

# **Person/Caswell Adult Drug Treatment Court Process Evaluation Report**

**2005**



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# Person/Caswell Adult Drug Treatment Court Process Evaluation Report

## *Table of Contents*

<b>EXECUTIVE SUMMARY .....</b>	<b>5</b>
<b>INTRODUCTION.....</b>	<b>6</b>
PURPOSE OF THE REPORT .....	6
MISSION.....	6
PROGRAM GOALS .....	6
HISTORY OF PERSON/CASWELL ADULT DRUG TREATMENT COURT PROGRAM .....	8
HISTORY OF PROGRAM IMPLEMENTATION AND MODIFICATIONS .....	9
<b>METHODS AND PROCEDURES USED IN THE PROCESS EVALUATION.....</b>	<b>10</b>
PLANNING AND ORIENTATION .....	10
DATA COLLECTION AND ANALYSIS .....	11
<b>CHARACTERISTICS OF DRUG COURT PARTICIPANTS.....</b>	<b>14</b>
Table 1. Demographic and Basic Characteristics of Person/Caswell Adult DTC Participants.....	14
Table 2. Drug Court Status by Race .....	16
Table 3. Rates of Program Completion and Termination by Race .....	16
Table 4. Drug Court Status by Gender.....	16
Table 5. Rates of Program Completion by Gender.....	17
Table 6. Drug Court Status by Primary Drug of Choice.....	17
Table 8. Primary Referral Source .....	18
Table 9. Primary Referral Source by Race .....	19
Table 10. Primary Reason for Discharge due to Termination .....	19
Table 11. Types of DTC Non-compliance Leading to Discharge .....	19
Table 12. Average Length of Time for Program Referral, Interview and Admission.....	20
Table 13. Compliance with DTC Requirements.....	20
Table 14. Drug Test Results.....	21
Table 15. Reasons for Ineligibility.....	21
<b>DESCRIPTION OF DRUG COURT TEAM.....</b>	<b>23</b>
COMPOSITION, ROLES, AND RESPONSIBILITIES OF TEAM MEMBERS .....	23
BACKGROUND TRAINING AND CONTINUING EDUCATION .....	24
Orientation Procedures.....	24
Drug Court Judge.....	24
Assistant District Attorney.....	25
Defense Attorney #1 .....	25
Defense Attorney #2 .....	25
Probation Officer .....	25
Treatment Provider .....	26
Program Director .....	26
<i>Conclusions and Recommendations</i> .....	26
ASSESSMENT OF TEAM FUNCTIONING BASED ON TEAM INTERVIEWS AND OBSERVATIONS.....	27

<i>Conclusions and Recommendations</i> .....	28
ASSESSMENT OF TEAM BASED ON PARTICIPANT INTERVIEWS AND FOCUS GROUP .....	29
<i>Conclusions and Recommendations</i> .....	29
<b>DESCRIPTION OF CURRENT PROGRAM .....</b>	<b>31</b>
PROGRAM OVERVIEW .....	31
ADMISSION / INTAKE.....	31
<i>Conclusions and Recommendations</i> .....	32
PROGRAM CAPACITY .....	32
Figure 1. Average Monthly Enrollments by Fiscal Year.....	33
Figure 2. Annual Number of Graduates and Discharges other than by Graduation.....	34
ELIGIBILITY CRITERIA .....	34
DRUG COURT CONTRACT .....	35
DRUG COURT PHASE SYSTEM.....	35
SANCTIONS .....	37
INCENTIVES / REWARDS.....	38
<i>Conclusions and Recommendations</i> .....	39
CASE MANAGEMENT AND JUDICIAL SUPERVISION.....	39
<i>Conclusions and Recommendations</i> .....	41
TREATMENT.....	41
<i>Conclusions and Recommendations</i> .....	43
ANCILLARY SERVICES .....	44
<i>Conclusions and Recommendations</i> .....	46
TERMINATION .....	46
<i>Conclusions and Recommendations</i> .....	47
GRADUATION.....	48
<i>Conclusions and Recommendations</i> .....	48
AFTERCARE .....	49
<i>Conclusions and Recommendations</i> .....	49
GLOBAL IMPRESSIONS ABOUT THE PCADTC PROGRAM AS REPORTED BY TEAM MEMBERS ....	49
GLOBAL IMPRESSIONS ABOUT THE PCADTC PROGRAM AS REPORTED BY PARTICIPANTS .....	50
Consumer Satisfaction Questionnaire Data .....	51
GLOBAL IMPRESSIONS ABOUT THE OVERALL FUNCTIONING OF THE DRUG COURT REPORTED BY TEAM MEMBERS AND PARTICIPANTS: CONTINUITIES AND DISCONTINUITIES .....	52
<b>OVERALL CONCLUSIONS AND RECOMMENDATIONS.....</b>	<b>54</b>
STRENGTHS.....	54
RECOMMENDATIONS.....	54
CONCLUSIONS.....	55
<b>EVALUATION OF KEY COMPONENTS.....</b>	<b>56</b>
KEY COMPONENT 1.....	56
KEY COMPONENT 2.....	56
KEY COMPONENT 3.....	56
KEY COMPONENT 4.....	57
KEY COMPONENT 5.....	57
KEY COMPONENT 6.....	57
KEY COMPONENT 7.....	57
KEY COMPONENT 8.....	57

KEY COMPONENT 9..... 58

KEY COMPONENT 10..... 58

**REFERENCES..... 59**

**APPENDIX A: CONSUMER SATISFACTION QUESTIONNAIRE RESULTS ..... 60**

TABLE 1. DESCRIPTION OF SAMPLE OF CONSUMER SATISFACTION QUESTIONNAIRE  
RESPONDENTS..... 60

TABLE 2. SATISFACTION WITH COMPONENTS OF PERSON/CASWELL COUNTY ADULT DRUG  
TREATMENT COURT..... 62

TABLE 3. DIFFICULTY OF MEETING REQUIREMENTS OF PERSON/CASWELL COUNTY ADULT  
DRUG TREATMENT COURT ..... 63

# Person/Caswell Adult Drug Treatment Court Process Evaluation Report

## Executive Summary

### **Purpose:**

- To describe the operation of the Person/Caswell Adult Drug Treatment Court
- To compare the implementation of the court with the methods described in program grants, manuals, handbooks, and mandates
- To examine the strengths and weaknesses of the current implementation of the court
- To make recommendations regarding possible improvements to the current structure and operation of the court

### **Background:**

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

### **Method:**

- Focus groups were conducted with current court participants.
- Individual interviews were conducted with court team members, terminated participants, and graduated participants.
- Current court participants completed a consumer satisfaction questionnaire.
- Pre-court team meetings were observed.
- Court proceedings were observed.
- Demographic characteristics and background information were obtained from court records.

### **Key Findings:**

- Because Person/Caswell is a rural judicial district, the issues facing this court are somewhat unique.
- There are stable and dedicated drug court team members who communicate well with one another and have positive staff relationships.
- Participants find weekly monitoring in court and drug testing particularly helpful in enhancing program compliance.
- Access to and availability of treatment services are a concern because there are limited resources to meet the treatment needs of those with dual diagnoses and of those who would benefit from individual treatment.
- There is not a consensus among the team members about whether or not to re-enroll repeat participants in the program.
- Currently, there is no procedure for follow-up of former participants.

### **Conclusions:**

The results of this process evaluation report suggest that the Person/Caswell Adult Drug Treatment Court is implementing the court in a manner that is consistent, in general, with the originally proposed grant application, and most participants reported receiving adequate treatment in the program. The findings suggest that some ways to improve the functioning of the court are structural, whereas others reflect the unique issues associated with locating and accessing substance abuse treatment services in rural areas. The team members might benefit from additional training regarding development and utilization of substance abuse services in a rural service delivery system, as well as additional training on sanctions and

incentives. While the team is strong and stable, it would benefit from having a dedicated Assistant District Attorney and Probation Officer, as well as possible representation on the team from local law enforcement and the Area Mental Health Center (Local Management Entity or LME). Additional dedicated staff members from relevant agencies might strengthen the coordination and functioning of the team in providing services to its target population. Policies and procedures regarding discharge of participants, re-enrollment of previous court participants, and follow-up of former participants should be further developed and implemented by the team.

## **Person/Caswell Adult Drug Treatment Court Process Evaluation Report**

### **Introduction**

#### **Purpose of the Report**

The primary purpose of this process evaluation report is to provide a description of the structure, organization, and operations of the Person/Caswell Adult Drug Treatment Court (PCADTC), as well as to identify the strengths and barriers of the court. Process evaluations are required by North Carolina's Administrative Office of the Courts (AOC) and the Bureau of Justice Assistance, and are supported by the North Carolina Governor's Crime Commission. 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 PCADTC. At various points within this report, excerpts from program materials and from interviews are reported verbatim in order to retain the exact language and nuances intended by the court or by the interviewee.

#### **Mission**

The mission of the PCADTC, as stated in the 2001 edition of the Person/Caswell Adult Drug Treatment Court Policy and Procedures Manual, is as follows:

*“The mission of the Drug Treatment Court in Judicial District 9A (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.”*

#### **Program Goals**

*North Carolina Drug Treatment Courts*

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

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

### ***North Carolina Adult Drug Treatment Court Goals***

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

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

### ***Local Program Goals and Objectives***

The **goals** of the PCADTC, as stated in the Program Manual, and the 2002 edition of the Policy and Procedures Manual, are:

1. *To reduce drug and alcohol dependencies; and*
2. *To enable the client to reduce the use of alcohol and drugs and to experience abstinence from drugs and alcohol*

The **objectives** of the PCADTC, as stated in the 2001 edition of the Policy and Procedures Manual, are as follows:

1. *To introduce and maintain recovery from drugs and alcohol among dependent offenders through treatment, self-help and community support;*
2. *To reduce recidivism among dependent offenders;*
3. *To improve legal employment among dependent offenders;*
4. *To improve overall health, familial, and social functioning of dependent offenders;*
5. *To improve the involvement of family members and significant others in treatment and recovery issues;*

6. *To reduce the negative impact of dependent offenders on court workloads;*
7. *To promote effective interaction, management, cross-training, and use of resources among judicial personnel, agencies, and the community; and*
8. *To promote the successful completion of probation and reduce probation revocations and incarceration of dependent offenders.*

### ***Conclusions and Recommendations***

As a whole, the stated mission, goals, and objectives of the Person/Caswell Adult Drug Treatment Court are in line with the state's goals for Adult Drug Treatment Courts. The mission statement has a clearly stated purpose as well as a stated method for achieving the desired purpose; however, the values that guide the organization toward achieving its purpose are not stated in the mission statement. Clarifying the values of the drug court might strengthen and complete the mission statement.

The local program goals focus exclusively on recovery from addiction and do not include some of the other goals outlined in the legislation for the operation of an Adult Drug Treatment Court in North Carolina of reducing recidivism, increasing accountability on the part of offenders, reducing drug-related court workloads, and better interaction and use of resources by criminal justice personnel. The court might consider expanding its individual goals to better reflect the goals outlined by the State. In addition, the first and second local program goals might be consolidated.

Most of the local program objectives are clearly stated, measurable, and appear to be achievable. There are objectives that are stated that do not directly match up with the local program goals. The addition or modification of local program goals may result in a better match with the objectives. In addition, due to the absence of follow-up procedures for tracking progress of discharged participants, the first objective of maintaining recovery cannot be evaluated by the court at this point in time. The fourth objective may also need to be clarified with regard to the definition of improved "overall health, familial and social functioning" to be a more measurable goal. The court may need to determine whether data exist to accurately assess such improvements in individual functioning.

