant's progress in treatment is reviewed on a regular basis by the Treatment Team, which revises the treatment plan to address specific needs. At least half of the team members mentioned that the treatment services as the most helpful program component to the participants. Current and former participants reported that the treatment services they received provided them with the information, tools, and skills necessary to overcome their addiction to substances.

Case management and judicial supervision were other components that team members identified as the most helpful aspects of the program for participants. Participant compliance is regularly monitored through meetings with the Case Coordinator and Probation Officer, as well as bi-weekly court appearances and drug testing. Participants commented on the effectiveness of drug testing and interactions with the Judge in providing them with motivation not to use alcohol or other drugs. Consumer satisfaction ratings indicated that more than two-thirds of the current participants were "very satisfied" with their interactions with the Judge. Current participants

described the Judge as fair, caring. The Case Coordinator provides participants with support and encouragement as they progress through the program, and refers them to ancillary services that enable them to achieve personal goals related to their recovery. Current participants and program graduates reported that their relationships with the Case Coordinator helped them achieve their goals and to succeed in the program.

Team members and participants reported that the MCSDTTC program promotes significant improvements in the lives of participants. Half of the team members mentioned that the program enabled participants to re-established family relationships and gained employment. A few team members stated that participants became more responsible and improved physical appearance. Team members also reported that participation in the program helped participants to become more conscious decision makers, become more independent, improve their health, develop new friends, become productive members of society, improve their attitudes, start smiling, and stay clean. Current and former participants reported similar positive changes. All current participants agreed that the MCSDTTC program helped them to either reduce or stop using alcohol and other drugs. In addition, participants reported that the program helped them to avoid criminal behavior, improve finances, become more employable, and improve their relationships with their spouses, children and other family members. Graduates identified changes such as improved self-esteem, improved finances, ability to pursue further education, increased self-confidence, improved relationships with family members, and the ability to achieving sobriety.

### **Recommendations**

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

The main barrier identified by MCSDTTC team members was the need for additional funding resources to sustain the program. Since it began in 1998, the MCSDTTC has primarily been supported by state funds awarded annually by the state legislature. Due to a reduction in the budget allocation in 2005, the Court lost one of its Case Coordinator positions. This reduced the Court's target capacity level from 60 to 30 participants. In addition, it was reported that the grant that supported the dual diagnosis treatment groups expired on June 30<sup>th</sup>, 2005. As a result, SAIL will be forced to decrease the number of DTC participants who they can serve, and to reduce the length of time in treatment for MCSDTTC participants. Court administrators should continue working with the local TASC office and the Local Management Entity to ensure that participants are fully utilizing publicly funded substance abuse and mental health treatment services.

The MCSDTTC Team makes decisions about sanctions and incentives based on the principles, guidelines, and grids documented in court materials. An observation of a team meeting indicated that the Team does not utilize the point system described in the Operations Manual. According to this point system, participants would receive one point value per frequency of the expectation, between court sessions. The point system was designed to assist the Team in determining their responses to participant behavior. As reported by team members, there is often a delay between

participants' behavior and the delivery of sanctions or incentives, which are imposed during bi-weekly court sessions. Another benefit of the point system is that it would provide participants with a more immediate consequence for their noncompliant behavior, or a more immediate reward for their compliant behavior. The MCSDTT Team could therefore discuss the feasibility of implementing this point system. It was also recommended that the Team could discuss ways to provide the Judge with a more specific message to be relayed to each participant when a sanction is announced in court. This would allow the Team to use sanctions more effectively by helping participants to make a connection between the consequence and the behavior, and to analyze the decisions that led to the particular behavior.

Team members and participants identified the need for additional housing and employment services. The MCSDTT Case Coordinator refers participants to a variety of organizations that provide affordable, drug-free housing, as well as vocational rehabilitation and employment services. In order to address participants' unmet needs for housing and employment, the Team could continue to seek other resources available in the community, and to advertise the Court's needs with local agencies. The Team could also recruit experts on housing and employment services to consult with the Team or to work individually with participants. In addition, the Court should keep more accurate records of all referrals to ancillary services, to provide a more accurate depiction of the rates of referrals and the types of community services utilized by participants.