### **History of Person/Caswell Adult Drug Treatment Court Program**

The Person/Caswell (District 9A) Adult Drug Treatment Court was one of the original five Drug Treatment Courts in North Carolina, and one of the two rural drug courts originally funded through federal and state grants. The court began operation on July 1, 1996, with a federal grant in the amount of \$66,422.25, a local grant from the North Carolina Department of Crime Control and Public Safety in the amount of \$22,140.75, and \$3,000 in participant fees for the fiscal years of 1996 and 1997. Since the start-up of this court, the funding has been tenuous and inconsistent, which has had an effect on the functioning of the court. The model for the program is the U.S. Department of Health and Human Services publication entitled, "Intensive Outpatient Treatment for Alcohol and Other Drug Abuse," which is part of the "Treatment Improvement Protocol (TIP) Series."



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

At the time of implementation, there were 10 defendants participating in the program. The maximum program capacity was 35 at the time of implementation, and currently remains 35. Over the course of the first year of operation, 33 participants were served. There were seven participants released from the program for various reasons and one participant death.

At the inception of the program, the PCADTC only required participation in treatment sessions, Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) meetings, and GED classes. Otherwise, participants were unsupervised. After the first 60 days of the program, however, the PCADTC decided to require unemployed defendants to report to the Day Reporting Center (DRC) to perform community service work in order to gain work experience. Participants were also given the opportunity to attend various classes offered by DRC. Those defendants who did work were required to inform the Case Manager if they were not reporting to work on a particular day. Due to changes in funding the DRC no longer exists, so the participants are currently only involved in the original set of treatment activities, though monitoring methods have been slightly increased since the program's inception.

After the first year of operation, a meeting was held with the North Carolina Drug Treatment Court Advisory Committee (NCDTCAC). As a result of this meeting, a document was created to summarize the court's strengths and weaknesses, and to outline suggestions for future operation. The court's chief strengths, as noted in this document, were the team members involved and the level of community support. Weaknesses cited were lack of adequate transportation and housing for participants, lack of local residential treatment facilities, and a lack of cooperation from the local mental health agency in providing services for this population. Modifications that the court intended to implement after the NCDTCAC meeting were as follows:

- Require all participants in Phase I of the program to be available during the day to report to the DRC for classes and treatment
- Provide pastoral counseling to all participants who request or desire it
- Provide on-site substance abuse services
- Hold on-site NA/AA meetings at least twice weekly
- Modification of the accounting procedures used by the Clerk of Court
- Submit written program reports to the D.A.'s office
- Establish a family support group
- Provide a list of PCADTC participants to county Sheriff's and Police Departments

The court also conducted several self-analyses, in the form of SCOT ("Strengths, Challenges, Opportunities and Threats") analyses for years 2002/2003 and 2004/2005. These documents outlined the current state of the PCADTC program, as well as a proposed plan of action for the upcoming year. According to the first SCOT analysis, as of 2002/2003, the PDADTC felt it had a committed team, had on-site drug testing available, had experienced some success in eliminating/reducing the dealer population, felt participants received strong, positive reinforcement from the Judge, and felt that the probation officers were serving them well despite the fact that they were under-staffed.

Challenges were also cited and addressed in the 2002/2003 analysis. One challenge identified was a lack of motivation within the PCADTC team. This lack of motivation was a problem for this particular year due to the fact that the team had lost their Case Manager, and team members were beginning to feel the pressure of being understaffed as a team. Other challenges cited included difficulty securing stable treatment options and inadequate funding for drug testing. The probation officers were already working above and beyond normal hours to fulfill their regular duties, and the consensus was that another Probation Officer needed to be hired. There were also logistical problems related to flexibility and transportation stemming from the fact that the program serves two counties. Participants who lacked transportation sometimes failed to show up for treatment sessions and other court-mandated activities, and the court did not have a means of providing transportation for these participants. There was also a lack of incentives for the participants, and a need for more support meetings. These challenges were met with ideas to improve the program, and in addition, new opportunities were also addressed. These included revising the referral process, locating alternate forms of funding, forming a graduate support group, and making the community more aware of the PCADTC program through newsletters, speaking engagements, pamphlets, and word of mouth.

The SCOT analysis from 2004/2005 determined that the court's strengths were a high level of commitment from the team, increased availability of funds for drug testing, more regular Management Committee Meetings, and an improved working relationship with Probation. Participant numbers had increased from the previous year, there were more positive reinforcements in place for participants, transportation needs of participants were being met, and supervision of participants had improved. These changes indicate that the 2003 plan of action was successful in many areas.

Challenges addressed in the 2004/2005 analysis included securing a stable treatment provider and continuing to improve incentives for participants through community businesses. Because they had more participants paying drug test fees, the PCADTC expected that on-site drug testing would increase, necessitating a strategy for acclimating participants with the new, on-site system of drug testing. There was also a concern about whether Probation would be able to maintain the level of supervision it had achieved over the past year. The effort to ease transportation concerns for the participants had been successful and would be maintained in the coming year. Additional opportunities that the program members planned to pursue included obtaining ABC board funding, developing an alumni group, starting a newsletter, and increasing the required number of community service hours as a sanction.

## **Methods and Procedures Used in the Process Evaluation**

### **Planning and Orientation**

In order to introduce and orient all relevant staff and team members to the process evaluation methods and procedures, an initial orientation and planning meeting was held before beginning the evaluation. Present at this initial orientation meeting were Dr. Janis Kupersmidt, Project Director for the Process Evaluation; Dr. Jacqueline Hansen, AOC Evaluation Specialist / Research Coordinator; Cristel Orrand, AOC Research Assistant; Dr. Tiki Gwynne, Dr. Elizabeth Jackson, and Eunice Muthengi, IRT Team Leaders for the Process Evaluation project; and

Directors from each of the drug courts participating in a process evaluation in January and February of 2005. The agenda for the orientation meeting included a welcome and discussion of the need for the process evaluation; an introduction of IRT Team Leaders; a description of the respective roles of each institution (e.g., AOC, IRT, and treatment court team members) involved in the process evaluation; the research plan and methods to be used in conducting the evaluation; and the tasks and timelines for the evaluation. Treatment Court administrators were informed of the importance of providing all needed information in accordance with the provided timeline due to the short duration of the process evaluation project. Due to the stringent nature of the timeline, any materials that were not received from the courts by the stated deadline were not included in the final report.

### **Data Collection and Analysis**

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

**Quantitative data.** Quantitative data and methods were used to describe the population that has been served by Person/Caswell Adult Drug Treatment Court from its inception to December 31, 2004, and to begin to describe the characteristics of current, terminated, and successfully graduated drug court participants. The data for these quantitative analyses were obtained from the current AOC Evaluation Specialist / Research Coordinator from the web-based adult MIS. The quantitative data collected included demographic characteristics of both the ineligible and the eligible populations, information regarding the primary drug of choice for each client, and information regarding the client's history and involvement in the Drug Treatment Court. The original datasets were stripped of identifying information such as names and identification numbers in order to ensure anonymity. A unique but non-identifying identification number was assigned to each participant, and questionnaire data were combined into a single database using this number. Analyses were conducted to describe the demographic and background characteristics of clients, such as age, race / ethnicity, educational, and employment status, primary drug of choice of drug court participants, and trends related to program capacity and compliance.

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

services, cooperating with drug testing, paying court fines and fees, and staying clean, sober, and drug-free. Analyses were conducted to describe mean-level responses on each item.

**Qualitative data.** Qualitative data were also collected based upon three different types of open-ended interviews. First, a one-and-a-half hour-long focus group interview was conducted with a group of nine randomly selected current program participants. This focus group interview was conducted in the group therapy room at the group treatment site, and was led by trained project staff members from IRT. The Moderator's Guide used in conducting the interviews included topics such as the most and least helpful aspects of the drug court program, barriers to full program participation, feedback about sanctions and incentives, and the impact of the drug court on participants' lives. Prior to beginning the focus group, the moderator reviewed the informed consent forms with focus group members and answered participants' questions. Then, the moderators followed the protocol outlined in the Moderator's Guide.

Additionally, the court was provided with two lists with each containing approximately 18 identification numbers of former graduated and terminated recent participants drawn from two stratified random samples. The Program Director provided phone numbers, wherever available, for the former participants included on these lists. Individual telephone interviews were attempted with all of the former participants included on the two lists. Despite multiple efforts to contact all of the individuals on these lists, only two drug court graduates and two terminated drug court participants were located and agreed to be interviewed. Interviews were guided using a semi-structured questionnaire. Trained project staff members from IRT conducted the interviews over the telephone. The interview questionnaire included such topics as the most and least helpful aspects of the Drug Treatment Court, barriers to participation in the program, feedback about sanctions and incentives, and how the drug court has affected the lives of the participants. 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 seven of the drug court team members. The main topics discussed in each individual team member interview included questions about program history, the most and least helpful aspects of the Drug Treatment Court program, the respective roles of team members, barriers to implementing the drug court program, feedback about sanctions and incentives, and how the drug court has impacted participants' lives. Individual interviews were conducted either in team members' offices or by telephone, and were led by trained project staff members from IRT. Prior to beginning the interview, the interviewer reviewed the informed consent form with the staff member being interviewed and answered any questions. Then, the interviewer followed the protocol outlined in the interview guide to complete the interview.

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

**Observational data.** Observational methods were used to gather information regarding the processes used in 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, interactions among team members, and interactions between the judge and the participants.

**Historical Documents.** Documents pertaining to the history, implementation, modification, and funding of the court were also analyzed for this process evaluation. Documents reviewed included original grant proposals submitted for the implementation of the court, award letters for grants received, Advisory Board meeting minutes, program manuals, participant contracts, and SCOT analyses. 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 the MIS database for Person/Caswell Drug Treatment Court. Demographic characteristics of the entire sample are shown first. Next, drug court status (e.g., successful graduation, unsuccessful termination or current participant) and primary referral source are examined in terms of differences in race, gender, and primary drug. Finally, statistics related to ineligibility and program compliance are presented, including reasons for ineligibility, primary reasons for discharge other than successful graduation, types of DTC non-compliance leading to discharge, average length of time spent in the program, court and treatment attendance, and drug test results. All reported group differences and similarities are based on visual inspection of the data tables.

As can be seen in Table 1 below, the court is treating and has treated many more males than females, and slightly more African Americans than Caucasians; treatment for individuals from other ethnic groups has been minimal. Most of the former and current participants are residents of Person County, and the majority entered the program with a high school diploma or lower levels of education. Approximately one-half of the former and current participants entered the program unemployed, while one-third entered while employed full-time. Participants are as likely to be married as they are to be single / never married, or divorced / separated. The most common primary drug of choice for participants is alcohol, followed by crack and marijuana.

**Table 1. Demographic and Basic Characteristics of Person/Caswell Adult DTC Participants**

<b>Characteristics of Participants (As of 12/31/04)</b>	<b>N</b>	<b>Percentage</b>
<b>Total Number of Participants</b>	<b>206</b>	<b>100 %</b>
Total Active (Current) Participants	49	24%
Total Former Participants	157	76%
<b>Status of Former Participants</b>		
Graduated	42	27%
Terminated	115	73%
<b>Age of Participants</b>		
Average Age	35	(Range: 19-62)
<b>Gender*</b>		
Percent Female	53	26%
Percent Male	152	74%
<i>*Frequency of missing data = 1</i>		
<b>Race / Ethnicity</b>		
African / African American	114	56%
Caucasian / White	89	43%
Native American	1	0%
Other	2	1%

**Table 1. (Cont.)**

<b>Characteristics of Participants (As of 12/31/04)</b>	<b>N</b>	<b>Percentage</b>
<b>Marital Status*</b>		
Married	52	25%
Divorced	28	14%
Living with someone as married	2	1%
Separated	23	11%
Single/Never Married	98	28%
Widowed	1	0%
<i>* Frequency of missing data = 2</i>		
<b>Educational Attainment (Years of School Completed)</b>		
Grade school (K-5)	1	1%
Middle school (6-8)	6	3%
High school (NO diploma)	80	41%
High school diploma / GED	82	42%
Some college or technical college	10	5%
Two-year college / Associate degree	10	5%
Four-year college degree	1	1%
Graduate work / no degree	3	2%
<i>* Frequency of missing data = 13</i>		
<b>Employment Status*</b>		
Unemployed (Available for and/or actively seeking work)	95	48%
Full-time (35 hours or more per week)	66	33%
Part-time (Under 35 hours per week)	14	7%
Student	1	1%
Not in labor force and not available for work	6	3%
Disabled	10	5%
Incarcerated	4	2%
Other	2	1%
<i>* Frequency of missing data = 8</i>		
<b>County of Residence</b>		
Caswell	40	19%
Person	166	81%
<b>Primary Drug of Choice*</b>		
Alcohol	74	42%
Cocaine (powder)	11	6%
Crack	40	23%
Heroin	4	2%
Marijuana	41	23%
Narcotics / Opiates (Other than Heroin)	2	1%
None	1	1%
Other	4	2%
<i>* Frequency of Missing Data = 29</i>		

Table 2 below shows that the court has treated more African American participants than it has Caucasian participants, and has treated very few Native American participants or individuals from other ethnic groups.