The Mecklenburg County DTC programs have an Alumni Program provided to all graduates of the adult DTC's. However, it was reported that the program was temporarily suspended due to funding constraints in April 2005. An alumni or aftercare program is an essential component of DTC programs that provides former participants with ongoing support as they continue to maintain sobriety after completing the program. It is recommended that court administrators reinstitute the Alumni program as soon as possible. Maintaining accurate contact information on former participants is a challenge faced by many DTC programs. For graduates, contact information could be collected through continued follow up and recruitment for participation in the Alumni program. For terminated participants, the Court could utilize re-arrest data through the Probation Officer or develop other methods to maintain contact information. This type of information would be useful for future process and outcome evaluations of the Court.

### **Conclusions**

The MCSDTT is a post-sentence, drug court program designed to address the substance abuse problems of adult, non-violent offenders with Class F, G, H or Class I felonies. This program, which was implemented in June 1998, has a dedicated Core Team that is overseen by an Operations Committee and a Local Management Committee. Their commitment, professionalism, and timely communication of information are some of the qualities that make the MCSDTT Team a cohesive unit, and contribute to the successful implementation of the program. Another strength of the program is the availability of a wide range of treatment services that are tailored to each participant's individual needs by the Treatment Team. In addition, case management and judicial supervision are key program components that provide participants with the guidance and support needed to succeed in the program, while ensuring frequent monitoring of their progress in the recovery process.

Areas for further improvement include sustainable funding, additional resources for ancillary services, implementation of sanctions and incentives, and the reinstatement of the Alumni Program. Continued collaboration with the local TASC office and the Local Management Entity in Mecklenburg County will enable the Court to fully utilize treatment services supported by public resource funds. The Court could continue to publicize its needs for housing and employment services with local agencies, and consider seeking experts who could consult with the Team on accessing these services for participants. Some suggestions for using sanctions more effectively include implementing the point system, and helping participants to make a connection between their behavior and the sanctions imposed by the Judge during the court session. It was also recommended that court administrators should continue efforts to reinstate the Alumni Program, in order to provide graduates with ongoing support after they complete the program.

Based on the various sources of information collected for this evaluation, it appears that the MCADTC Program has been implemented in a manner that is consistent with its stated goals and objectives. As reported by team members and participants, the program has also promoted significant positive changes in the lives of participants. The program helped participants to improve their relationships with family and friends, maintain sobriety, obtain employment, increase self-esteem, and become productive members of society. These are only a few of the changes reported by team members and participants. In conclusion, the Court's accomplishments in implementing this program provide a strong foundation from which to execute the recommendations made in this report.

## References

National Association of Drug Court Professionals. (1997). *Defining drug courts: The key components*. Washington, DC: Office of Justice Programs, U.S. Department of Justice.

Report on the Status of North Carolina's Pilot Drug Treatment Court Program (2004).  
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April 22, 2004.

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

## Appendix A

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

COMPONENT	STATISTICS			RESPONSE FREQUENCY (%)			
	n	Mean	Standard Deviation	Very Unsatisfied	Unsatisfied	Satisfied	Very Satisfied
1. Frequency of court appearances	10	3.60	0.52	0.00	0.00	40.00	60.00
2. Interactions with the judge	10	3.70	0.48	0.00	0.00	30.00	70.00
3. Interactions with the drug court team	10	3.50	0.71	0.00	10.00	30.00	60.00
4. Cooperation of agencies with each other	10	3.60	0.70	0.00	10.00	20.00	70.00
5. Your substance abuse treatment services	10	3.90	0.32	0.00	0.00	10.00	90.00
6. Your mental health treatment services	1	3.00		0.00	0.00	100.00	0.00
7. Your vocational treatment services	8	3.50	0.53	0.00	0.00	50.00	50.00
8. Other services you received	5	3.40	0.55	0.00	0.00	60.00	40.00
9. Sanctions you've received from drug court	7	2.29	0.95	14.29	57.14	14.29	14.29
10. Incentives you've received from drug court	9	3.33	0.50	0.00	0.00	66.67	33.33
11. Drug testing	10	3.30	0.95	10.00	0.00	40.00	50.00
12. Your community service activities	7	3.71	0.49	0.00	0.00	28.57	71.43
13. Positive activities/social events organized by court	8	3.38	0.92	0.00	25.00	12.50	62.50
14. The Drug Court program overall	10	3.80	0.42	0.00	0.00	20.00	80.00