**Table 2. Drug Court Status by Race**

Race	Drug Court Status			
	Active	Graduated	Terminated	Total
African/African American	28	20	66	<b>114 (56%)</b>
Caucasian/White	19	22	48	<b>89 (43%)</b>
Native American	0	0	1	<b>1 (0%)</b>
Other	2	0	0	<b>2 (1%)</b>
<b>Total</b>	<b>49</b>	<b>42</b>	<b>115</b>	<b>206 (100%)</b>

Table 3 below describes the proportion of participants from each racial group who have successfully completed or been unsuccessfully terminated from the program. Rates of program completion for each race represent the proportion of participants of a given race who successfully completed the program to the total number of participants of that race who have been discharged by the program (successfully or unsuccessfully). Rates of program termination for each race represent the proportion of participants of a given race who were terminated from the program to the total number of participants of that race who have been discharged by the program (successfully or unsuccessfully). Rates of program completion are slightly higher for Caucasian participants, while rates of termination are comparable for African American and Caucasian participants.

**Table 3. Rates of Program Completion and Termination by Race**

Race	Drug Court Status	
	Graduated	Terminated
African/African American	23%	77%
Caucasian/White	31%	69%
Native American	0%	100%
Other	NA	NA

Table 4 below shows that the court has treated and is currently treating many more males than females.

**Table 4. Drug Court Status by Gender**

Gender	Drug Court Status			
	Active	Graduated	Terminated	Total
Female	11	14	28	<b>53 (26%)</b>
Male	38	26	88	<b>152 (74%)</b>
<b>Total</b>	<b>49</b>	<b>40</b>	<b>116</b>	<b>205 (100%)</b>



Table 5 below describes the proportion of male and female participants who have successfully completed or been unsuccessfully terminated from the program. Rates of program completion for each gender represent the proportion of participants of a given gender who successfully completed the program to the total number of participants of that gender who have been discharged by the program (successfully or unsuccessfully). Rates of program termination for each gender represent the proportion of participants of a given gender who were terminated from the program to the total number of participants of that gender who have been discharged by the program (successfully or unsuccessfully). Rates of program completion and termination differ slightly across gender, with females having higher rates of successful program completion and males having higher rates of termination.

**Table 5. Rates of Program Completion by Gender**

Gender	Drug Court Status	
	Graduated	Terminated
Female	33%	67%
Male	23%	77%

Table 6 below shows that alcohol is the primary drug of choice for almost half of all participants served by the drug court, followed by crack and marijuana. Cocaine is a less popular drug of choice, while heroin, narcotics, and other drugs are rarely the drug of choice for participants entering the program.

**Table 6. Drug Court Status by Primary Drug of Choice**

Primary Drug of Choice	Drug Court Status			
	Active	Graduated	Terminated	Total
Alcohol	24	16	34	74 (42%)
Cocaine (powder)	3	1	7	11 (6%)
Crack	7	5	28	40 (23%)
Heroin	0	1	3	4 (2%)
Marijuana	6	8	27	41 (23%)
Narcotics/Opiates (Other than Heroin)	1	0	1	2 (1%)
None	0	0	1	1 (1%)
Other	2	0	2	4 (2%)
<b>Total</b>	<b>43</b>	<b>31</b>	<b>103</b>	<b>177 (100%)</b>

Table 7 below shows the rates of program completion for users of each of the types of drugs reported as the primary drug of choice in the MIS database. Rates of program completion for each primary drug of choice represent the proportion of users of a given primary drug who successfully complete the program to the total number of users of the primary drug who have been discharged from the program (successfully or unsuccessfully). Rates of program termination for each primary drug of choice represent the proportion of users of a given primary drug who are unsuccessfully terminated from the program to the total number of users of the primary drug who have been discharged from the program (successfully or unsuccessfully). Rates of program completion are highest for alcohol, heroin, and marijuana users, and lower for

users of crack and cocaine. Rates of unsuccessful termination from the program are highest for users crack and cocaine, followed closely by rates for users of heroin, marijuana, and alcohol.

**Table 7. Rates of Program Completion and Termination by Primary Drug of Choice**

Primary Drug of Choice	Drug Court Status	
	Graduated	Terminated
Alcohol	32%	68%
Cocaine (powder)	13%	87%
Crack	15%	85%
Heroin	25%	75%
Marijuana	23%	77%
Narcotics/Opiates (Other than Heroin)	0%	100%

As can be seen in Table 8 below, judges serve as the primary referral source for approximately half of all participants who are referred to the drug court. Followed by judges, participants are equally likely to be referred to the court by probation/parole officers and private defense attorneys. District attorneys and the offender himself or herself are among the least likely referral sources for the program.

**Table 8. Primary Referral Source**

Primary Referral Source	N	Percentage
DCC (Probation/Parole Officer)	55	27%
District Attorney	2	1%
Judge	100	49%
Other	0	0%
Offender	2	1%
Police	1	0%
Private Defense Attorney	46	22%
<b>Total</b>	<b>206</b>	<b>100%</b>

As Table 9 below shows, the most common referral source for both African Americans and Caucasians is judges. Caucasians are more likely than African Americans to be referred to the court by a private defense attorney. There do not appear to be significant differences in referral source based upon gender.

**Table 9. Primary Referral Source by Race**

Primary Referral Source	Race				
	African / African American	Caucasian / White	Native American	Other	Total
DCC (Probation/Parole Officer)	27%	21%	100%	33.3%	<b>53 (24%)</b>
District Attorney	0%	2%	0%	0	<b>2 (1%)</b>
Judge	57%	44%	0%	33.3%	<b>109 (50%)</b>
Other	1%	0%	0%	0	<b>1 (0%)</b>
Offender	1%	1%	0%	0	<b>2 (1%)</b>
Police	0%	1%	0%	0	<b>1 (0%)</b>
Private Defense Attorney	14%	31%	0%	33.3%	<b>49 (23%)</b>
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>217 (100%)</b>

As shown below in Table 10, of the instances recorded in the MIS database, the most common reason for discharge from the program is DTC non-compliance. Discharges due to positive drug tests are also common, while discharges due to new arrests or convictions are much less common.

**Table 10. Primary Reason for Discharge due to Termination**

Primary Reason for Discharge	N	Percentage
DTC non-compliance	62	60%
New arrest - drug/alcohol crime	3	3%
New arrest - non-drug/alcohol crime	0	0%
New conviction - drug/alcohol crime	0	0%
New conviction - non-drug/alcohol crime	0	0%
Positive drug/alcohol tests	13	13%
Technical probation violation unrelated to DTC	0	0%
Voluntary withdrawal	0	0%
Neutral discharge	12	12%
Transferred to another DTC program	0	0%
Deceased	0	0%
Other	14	13%
<b>Total</b>	<b>104</b>	<b>100%</b>

As shown below in Table 11, participants are equally likely to be discharged due to failure to attend treatment and court sessions, and failure to make the appropriate contacts required for case management supervision.

**Table 11. Types of DTC Non-compliance Leading to Discharge**

Type of non-compliance *	N	Percentage
Failure to attend treatment	75	21%
Failure to attend court	73	21%

Failure to make case manager contacts	72	20%
Failure to make probation contacts	60	17%
Failure to meet other requirements	68	19%
Other	7	2%

*\*Participant may have more than one recorded type of DTC non-compliance.*

Table 12 below shows that, on average, participants who are referred to the program complete their initial interview within 29 days after referral. Once participants are declared eligible, the intake and admission process occurs quickly, and participants begin attending DTC sessions almost immediately. The average number of days from referral to admission is 56.

**Table 12. Average Length of Time for Program Referral, Interview and Admission**

<b>Time Interval</b>	<b>N*</b>	<b>Mean</b>
Number of days from Referral to Interview	46	29
Number of days from Intake Interview to Admission	152	3
Number of days from Admission to First DTC session	66	4
Number of days from Referral to Admission	19	56

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

Tables 13 below shows that the majority of case management appointments and court sessions required for program compliance are kept by participants. Participants have a slightly lower rate of attendance at AA/NA treatment sessions. Participants are rarely excused from required court sessions.

**Table 13. Compliance with DTC Requirements**

<b>Compliance Issue</b>	<b>Mean Proportion</b>
Proportion of case management appointments made to appointments required	80%
Proportion of AA/NA appointments made to appointments required	69%
Proportion of court sessions attended to court sessions required	73%
Proportion of court sessions missed to court sessions required	26%
Proportion of court sessions excused to court sessions required	.5%

As can be seen in Table 14 below, the vast majority of drug test results have been negative. Cocaine tests are more likely to return positive results than other drug tests. The likelihood of participants admitting use, of inconclusive test results, or the lab rejecting a specimen are rare, as is the likelihood of participants failing to show for a drug test except in the case of “other” drug tests.

**Table 14. Drug Test Results**

Drug Test Result	Type of Drug Test				
	Cocaine (N = 2,697)	Marijuana (N = 2,475)	Opiates (N = 2,021)	Methamphetamines (N = 1,106)	Other (N = 96)
Admitted use	0%	0%	0%	0.5%	1%
Did not show for test	1%	1%	1%	0.5%	11%
Inconclusive results	0%	0%	0%	0%	0%
Lab rejected specimen	0%	1%	0%	0%	0%
Negative, based on test	92%	94%	97%	98%	73%
Positive, based on test	7%	4%	1%	1%	15%
Refused/unable to give specimen	0%	0%	0%	0%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

According to the MIS database, 25 applicants have been declared ineligible for the drug treatment court. For these 25 applicants, the reasons for ineligibility appear in Table 15 below. Note that more than one reason for ineligibility may apply for each participant. The most commonly identified reasons for ineligibility are DTC team determination of ineligibility or inappropriateness of the program for the offender, and the offender’s unwillingness to participate.