**Notes:**

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

**Table 2. Difficulty with Requirements of Mecklenburg County Superior Drug Treatment Court**

REQUIREMENT	STATISTICS			RESPONSE FREQUENCY (%)				
	n	Mean	Standard Deviation	Very Difficult	Difficult	Somewhat Hard	Easy	Very Easy
1. Making it to court appearances	10	3.70	1.42	10.00	10.00	20.00	20.00	40.00
2. Attending mental health treatment services	1	4.00		0.00	0.00	0.00	100.00	0.00
3. Cooperating w/ your mental health treatment	1	4.00		0.00	0.00	0.00	100.00	0.00
4. Taking psychiatric medication regularly	2	4.00	0.00	0.00	0.00	0.00	100.00	0.00
5. Attending your substance abuse treatment services	10	4.00	1.41	10.00	10.00	0.00	30.00	50.00
6. Cooperating with your substance abuse treatment services	10	4.10	1.29	10.00	0.00	10.00	30.00	50.00
7. Attending other services you arranged	8	4.13	1.46	12.50	0.00	12.50	12.50	62.50
8. Going to the location of the drug testing	9	4.00	1.22	11.11	0.00	0.00	55.56	33.33
9. Cooperating with drug testing	10	4.10	1.20	10.00	0.00	0.00	50.00	40.00
10. Attending meetings w/ probation officer	10	3.80	1.40	10.00	10.00	10.00	30.00	40.00
11. Attending meetings w/ case manager	10	3.70	1.70	20.00	10.00	0.00	20.00	50.00
12. Attending AA/NA meetings	10	3.50	1.35	10.00	10.00	30.00	20.00	30.00
13. Participating in AA/NA meetings	10	4.10	1.29	10.00	0.00	10.00	30.00	50.00
14. Paying court fees	6	3.17	1.72	33.33	0.00	0.00	50.00	16.67
15. Paying fines	7	3.14	1.57	28.57	0.00	14.29	42.86	14.29
16. Staying away from other adults with drug problems or criminal histories	10	3.60	1.35	10.00	10.00	20.00	30.00	30.00
17. Staying clean and sober	10	3.40	1.17	10.00	10.00	20.00	50.00	10.00
18. Staying crime free	10	4.00	1.25	10.00	0.00	10.00	40.00	40.00



**Table 3. Consumer Satisfaction Survey: Protection of Participants' Rights in Mecklenburg County Superior Drug Treatment Court**

<b>Variable</b>	<b>N</b>	<b>Mean</b>	<b>Standard Deviation</b>
Protecting Your Rights	10	3.00	0.82

**Notes:**

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

**Table 4. Consumer Satisfaction Survey: Demographics of Mecklenburg County Superior Adult Drug Treatment Court Participants**

<b>Characteristics of Participants</b>	<b>Number (N=10)</b>	<b>Percentage (%)</b>
<b>Gender</b>	10	
Female	2	20.00
Male	8	80.00
<b>Race</b>	10	
Black	7	70.00
White	3	30.00
<b>Ethnicity</b>	8	
Hispanic	0	0.00
Not Hispanic	8	100.00
<b>Living Arrangement</b>	10	
Community Housing	2	20.00
Independent	8	80.00
<b>Marital Status</b>	10	
Single	8	80.00
Married	1	10.00
Divorced/Separated	1	10.00
<b>Location of Court</b>	10	
Mecklenburg County	10	100.00
<b>Child In Home</b>	9	
Yes	2	22.22
No	7	77.78
<b>Employment</b>	10	
Full-time Day	7	70.00
Full-time Night	1	10.00
Part-time night	1	10.00
Unemployed	1	10.00
<b>Age</b>	10	
25-29	6	60.00
30-39	0	00.00
40+	4	40.00
<b>Time In Court (months)</b>	10	
1-3	5	50.00
4-6	3	30.00
7-9	0	00.00
10-12	2	20.00

**Table 4. Cont.**

<b>Characteristics of Participants</b>	<b>Number (N=10)</b>	<b>Percentage (%)</b>
<b>Primary Drug of Choice</b>	10	
Cocaine	2	20.00
Crack	2	20.00
Heroin	1	10.00
Marijuana	4	40.00
Other	1	10.00
<b>Crime</b>	9	
Illegal selling/distribution of substances	4	44.44
Possession	3	33.33
Theft	1	11.11
Other	1	11.11
<b>Criminal History</b>	10	
No	2	20.00
Yes	8	80.00
<b>Substance Abuse Treatment History</b>	10	
No	4	40.00
Yes	6	60.00
<b>Highest Grade Completed</b>	10	
First Grade	1	10.00
Tenth Grade	1	10.00
Eleventh Grade	4	40.00
Twelfth Grade	1	10.00
Two years of College	3	30.00
<b>GED</b>	7	
No	4	57.14
Yes	3	42.86