**Table 15. Reasons for Ineligibility**

Reason for Ineligibility	N	Percentage
Not chemically dependent	3	8%
Not willing to participate	8	22%
Current violent offense	0	0%
History of non-violent offenses	0	0%
Charged/Convicted of ineligible nonviolent offense:	0	0%
Habitual felon	0	0%
Disqualifying pending charges:	0	0%
Seller only (not user):	0	0%
Does not reside in DTC service area:	1	3%
Active sentence required by law:	0	0%
Weapon involved in current offense:	0	0%
DTC team determination of ineligibility OR inappropriateness:	10	27%
Other reason for ineligibility	15	41%
Non-compliant with DTC pre-admission requirements	0	0%
<b>Total</b>	<b>37</b>	<b>100%</b>

**Summary of Main Findings from Analysis of MIS Data:**

1. The majority of participants served by the court are male, residents of Person County, and have a high school education or lower levels of educational attainment. Approximately half of the participants enter the court unemployed.
2. The court has treated slightly more African Americans than Caucasians; treatment for individuals from other ethnic groups has been minimal. The rate of program completion is slightly higher for Caucasian participants, however, African Americans and Caucasian participants have had similar rates of termination from the program.
3. Alcohol is the most popular primary drug of choice, while heroin, narcotics, and other drugs are far less common. Alcohol users have the highest rates of program completion, while users of crack and cocaine have the highest rate of termination from the program.
4. Judges serve as the primary referral source for the program. Caucasian participants are more likely to be referred to the program by private defense attorneys than are African American participants.
5. The most common reason for discharge from the program is DTC non-compliance. Failure to attend treatment and court sessions, and to make the required contacts with case managers and probation officers are the most frequent types of non-compliance cited; however, testing positive on drug and alcohol screens, “neutral discharge,” and “other” are also fairly common reasons for discharge.
6. In general, the process of admitting participants who are deemed eligible for the program is accomplished in approximately 56 days. Admission occurs quickly after the intake interview is completed, and attendance at the first required DTC session occurs quickly after admission.
7. Participants attend the majority of required meetings, court sessions, and appointments, and participants are rarely excused from court sessions.
8. The most frequently recorded reason for ineligibility for the program is “other,” followed by a team determination of ineligibility or inappropriateness of the program for the participant and the offender’s refusal to participate in the program.

## **Description of Drug Court Team**

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

Seven of the eight PCADTC team members were identified and agreed to be interviewed regarding their roles and responsibilities in the drug court. The drug court team consists of the Judge, several rotating Assistant District Attorneys (one was interviewed), two Defense Attorneys, several rotating Probation Officers (one was interviewed), the Treatment Provider, the Drug Court Program Director, and a Case Manager. The Case Manager position was vacant at the start of this process evaluation, and was filled after all data collection had been completed; therefore, the current Case Manager was not interviewed. This program has had a low employee turnover rate, and most of the employees of the PCADTC were involved with the program from its inception, or were brought into the program through their employment in other areas of the court system. This section describes the roles and responsibilities of each member of the team.

The chief role of the Judge is to provide leadership to the DTC team, a role that is fulfilled while balancing between the two aims of motivating participants toward program success while holding them accountable for their actions within the program. The Judge is responsible for explaining the drug court requirements to each participant, and plays an active part in participants' recovery, rather than merely referring them to treatment. Participants appear before the Judge so that he can monitor their progress and impose sanctions or give rewards dependent upon the participant's compliance with the program rules. In this way, the Judge develops a personal relationship with each participant and provides an authoritative and "cheerleading" role. As a result of this relationship, the participants wish to make the Judge happy because they respect him and his authority, and understand his concern for them. According to the majority of the team members and the participants themselves, the Judge's interaction with the participants is one of the most valuable aspects of the program. The Judge is present at all pre-court team meetings, and works with other core members to ensure smooth functioning of the program. The Judge is the final arbiter, and has the authority to override team decisions, if necessary.

The Assistant District Attorney (ADA) rotates with several other ADAs in completing duties relating to drug court. The representative ADA attends team meetings, reviews every case involving a potential drug court charge, and is responsible for determining who is admitted into DTC. The ADA leads in questioning participants about possession and use of drugs. Once participants are enrolled in the program, the ADA assures that DTC participants are held accountable for their actions, protects the rights of any victims of the participant's offenses, and works toward achievement of the program's long-term goal of rehabilitation and recovery. The ADA works jointly with the presiding Judge, the Defense Attorney, and the Probation Officer to maintain a well-functioning team.

There are two Defense attorneys for this drug court. One of the Defense Attorneys interviewed saw his role as a "hybrid role," encompassing a number of functions, including advocating for the rights of the participant, providing a "checks and balances" system in reference to the District Attorney's office, providing support and encouragement for program compliance for the participant, and providing informational resources for the participants, and serving as a facilitator for the Judge and the program as a whole. The Defense Attorneys work with other team members to help attain the goal of recovery for the participant. Additionally, one of the Defense

Attorneys is responsible for collecting and maintaining records of participants' payments of court program fees.

The Probation Officer (PO) is also a rotating position for this court. There are four Probation Officers currently in rotation, and when on drug court duty, the PO is in charge of providing supervision of the participants. The PO is responsible for much of the legwork involved in supervising participants outside of court and treatment sessions. He performs curfew checks and conducts drug screens when necessary. The PO in rotation also attends all team meetings, and provides updates and information regarding any violations or infractions that participants have committed.

The Treatment Provider is responsible for providing group therapy services to the participants, performing clinical assessments, and assisting with drug testing. He attends all team meetings and shares information with other team members to ensure the best treatment for the participants. The Treatment Provider also develops a relationship with the participants so that they trust him, remain engaged and motivated to stay in the program, and remain focused on their long-term goals.

The Program Director is responsible for the general maintenance of the program, including writing program reports; creating and communicating program policies; hiring, training, and terminating team members; and fiscal management. Additional responsibilities include attending team meetings and assisting with drug testing. In this court, during the course of the process evaluation, the Director was also fulfilling the majority of the duties that would otherwise be performed by the Case Manager. These include completing the referral and intake process, receiving and documenting weekly telephone check-ins from participants, and monitoring attendance at group treatment and local AA/NA meetings. The Director also tracks all participant data using the MIS.

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

The educational background, experiences, and training of the team members, as well as procedures for orienting new team members to the court, are described in this section.

#### **Orientation Procedures**

New additions to the Drug Court Team are generally brought to a team meeting by their predecessor or the Drug Court Director and are introduced to all the other team members. Training is accomplished through an informal shadowing process. Most of the team members report that this strategy is effective, and most did not report having un-addressed training needs.

#### **Drug Court Judge**

The Judge is a graduate of the National Judicial College's course on Advanced Special Court Jurisdiction. He completed the "Juvenile Certification" training of the North Carolina Association of District Court Judges and N.C. Institute of Government. He has completed numerous "judge only" courses that address court administration, street gangs, victims of crimes, calendar control, special evidence problems, dynamics of domestic violence, pharmacology of substance abuse, and traffic court administration. He was a participant in the Department of



Corrections study commissions on the future of corrections and community corrections. He is on the Education Committee of the North Carolina Association of District Court Judges. He has authored articles for the *Wake Forest Law Review* and for statewide legal journals. He was a guest lecturer for an international training session of Volunteers in Prevention, Probation, and Prisoners, Inc., of Royal Oak, Michigan. He has had over 12,000 criminal cases resolved by trial or plea, and over 1,000 civil cases resolved to date with no reversals in courts of appeals. He has been the presiding judge of the Person/Caswell Drug Treatment Court since 2000. Although requested, a resume or curriculum vitae was not provided; therefore, the Judge's educational background and additional qualifications are not presented in this report.

### **Assistant District Attorney**

The ADA interviewed is one of several rotating ADA's serving the drug treatment court. He received his B.A. from the University of North Carolina at Chapel Hill in August of 1995, and was awarded his Juris Doctor from the University Of Tennessee College Of Law in May of 1998. While in law school, he was a Summer Law Clerk with North Carolina Prisoner Legal Services, and also with a Tennessee Public Defender in the Sixth Judicial District. While completing his law degree, he worked with Knoxville Citizens for Police Review. The ADA has been working with the PCADTC since October of 1998. Continuing education activities include attending the National and State Drug Court conferences, as well as other District Attorney conferences.

### **Defense Attorney #1**

This defense attorney's education includes a B.S. in Business Administration from the University of North Carolina at Chapel Hill, completed in 1975. He obtained his Juris Doctor from Wake Forest School of Law in 1978. Since then he has been a practicing attorney. He has been involved in the PCADTC since its inception. Continuing education includes the National and State Drug Court conferences. This defense attorney stated that the pharmacology lectures that are delivered through the National and State Drug Court conferences are particularly helpful to him in his role within the drug court.

### **Defense Attorney #2**

This defense attorney's education includes a B.A. in Economics from the University of North Carolina at Chapel Hill, completed in 1993, and a Juris Doctor from Campbell University's Norman Adrian Wiggins School of Law, completed in 1996. While in law school, he served as a law clerk in Eden, North Carolina. Directly after law school, he became an Associate at Harrington and Stultz in Eden, North Carolina. He was a sole practitioner of law in Eden, North Carolina from 1997-1999. Subsequently, he became a Partner at Stultz and Noe in Eden, North Carolina for four years, until becoming a Partner at Tolin and Stultz in Roxboro, North Carolina, in 2003. He has been a defense attorney for PCADTC since his arrival in Roxboro in 2003. He has also attended the National and State Drug Court conferences to obtain training relevant to the drug treatment court program.

### **Probation Officer**

The PO interviewed for this process evaluation obtained a B.A. in Criminal Justice from Eastern Carolina University. He has been a rotating member of the drug court team for a few years.

Although it was requested, no resume or further background information was provided for this team member.

### **Treatment Provider**

The Treatment Provider obtained a B.A. in Social and Behavioral Sciences from Rochville University in Sarasota, FL in 2002. He also completed a Drug Program Management and Supervision program at Marjorie Webster College in 1974. He joined the PCADTC in 1996 as the substance abuse treatment provider through his affiliation with Life Changes Counseling & EAP. Prior to joining the PCADTC team, he served as Program Director for a residential treatment program in Danville, Virginia, and prior to this, served as an individual and group counselor in both outpatient and residential substance abuse treatment facilities. He has been involved with the PCADTC from its inception.

### **Program Director**

The Program Director for the PCADTC received his B.S. from North Carolina A&T State University in 1984, his Master of Divinity from Shaw Divinity School in 1996, and his Doctor of Ministry Degree from Virginia Union University in 1999. His previous work experiences include teaching a Job Survival Skills course at Durham Technical Community College in Durham, North Carolina, and serving as an instructor/counselor for Human Resources Development at Piedmont Community College in Roxboro, North Carolina. He has been the Program Director since 1997. He is a certified Trainer with Excell Inc., Zenger Miller Inc., The Pacific Institute Inc., SASSI Inc., and Survival Skills for Men and Youth. He is a graduate of the North Carolina Community Leadership Program, and has received several teaching awards. Continuing education includes National and State Drug Court conferences; he stated that he finds all aspects of this training helpful in performing the responsibilities of his job, and has particularly benefited from the pharmacology lectures.

### ***Conclusions and Recommendations***

In general, the roles and responsibilities of the PCADTC team members are clearly defined, and team members are aware of the duties of the other members as well as the responsibilities entailed in their individual positions. Many of the team members voiced the need for a Case Manager, which has since been fulfilled. Many of the team members also felt it would benefit the program to have a dedicated ADA and a dedicated PO, rather than rotating personnel within each of these positions. Having a dedicated PO and ADA would ensure better continuity and information sharing among team members.

One exception to the otherwise clear definition of roles and responsibilities is the role of the Defense Attorney. One Defense Attorney stated that because of the required team collaboration and nonadversarial approach that is necessary in order to make the DTC program work, his role as Defense Attorney is executed in a manner that is different from other legal contexts. In other words, because they are part of a team working jointly for the best interests of both the community and the participant, the Defense Attorneys are often required to step outside of what is traditionally seen as the role of the defense attorney (to advocate for the rights of the defendant unequivocally) in order to meet the best interests of both the participant and the program as a whole. This is an area in which the team would benefit from additional discussion and decision-

making regarding the role of the Defense Attorney, both in theory and in practice, in the context of the drug treatment court program.

In general, the PCADTC team members are adequately trained to efficiently and competently fulfill their respective roles within the court. One recommendation regarding staff qualifications is to carefully review the certifications and licensure of all treatment providers for the program. This recommendation may become increasingly important in light of the 2005 Guidelines for North Carolina Drug Treatment Court Programs, which will require that all treatment be provided by a certified treatment provider.

An official orientation procedure is not currently in place for new employees. Because the team has had low turnover, the current orientation procedures appear to be effective. However, although team members reported that shadowing is an effective orientation strategy, standardizing the orientation procedure and providing a more formal orientation to the respective roles of individual team members would provide a mechanism for ensuring that all team members are fully aware of all expectations regarding their respective roles. Such standardization would further enhance team members' capacity to efficiently fulfill their role on the team and would increase new members' knowledge of other team members' roles, responsibilities and resources.

In terms of training and continuing education, all team members have attended the National and State Drug Court conferences, and all reported that these conferences have been very beneficial to their work in the drug court program. A few team members expressed that on-going training is always helpful with respect to learning new techniques for dealing with persons with substance abuse problems and for those persons who come into the program with dual diagnoses. Based on the challenges and barriers that were identified (to be detailed in subsequent sections), we recommend that team members also attend drug treatment court and/or substance abuse trainings that are more tailored to the unique challenges that rural communities face in accessing service delivery systems and sustaining and enhancing treatment services for substance abuse and addiction.

Finally, one team member reported a need for better training and access to the MIS, stating that the system interface was not user-friendly, and citing the inability of private defense attorneys to access the MIS as specific concerns. An AOC informant stated that plans to address both of these issues are being developed, however, open communication about these plans and assessment of the training needs of MIS users should be a priority.

### **Assessment of Team Functioning Based on Team Interviews and Observations**

It is clear that the team, as a whole, functions as a cohesive group and that individual team members respect one another and see one another as the chief assets of the program. Drug court team members all reported the relationships among team members to be excellent, describing the team as close, friendly, mutually respectful, comfortable, and trusting. The team members all reported communication in team meetings to be clear and effective. One team member reported that communication outside of the team meetings might be improved with respect to receiving needed information in a timely way; however, these communication problems were isolated to the PO and ADA positions, which rotate. Overall, the communications among the team were reported to be of excellent quality and quantity.

Based on observations of the drug court team meetings prior to court, and based on reports from the team members, decision-making in the PCADTC occurs via consensus-based and generally democratic processes. At each meeting, as participants are being discussed, every team member provides his respective piece of information about the participant. The Judge leads the meetings, and with the aid of the team members, assimilates the information provided by each team member and facilitates the decision-making process with regard to the imposition of sanctions and distribution of rewards and recommendations for discharge (termination or graduation). All team members are given equal opportunity to give their input in the process. The Judge is the final arbiter, and can veto a team decision; however, it was clear during the observed team meeting that each team member's perspective is valued and seriously considered as decisions are made about each participant.

Team members described the decision-making process as "a round-table discussion," a voting process whereby the Judge can veto if he sees fit. Two of the team members reported that the Judge may, on occasion, go into court and rule differently from what was decided in the meeting; however, these team members felt that this does not occur often and is not done without good reason. Team members offered no complaints about the decision-making process. One team member commented that occasionally, one of the ADAs is late to team meetings or misses a meeting altogether, and then has to "win his way back into the team's good graces." During the team meeting that was observed, the ADA did arrive late, but this was due to clearly extenuating circumstances involving a family emergency. With respect to individual influences on decisions, one team member reported the Director to be the most knowledgeable about the participants, while another reported that the team often defers to the Treatment Provider, since he has the most knowledge of the participants' progress.

One aspect of the team meeting that should be noted is the team member's comments when discussing the participants in team meetings. Although the general attitude toward the participants was one of respect and concern, at different junctures, several team members made jokes about the participants during the team meeting. If unchecked, these ways of talking about participants might result in undermining the professionalism of the team and/or respect for the drug court participants.

### ***Conclusions and Recommendations***

The protocol for decision-making is fair and equitable. Given the stability of the team, and their trusting, respectful relationships with one another, the current system works well. The pre-court team meetings are viewed as particularly helpful in that they are well run, efficient, and provide the information necessary to judiciously deal with the participants. The structure and order of the program, cooperation between team members and dedication of team members to the purpose of the program are more general strengths identified as characteristics that keep the court running smoothly and accomplishing its main objectives. All the team members feel their input matters, and the team generally agrees that, due to team members' varied areas of expertise, the decisions made by the team are sound and well-informed. One recommendation regarding decision-making is to ensure that instances in which the Judge's ruling in open court differs from the decision that was reached by team consensus are reduced or eliminated, and in such cases, that the reason for the alternative ruling is documented and discussed at the next team meeting.

The team should maintain respect for the participants at all times, even when discussing cases in private quarters. Bearing this note of caution in mind will help to assure professionalism at all times, and especially when new team members are added to the team and oriented to the court.

Communication problems that were noted by team members seem to be linked to staffing issues related to the rotating PO and ADA positions. Having dedicated positions from each of these agencies would likely resolve many of these issues, and as stated above, would also ensure more continuity and better information sharing among team members.

### **Assessment of Team Based on Participant Interviews and Focus Group**

Both active and former participants reported that the team members were helpful, concerned, and respectful towards them. The participants were unanimous in their appreciation of both the Treatment Provider and the Judge. Active participants stated that the Treatment Provider was the most helpful team member. They reported that it is “easy to talk and relate to” this team member, and feel that this team member understands what they are experiencing. They reported that the Judge seems to really care about them, and is helpful to them in their struggle for their recovery. A few active and a couple of former participants stated that the Director was especially helpful to them; others did not agree. Several participants mentioned that they did not find the previous Case Manager to be helpful, and felt that this person did not respect them.

All of the active participants and one former participant mentioned that they thought the program’s defense attorneys were supposed to be “on our side, but they’re not,” which made participants feel that the defense attorneys are generally less helpful than the other team members. Several of the participants reported feeling as though “all the defense attorneys cared about was getting money” from them.

Several participants complained about the communication between the team and the participants. Specifically, when there are logistical changes, the participants reported only finding out about them when they happened to call the Director for their weekly check-in. An example of when this type of problem occurs is during inclement weather. Participants cited a recent example in which, because of snow, a group session was cancelled; however, some of the participants showed up for the scheduled group treatment session because they did not know about the cancellation. This situation was especially frustrating for participants who had transportation problems, which had been compounded by inclement weather.

In terms of additional team members who might be helpful, almost all participants agreed that adding a counselor for individual therapy would be a useful supplement to group treatment sessions. They also stated that having someone to help them find employment would be very helpful.

### ***Conclusions and Recommendations***

Overall, participants have a positive impression of and regard for the team members, especially the Judge and the treatment provider. However, participants are less positive about the role of the defense attorney. There is a fundamental divide between how the defense attorneys see themselves and how the participants see them. Participants believe that the defense attorney should be exclusively “on their side” and “for their best interests.” There is a consensus on the

part of active participants and one former participant that the defense attorneys are not in their corner, but working against them, to some extent. In contrast, the defense attorneys see themselves as both an advocate for the participant and an informational resource for the court, as a whole. One of the defense attorneys interviewed stated that he argues both sides and sees himself as a facilitator for the Judge and the program as a whole in terms of meeting legal needs.

One way to address this divide is to examine the communication (written and verbal) that is made to participants regarding the role of the defense attorney, and to review the role of the defense attorney in light of the standards set forth in the Best Practices for Model Drug Treatment Courts (Administrative Office of the Courts, 2004):

*“The role of the defense attorney (public defender or appointed or retained attorney), in both adult criminal cases and juvenile delinquency proceedings, is to assure that participant clients achieve the long range rehabilitative goals of the program while assuring that their substantive and procedural rights are fully protected at every stage of the process. The defense attorney should work with the presiding judge, the prosecutor and the probation officer or juvenile court counselor as part of a constructively functioning team.”*

The role of the defense attorney as stated in the PCADTC participant handbook is tri-fold: 1) to ensure that the court’s procedures and protocols are in the defendant’s best interests; 2) to explain the case disposition that would likely occur if the defendant completes or fails to complete drug court; and 3) to establish a supportive relationship with the drug court participant to encourage compliance with program guidelines. Based upon the communication with participants from team members and written materials, participants believe that the defense attorney should be “on their side,” and that being “on their side” entails serving their best interests at all times. The fact that participants uniformly agreed that this was not occurring suggests a need for re-evaluation of communication and/or practices regarding role of the defense attorney.

Evaluating current beliefs and practices regarding the roles and responsibilities of the Defense Attorney objectively in light of the state’s standards for Best Practices might reveal that the current team expectations and practices align with the best practices guidelines. In this case, more thorough communication with the participants concerning the role of the Defense Attorney could be helpful. Alternatively, evaluating the role of the Defense Attorney in light of the state’s Best Practices guidelines may suggest the need to establish policies regarding the functioning of the PCADTC Defense Attorney that are more reflective of the state’s standards as described above. In either case, proactive and accurate communication with participants regarding the role of the Defense Attorney may help to address the discrepancy between participants’ beliefs about the role of the attorney and the actual practices of the team. Providing such explanations verbally and in writing are two possible ways of effectively communicating the role of the Defense Attorney to the participants.

Regarding communication between the participants and the team members concerning logistical issues, participants perceive are expected call in and find out about schedule changes. Team members feel that this is an appropriate expectation, given that learning to be responsible for maintaining schedules and complying with program rules and requirements are important aspects of the drug treatment court model. It is recommended that the team make sure that the participants understand this expectation, and understand that it is their responsibility to call in to

hear outgoing messages regarding logistical changes due to inclement weather or other unforeseen circumstances. An alternate possibility is the implementation of a phone tree to proactively disseminate messages regarding last-minute changes. The Program Director might evaluate whether all of the court's clientele are reachable by telephone and thus, whether implementing a phone tree is a viable option. These suggestions would help to assure that participants are fully informed proactively about logistical changes and would assure that all participants have equal access to information and changes that affect them.

In terms of communication regarding more substantive programmatic changes, it is clear that participants would rather hear about these types of changes from a member of the team rather than from other participants. Hearing about substantive changes from their peers makes some participants feel that they are "out of the loop" and that only certain participants are privy to important information. For communication of these types of changes, setting aside a few minutes at the beginning of court and treatment sessions to announce and explain programmatic changes, and having these changes available in written form (e.g., via program newsletters), would both address participants' need for and right to information, as well as allay their concerns that information is a privileged resource to which only certain individuals have access.

## **Description of Current Program**

### **Program Overview**

The purpose of the PCADTC is to address issues of public safety while focusing on the long-term goal of recovery from substance abuse and addiction for the participant. PCADTC is a pre-plea court operating on a deferred prosecution model. Information about the program is disseminated to the community by law enforcement, attorneys, the Court, local faith-based organizations and local community agencies. This program is offered as an alternative to incarceration, and is an effort to make the community a safer place. Participants who graduate from this program should feel empowered to take active control of their lives and to move forward as productive members of society. Upon completion of this program, the charges that led to drug court sentencing are dismissed. The following section describes each element of the drug court treatment program, from referral through discharge and aftercare for participants.

### **Admission / Intake**

PCADTC receives referrals from a variety of sources, including judges, family members and friends of offenders, law enforcement, attorneys, and local ministers. Upon receiving a referral from any of these entities, a cover sheet is prepared by the Program Director for the prospective drug court participant, which includes the defendant's name, address, age, social security number, criminal charges, the names of the police officers and victims (if any), and whether or not the officers and victims have been notified that the defendant is an applicant for Drug Court. This cover sheet is presented to the District Attorney for approval or disapproval. The application process is completed within a two-week period, and the defendant is notified of acceptance or rejection for PCADTC. The Program Director communicates with the magistrate's office at least twice weekly to obtain the names and begin the process of screening for eligibility for the drug treatment court.

The Program Director then contacts the defendant or his or her attorney to provide information and assistance if the defendant wishes to be considered for the program. A case manager would normally perform these duties; however, there is not currently a case manager for this court. From this point forward, these cases are passed on to the District Attorney. Currently, the Program Director administers the SASSI eligibility screening when he has the initial intake meeting with the potential participant. Now that a Case Manager has been hired, this will be one of her responsibilities.

An individual's admission to the drug treatment court is completed and witnessed in open court as the Judge gives the participant a detailed overview of the program requirements; reviews all legal paperwork, admission of guilt statement, and release forms; reviews any restitution owed; reviews the participant's work status; describes expectations regarding compliance with court rules; discusses the ramifications of termination from the program; and discusses the dismissal of charges that will result upon successful completion of the program. The Judge then asks the participant if he or she has any questions and ascertains that he or she fully understands the expectations and requirements of the drug treatment court, after which signatures are completed and the participant is dismissed.

### ***Conclusions and Recommendations***

The PCADTC has a clearly defined process for screening and admitting participants, which seems to result in timely admission into the program once participants are deemed eligible. This function was able to continue in the absence of a Case Manager, largely due to the Director's assumption of roles and tasks that would otherwise be performed by a Case Manager. Although this aspect of the program seems to be functioning well, two recommendations may strengthen this program component. First, in many other drug treatment courts, the District Attorney's office screens all drug-related cases for eligibility. The lack of involvement in the screening process of the DA's office may contribute to a failure to identify cases that may meet the minimum eligibility criteria for admission to the drug court program. Second, the program does not have in place a screening mechanism to determine whether the drug court has already served an applicant. The team might consider developing additional screening and eligibility criteria for former participants in order to protect the state's investment in the program. The AOC might consider conducting an evaluation of the efficacy of drug treatment courts for repeat participants in order to guide local drug courts in the development of additional screening and eligibility criteria.

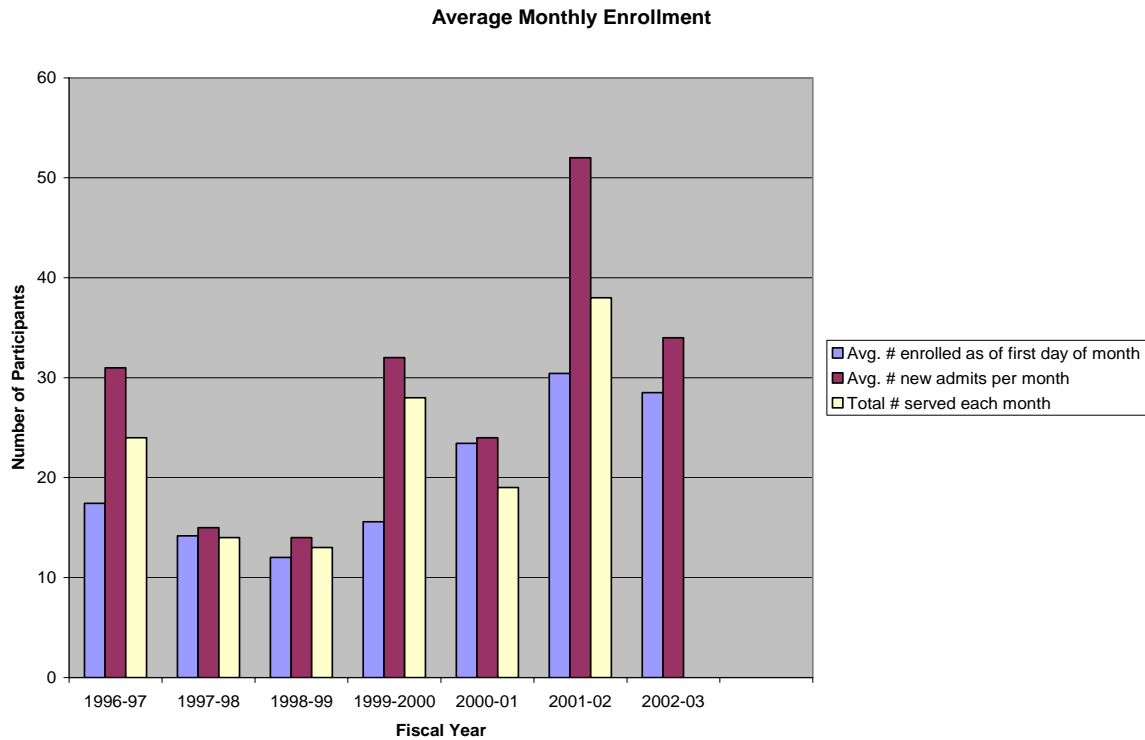
### **Program Capacity**

Currently, the PCADTC's program capacity is 35 participants. The graphs below provide a visual illustration of the patterns of monthly enrollment and yearly discharges, based on available monthly program data for fiscal years 1996-2002. As can be seen in Figure 1 below, analysis of program capacity reports for fiscal years 1996 through 2002 submitted by DTC personnel shows that the court has sporadically operated at, above, or below capacity. The number of new monthly enrollments generally increased steadily from the inception of the program until 2003, with the exception of a dip in enrollment during fiscal years 1997 and 1998. According to both an AOC informant and DTC team members, these dips in enrollment reflect funding crises, periods in which the sustainability of the court was perceived to be in jeopardy of losing funding.



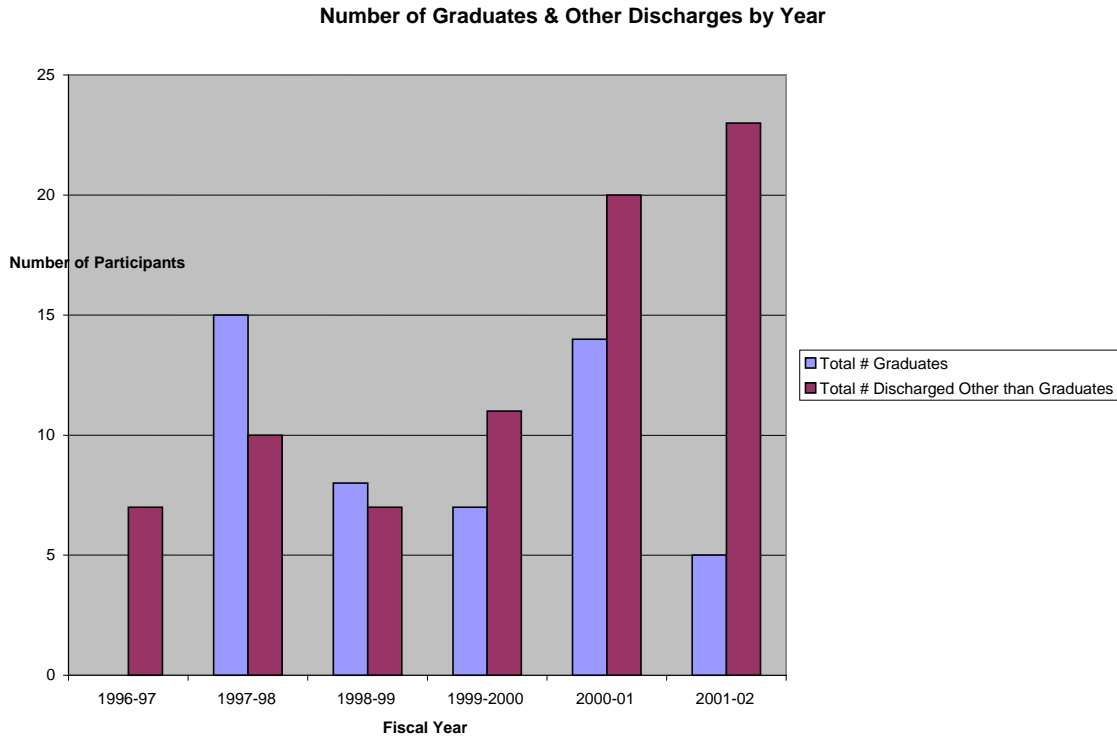
In circumstances such as these, team members discussed the difficulty of continuing to admit new participants without having the assurance that they will be able to continue to operate the court. In general, the data suggest that average monthly enrollment increased steadily over the course of the years for which monthly program capacity data were available.

**Figure 1. Average Monthly Enrollments by Fiscal Year**



In terms of program discharges, Figure 2 below shows that since 1999, the court has had more participants discharged from the program for reasons other than graduation than it has had graduates. The number of graduates has fluctuated, and there is no discernible trend toward increases or decreases in the numbers of graduates. However, it is noteworthy that the proportion of terminated participants to graduates appears to be increasing over time, suggesting that it is increasingly more likely for participants to be terminated from the program than it is for them to successfully complete the program.

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



***Conclusions and Recommendations***

The growing ratio of terminated participants to graduated participants is disturbing, and suggests a need for the court to investigate whether there are patterns that might explain these results. Directing resources toward interviews with team members, recently discharged participants, clinical record reviews, and quantitative outcome analyses could be valuable methods to help identify factors contributing to the pattern of increased program termination. This information could be used to inform potential changes or modifications in the treatment protocol, court proceedings or other relevant program components.

**Eligibility Criteria**

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

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

- (1) Be either
  - a. diagnosed as chemically dependent under the Substance Abuse Subtle Screening Inventory, or
  - b. diagnosed as borderline chemically dependent under that Inventory and present documented collateral indicative of chemical dependency
- (2) Be eligible for community or intermediate punishment for all pending offenses; and

- (3) Meet all other reasonable eligibility requirements established by the local program.

In addition to these minimum requirements from the AOC, to participate in the PCADTC Program, individuals must be 18 years of age or older, and a resident of either Person or Caswell County. These local eligibility requirements are consistent with the NC guidelines and are maximally inclusive of potential participants.

### **Drug Court Contract**

All participants who enter the drug court program are sworn in during the bi-weekly court hearings. They are also briefed about the program in a separate meeting with the Program Director. In this meeting, the new participant signs a contract that outlines the basic components of drug court. It is reported that the participants also learn some of the rules of the program from the other participants. The participants themselves report that they feel they know what is expected of them, and that they learn what is expected, required, and permitted very quickly.

Participants are also oriented to the general rules and regulations of the Drug Court Program through the Participant Handbook. It should be noted that a revised Participant Handbook is in the final stages of development. However, the contents of the revised handbook will not be discussed in this report, as this document has not yet been distributed to participants. The rules and regulations enumerated in the current Participant Handbook are as follows:

- Participants may not use any alcohol or controlled substance, unless prescribed by a licensed physician.
- Participants may not frequent any place where drugs are sold or used, and may not associate with drug users or dealers.
- Participants must provide urine samples upon request and pay for the urine tests, unless previously found indigent by the Court.
- Participants must report, as directed, to Court and the case manager, and truthfully answer all questions.
- Participants must work regularly at a lawful occupation or be enrolled in an accredited training program in preparation for work.
- Participants must obtain a GED or Adult High School diploma within one year, if applicable.
- Participants must attend all required meetings.
- Participants must appear in court, as required, or an arrest warrant will be issued.
- Participants must report changes of residence within 24 hours of the change.
- Participants must abide by DTC curfew (Sunday through Saturday, 10:00 p.m.).
- Participants must report to probation twice per month.

### **Drug Court Phase System**

The PCADTC is structured as a 5-phase system, according to the Participant Handbook. Each phase becomes progressively less restricted and structured. The specific components and expectations for each phase are described below.

**Phase 1:** Participants learn about drugs, addiction, and how drug use affects family, friends, work, and health. Key goals are breaking through denial and establishing a support system. Participants attend three sessions of three hours per week for a total of nine hours weekly. One-third of these sessions are educational, with the remaining two-thirds being group therapy. Attendance at AA/NA meetings is required weekly, and is monitored. Random urine screens are given. Phase 1 lasts six weeks, and the participant advances to Phase 2 at the discretion of the treatment provider.

**Phase 2:** Participants learn to identify and counter relapse triggers. They improve and strengthen relationships within the support group that was established in Phase 1. Weekly sessions include two hours of group and one hour of individual therapy, with additional family therapy as needed. At least one AA/NA meeting will be required, and weekly urine tests continue. Peer evaluation may begin in this phase. Phase 2 lasts between 6-12 weeks.

**Phase 3:** Participants focus on recovery issues such as relapse prevention, developing healthy leisure activities, strengthening social support systems, and integrating work and personal life with an abstinent lifestyle. Weekly sessions are group therapy, with individual therapy as needed. Weekly AA/NA meetings and random urine tests continue. Phase 3 lasts 18 weeks.

**Phase 4:** This is a monitoring phase to ensure continued progress in recovery and to identify problem areas. There are monthly group sessions, and a monthly meeting with the counselor. Weekly AA/NA meetings and random drug screens continue. Phase 4 lasts 10 weeks.

**Phase 5:** The final phase continues until the end of the year. If at that time the participant has been abstinent for 90 days, and has had no major program infractions, he or she will have successfully completed the program.

### ***Conclusions and Recommendations***

The phases listed above are as stated in the Participant Handbook. The use of a phase system provides structure for participants and team members, as well as clear benchmarks for increasing program compliance and abstinence from drug use. The components of the phase system are logically presented and provide support and structure for integrating participants into a drug-free and crime-free lifestyle.

While it is evident that the treatment program is designed to lessen in intensity as time in the program increases, it is not clear whether the phase system is followed stringently, or serves as just a guideline.

In addition, although individual therapy is listed as a component of the treatment plan (Phase II), team members reported that there are currently no resources in place to provide for individual therapy. Team members reported that the addition of this component to the treatment services that are already in place would be beneficial for many of the participants. The team reported that, to date, they have not been able to locate a stable provider for individual therapy.

## Sanctions

Participants' behavior in the program is regulated through the use of sanctions and incentives. The sanctions given to participants as generally outlined in the contract vary from writing assignments to jail time. A more detailed roster of possible sanctions appears in the Participant Handbook, and are listed below:

1. Verbal admonition from the Judge during status hearing
2. Increased frequency of drug testing
3. Increased frequency of treatment
4. Curfews or house arrest
5. Short jail sentence
6. Referral to residential treatment, or a more intensive phase, as assessed or recommended by the treatment provider
7. Increased length of time in program
8. Required to keep a weekly itinerary
9. Required to maintain a journal
10. Required to write a narrative of what occurred leading up to or during a relapse period
11. Referral to the Day Reporting Center<sup>1</sup>
12. Removal from the Drug Treatment Court program

While this general overview of sanctions is clearly communicated to the participants via the Participant Handbook, the application of sanctions for infractions or non-compliance is according to the discretion of the team. The team reported that the sanctions generally vary by person and circumstance. The team members reported that they generally discuss which sanctions have been used for a particular participant in the past, what worked, and what did not, and that in general, the severity of the sanction increases with the severity of the infraction. The most common factor that determines the variability of sanctions is the participant's work situation. A participant who is employed will generally receive jail time with work release, due to the team's desire not to jeopardize this positive aspect of the participant's life. In contrast, a jail sanction for an unemployed participant may be imposed in a more standard format and without flexibility. A few team members suggested that the participant's behavior and attitude toward the infraction are the factors that are most important in considering which sanctions are most appropriate, and that variability in sanctioning is not a reflection of inconsistency on the part of the team.

Team members reported the time between the infraction and the sanction to be immediate upon knowledge of the infraction, meaning that participants receive sanctions at the next status hearing. However, it was also stated that if the infraction is major (for instance, a new drug-related criminal charge), then the sanction might be imposed prior to the status hearing. The team members generally agreed that the sanctions seem fair and that they are used often enough. One team member stated that the variation in sanctions seemed unfair, and that there should be a standardized system for sanctioning participants, based only on the infraction. However, it was also mentioned by several team members that jail is simply not of the same consequence for everyone. Some of the participants reportedly "love jail," or at least fail to see jail as a deterrent to non-compliance. Several of the team members reported a lack of creativity in the menu of

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<sup>1</sup> The Day Reporting Center is now defunct as a result lack of funding.

sanctions available for use by the team, and stated that they would be open to new suggestions of sanctions to use with non-compliant participants. Generally, the team agreed that the sanctions are only relatively helpful. One team member stated that the program sanctions participants because it has to, but that positive reinforcement is the only thing that actually makes a difference in a participant's behavior.

### **Incentives / Rewards**

The drug court team uses various incentives and rewards to acknowledge and positively reinforce compliant behavior and attitudes. Behaviors that warrant rewards include staying clean for a certain length of time and good attendance at all meetings, hearings, and treatment sessions. There is not a wide variety of incentives used. The one material incentive that is used is a drawing for a professional-looking pen that the Judge uses in court for two weeks before giving it away. Every two weeks, a name is drawn out of a bowl of names of individuals who have been compliant for at least five weeks. The participant whose name is drawn receives the pen that week. The purpose of the pen is symbolic. It is viewed as a reminder to participants that they have the power to "write their own ticket," or to determine their own outcome. Other than this drawing, rewards used include verbal praise by the judge in open court and being excused from the bi-weekly team meetings.

There is less variation in the distribution of rewards than in the imposition of sanctions. The longer a person has been compliant, the greater the reward, with the exception that eligibility for the drawing of the Judge's pen is standard. A few team members described one exception to the generally consistent use of rewards. In cases in which the team is suspicious of a participant's behavior, but has no evidence of non-compliance, the team may be less likely to reward the participant.

The time period between knowledge of compliant or other noteworthy positive behavior and distribution of the reward is reported to be the same as it is for sanctions. The rewards are generally given during the bi-weekly court hearings. The team members generally agree that the rewards are helpful, but that there should be more rewards and that rewards should be given more frequently. Many of the team members commented that the funds are simply not available to provide the types of material rewards they would like to offer the participants, such as movie passes, T-shirts, and gift certificates. One team member pointed out that they have so many funding needs that even if they received more funding, rewards would likely not be the priority for use of funds. The team has made some attempt to involve the community in donating resources for incentives, but the general consensus is that the team members do not have enough time to pursue this.

The participants cited problems consistent with those cited by team members. Many participants felt that there were not enough incentives and rewards, and two stated that they just don't get very excited about the Judge's pen. On the other hand, a few participants stated that they really appreciate the pen. One participant mentioned that the team sometimes extends curfew as a reward for compliance, and finds this type of reward very valuable. Most of the participants agreed that turning your life around and "being in a better place when you finish than you were when you came in" is the best reward possible. Finally, all participants agreed that verbal praise from the team, especially from the judge, is extremely valuable and motivating. One former participant said that the verbal praise "makes you feel better about coming to everything that is required."

## ***Conclusions and Recommendations***

There are varying levels of support for the current practice of allowing sanctions to vary by person and circumstance, with team members generally favoring an individualized approach to the use of sanctions, and participants variably arguing for more uniform use of sanctions. Team members consider what would be most effective and motivating for the individual. Thus, for the same infraction or achievement, two individuals may receive different sanctions or incentives. Some participants perceive this as unfairness and inconsistency. In short, whereas team members have an “equity” mentality regarding the use of sanctions, participants have more of an “equality” mentality, and perceive favoritism and unfairness as factors that result in variability in sanctioning.

One way to address this issue is to proactively communicate the theory and rationale behind the use of sanctions and incentives when participants are first admitted to the program, so that they know upfront that the team employs an equity rather than an equality mentality in the use of sanctions. This rationale can also be explained in writing in the Participant Handbook. In addition, PCADTC might also consider adopting the use of an individualized behavioral contract to complement the general contracts that are currently used. Individualized behavioral contracts are customized, dictating certain sanctions and rewards suited to the individual. The court should consider whether implementing this system would be useful in both maintaining effectiveness for the individual, and in eliminating problems of perceived unfairness.

According to all team members and many of the participants, the program would benefit from improvements in both the frequency and the creativity of the incentives and rewards given. One recommendation to address this need is to communicate with other courts to find out the rewards that are currently used and well-received by participants. It is likely that many courts have limited resources and are similarly challenged in this area. Additionally, the court may consider inviting a trainer to conduct a workshop specifically addressing sanctions and incentives in drug treatment courts. The team could consider ways to involve successful program alumni and concerned citizens in soliciting community businesses for donations to support this aspect of the program.

Finally, the team should use incentives and rewards more frequently. Participants are particularly appreciative of verbal praise; thus, team members should employ this strategy more readily for deserving participants.

## **Case Management and Judicial Supervision**

The PCADTC team provides case management and supervision to keep participants engaged and accountable in the program. Case management and supervision are accomplished through a variety of methods. The participants check in with the Program Director weekly by phone or in person. The Treatment Provider monitors the participants’ attendance at group therapy, and also updates the team on any information that indicates that a particular participant might be having compliance issues, or if there is a strong possibility that a program violation is imminent. Attendance at NA and AA meetings is monitored by the Program Director, who provides participants with an attendance card that must be signed by the meeting facilitator for each meeting and returned to the Program Director during court sessions. The participants also attend

a team meeting during the weeks court does not meet, unless they are excused for exceptional compliance.

Bi-weekly court sessions provide another vehicle for participant monitoring. The interaction between the participants and the Judge is an important aspect of the drug court program. The court proceedings were observed to note the courtroom atmosphere and to assess the quality of the interactions between the Judge and the participants. The courtroom setting was moderately quiet and focused, and there were no disruptions to the proceedings. During court sessions participants were called individually to stand before the Judge, as he addressed each participant's progress in the program. When called to appear before the Judge, participants showed the Program Director their attendance cards from AA/NA meetings. The Program Director documented when a participant was absent from court. For each absent participant, the Judge asked the participants who were present if they had seen or communicated with the person, noted the absence, and continued on to the next participant.

Each participant had an opportunity to speak directly with the Judge. All of the participants seemed comfortable with the Judge and maintained eye contact while speaking with him; the Judge also maintained eye contact with the participants. After their appearance, participants were encouraged to stay throughout the entire court proceeding, though they could be excused by the Judge for legitimate reasons, such as work or transportation.

During the observed court session, two participants were declared eligible to graduate, and the Judge verbally congratulated them, stood and shook their hands, and offered them an opportunity to address their fellow participants briefly. The participants and the attending team members applauded the graduates. The Judge made positively reinforcing comments to nearly all of the participants. There was one professional (unrelated to the PCADTC team) in the room that mimicked one of the participants who was speaking before the Judge. This was unheard by the drug court team members. Otherwise, all team members and additional persons in the courtroom were respectful of the court proceedings.

In terms of probation supervision, the rotating Probation Officers perform curfew checks and conduct weekly drug tests. One team member reported the curfew times to be somewhat ineffective because the participants are allowed to stay out much later on weekend nights than during the week, a situation that may provide greater opportunities for drug use and association with users. Drug tests are designed to take place several times per week. The Treatment Provider and the Program Director also conduct drug tests on occasion. Recently, the court has had problems obtaining supplies for drug testing due to funding and administrative problems, which were resolved during the course of this process evaluation. The problems stemmed from the lack of funds from the county and from participant fees, both of which had been earmarked for drug testing. The county no longer funds the program, and participant fees have been re-designated for treatment. During a recent crisis regarding the shortage of drug testing supplies, the program used drug tests that were leftover from the probation office, but cited this issue as an impediment to conducting the appropriate amount of drug testing. Very recently, the AOC committed to providing quick screens to the program, and probation agreed to conduct drug screens twice weekly, resulting in sufficient resources to test every participant several times per week. One team member did report that there are more innovative drug tests than the ones they are currently using, and that the program might benefit from the use of these newer types of drug screens.



Law-enforcement is no longer integrated into the program in an official or systematic way; however, several team members reported that the police department notifies the team if they are privy to information about the whereabouts or illegal activities of participants.

Overall, the team finds the methods of case management and supervision effective, although the majority feels the program would benefit from having a dedicated Probation Officer. Two team members stated that the current supervision methods seem effective, but that some participants would benefit from wearing some type of electronic monitoring device, and that probation should have access to these devices. Many team members cited the absence of a Case Manager as a significant problem; however, this was something that was also resolved during the evaluation process. A new Case Manager was just hired which should alleviate the burden of supervision duties being taken on by the rest of the team. One member suggested that probation should be performing more case management functions, serving, as an information fulcrum for the team, and felt this would result in more efficient and effective monitoring procedures.

### ***Conclusions and Recommendations***

The main challenge with respect to participant monitoring and supervision was the lack of a Case Manager, which has been resolved, and the remaining issue of needing a dedicated Probation Officer. The team is coping with these challenges well, sometimes performing duties outside of their stated area of responsibility to ensure effective participant supervision and monitoring. However, this additional staff will lessen the administrative and oversight burden on other team members as well as increase the efficiency and effectiveness of supervision. Having a dedicated Probation Officer would support more frequent curfew checks and home visits.

The Judge's monitoring in weekly court sessions is effective for the participants, and the Judge conducts the proceeding in a respectful and uplifting manner. The entire court staff should be aware of the importance of maintaining a courtroom that is quiet and focused on the interactions between the Judge and the participant.

The problem regarding the lack of drug tests is being resolved as the program adjusts to the transition from county to State supervision. The suggestion regarding more innovative drug tests, offered by one team member, may benefit from group discussion, fact-finding, and consensus regarding the need for, and advantages of, new drug tests in light of the substance abuse profiles of the participants being served.

One recommendation in the area of case management and supervision is to formalize the arrangement between the PCADTC and local law enforcement regarding the provision of pertinent information regarding PCADTC participants. A more integrated presence of law enforcement in the program would not only serve information needs that are essential to monitoring participants' compliance with program requirements, but may also heighten participants' awareness of the presence of law enforcement as they are out in the community, particularly on weekends and evenings.

### **Treatment**

The PCADTC offers participants two basic forms of treatment for their substance addiction: group therapy and NA/AA meetings. Participants are expected to complete a set number of

treatment hours (group session and NA or AA meetings) per week, as detailed in the Phase System section, above. The treatment program is structured such that treatment should be more intensive for participants at the early stages of their participation, and become less intensive as participants progress through the program. Group therapy sessions are provided in Person County, in close proximity to the courthouse where court sessions are held. Treatment is provided through Life Changes, Inc., a clinical counseling program specializing in clinical counseling, substance abuse and DWI assessment, employee assistance programs, and related consulting services in Danville, VA. There is one Treatment Provider who conducts all group therapy sessions, except in rare cases in which he is ill or otherwise unable to attend, in which case a substitute from Life Changes, Inc. conducts group sessions.

Group therapy sessions are not conducted according to an evidence-based substance abuse recovery treatment program. According to the Treatment Provider, the core components of the treatment currently provided cover three main areas of relapse prevention: behavioral change, dealing with negative feelings, and group communication. The behavioral change component is designed to address participants' tendency to feel and respond as if "everyone is against them" due to their criminal behavior, and to teach participants to confront this behavior and internalize the concept that their consequences are a direct result of their actions. The negative feelings component teaches participants to deal with the negative feelings, denial, and overcompensation that result from their substance abuse. The group communication component is designed to teach participants effective ways of positively communicating with groups and individuals. Group therapy is carried out in mixed-group settings, such that participants who have been in the program for many months attend therapy with those who have been in the program for only days or weeks. The Treatment Provider sees this arrangement as an advantage, in that those who are further along in their recovery serve as a positive example and motivator for those who are not as far along.

Team members as a whole feel strongly that treatment services, beyond the group treatment and AA/NA meetings that are mandated through the court, are sorely lacking in this program. They reported that there is a lack of viable treatment options in their local community. Team members were in agreement regarding the need for access to more diverse, more individualized and more holistic treatment options. Several team members identified the lack of treatment for participants with dual diagnoses (substance abuse and other co-occurring mental health problems) as an especially challenging and unmet area of need. Currently, participants with dual diagnoses are referred for mental health services, but team members reported that these participants have rarely received treatment. Spiritual counseling was identified as a supplementary form of counseling that is available to participants; however, the decision to refer a participant for spiritual counseling is based upon a subjective evaluation made by the Program Director.

Half of the team members interviewed raised concerns related to the availability and quality of treatment services currently being offered. In particular, some team members felt that participants do not get anything out of the community-based NA or AA meetings. The participants have reported to the team members that they feel uncomfortable and unwelcome at these meetings, and cited this issue as a problem. Other team members felt that some of the group therapy sessions may not be as helpful as they could be, in that the participants do not seem to take the sessions seriously, and also commented that treatment needs to be more tailored to participants' individual needs. A recurrent theme raised by team members was that many participants enter the court with such pronounced and pervasive mental health issues that the

level of treatment currently available does not even scratch the surface of the depth of these issues.

In terms of the suitability of treatment services across racial, gender, and age groups, in general, team members felt that treatment services were equally available and appropriate for all groups, with two exceptions. Two team members identified differences with regard to race. One felt that, initially, African American participants tended to be “stand-offish” during group treatment. Another team member felt that he has to work harder to “build more trust with Blacks, and also with women.” In terms of gender, one team member stated that for women, because there is the possibility that a man in power has abused them, he actively tries to make women feel comfortable approaching him. Another team member stated that some females do not like the currently available treatment because it is male-focused. A final concern raised relates to the applicability of treatment services across age groups. One team member felt strongly that it is difficult for young adults (i.e. 18-year olds) to succeed because they do not have the level of maturity and determination required for successful completion of the program, and suggested that very young adults be treated in a juvenile drug court.

Participants also expressed their views concerning the effectiveness and deficiencies of the available treatment services. All active participants agreed that the group treatment sessions were especially helpful to their recovery; however, they did not articulate the specific ways in which treatment was helpful to them. Active participants also suggested the program should provide more individual therapy for those who need it. Three of the four discharged participants interviewed shared more negative views about group treatment. Two discharged participants expressed concerns about confidentiality, and stated that they were hesitant to share in the group therapy sessions due to the small-town setting; for fear that their “business would be put out on the street.” As one participant stated, it is “hard to open up if you feel like the whole town will be talking about you and your problems.” One participant shared his thoughts regarding the impact that negative individuals or participants who are in denial about their recovery have on the group therapy session. Both terminated participants interviewed stated that they did not find group therapy helpful because it merely served as an occasion for everyone to tell about their experiences being on drugs, which in turn “made everyone want to go do it.”

Participants also expressed similar views regarding the usefulness of the off-site NA meetings. In general, neither former nor active participants found these meetings to be helpful, and reported feeling that they were not well-received by the members of these off-site, community-based groups. There were fewer negative feelings reported about AA meetings; however, a few participants did mention feeling unwelcome in AA meetings as well. Participants also reported concerns about confidentiality with regard to NA/AA meetings, and stated that there are simply not enough NA meetings within the district. These concerns make complying with mandatory attendance at NA and AA meetings very difficult, due in part to feelings of exclusion and questions of confidentiality, and in part to transportation and other logistical conflicts.

### ***Conclusions and Recommendations***

Although both team members and participants cited treatment services as a key component of the drug court, it is clear that both feel that the current level of treatment provided does not address the needs of all of the participants. The team might consider working more closely with their area mental health services agency to locate or develop treatment services for participants with dual diagnoses and with mental health treatment needs that are beyond the scope of services the

program is currently able to offer. In addition, because group therapy is not suited for everyone, securing individual treatment services is also a priority.

The PCADTC team might request that someone from OPC become a member of the core drug court team. The presence of an OPC representative on the team would ensure better access to more comprehensive treatment services, or at the least, better information about how to navigate barriers to service system delivery.

The Treatment Provider should consider using an evidence-based substance abuse recovery treatment program or manual that has demonstrated effectiveness in relapse prevention, since a primary program objective is recovery. Using an evidence-based curriculum would also put the court in a favorable position should it decide to compete for federal funding, since many granting agencies now require that evidence-based curricula with demonstrated effectiveness be used. In addition to using an evidence-based curriculum, the Treatment Provider might also consider restructuring treatment groups such that individuals who are in the early stages of the program (e.g., Phases I and II) receive individual cognitive-behavioral therapy, and participants who are in the later phases of treatment attend group sessions together. Although treatment progression is described in the Phase System detailed above, it is unclear whether and how treatment is currently delivered in accordance with the demands and progression of the Phase System. Restructuring the delivery of treatment services may eliminate the challenges some terminated participants discussed regarding the unintended effects of group discussions about drug use resulting in an increased desire to use. If cognitive-behavioral therapy is used in the beginning stages of treatment to build motivation to abstain from drug use, then participants might be more prepared to engage in and benefit from cognitive-behavioral skills training in a group setting.

The challenges and concerns about confidentiality in group settings reported by participants are reflective of documented research concerning challenges to substance abuse treatment services in small and rural communities (Arons, 2000; Bacharach, 1983). Attending trainings and conferences tailored to coordinating and delivering substance abuse treatment services in small and rural communities might help the team discover ways of helping participants to overcome this barrier to participation.

Finally, the court should consider establishing on-site NA and AA meetings. Team members and participants reported that efforts to initiate this goal are currently underway, and have been spearheaded by alumni (graduates) of the program and supported by team members. This type of collaboration provides evidence of the open and respectful communication between team members and participants. On-site meetings may eliminate many of the logistical and interpersonal barriers that participants reported experiencing at off-site meetings.

### **Ancillary Services**

Referrals to ancillary services are made by the DTC Director when it is determined by the Treatment Provider, the Director and the core team that a participant has needs beyond the scope of services that are provided by the drug court. Participants are connected with community agencies and organizations that can assist them with education, employment training and placement, mental health services, and health care.

Team members and participants identified a number of areas in which improvements in the availability and/or accessibility of ancillary services are needed. Team members reported that they were especially concerned about the lack of services available to participants once they exit the program. The lack of availability of transitional programs or halfway houses, especially for women, presents a problem in that many of the participants, including successful graduates, exit the program only to return to the environments from which they came to the drug court program. Without the proper support and resources, participants who complete the drug treatment court program may be prone to relapse and enter the revolving door of treatment, relapse and recidivism.

Team members also suggested that life skills and parenting classes be made available to participants to enable them to learn more adaptive and positive ways of dealing with many of the stressors that may trigger relapse. Team members and participants alike underscored the importance of employment services, including job training and placement, as critical factors in the successful transition of participants from the program to their daily lives outside of the treatment program. Finally, both team members and participants also underscored the need for transportation services, as a means of ameliorating the logistical barriers previously identified. A final area of need identified by team members is the lack of available residential detoxification programs for women.

According to the MIS database, to date there are only six documented cases of referral to ancillary services. Four participants have been referred to Piedmont Community College (PCC) to address educational concerns, one was referred to PCC to address employment concerns, and one was referred to Orange-Person-Chatham Area Services to address reported physical health concerns.

The PCADTC occasionally works with the Orange-Person-Caswell Mental Health Center Treatment Accountability for Safer Communities (OPC MHC-TASC) office to gain access to both residential and outpatient substance abuse treatment and mental health services. According to the PCADTC Director, because the drug court cannot refer participants directly to these services, the court refers participants to TASC, which then refers these participants to the appropriate mental health or substance abuse treatment service agency for assessment or treatment. The most frequent referrals that are made through this channel are for residential substance abuse treatment and detoxification services at the Drug and Alcohol Treatment Center at Cherry Hospital (DART-Cherry) and for mental health treatment services at the OPC Mental Health Center. The Driving While Impaired (DWI) DART-Cherry program is a residential chemical dependency treatment facility. The DART-Cherry programs include a 28-day modified Minnesota Model of Substance Abuse Treatment (a multi-disciplinary treatment approach based on a 12-step recovery treatment model), and a 90-day Therapeutic Community (TC) program. The 90-day therapeutic community program is a structured social skills program founded on a cognitive behavioral intervention model.

According to both the PCADTC Director and the Program Director of the local TASC Office (OPC MHC-TASC), PCADTC and TASC rarely interface with one another to meet participants' needs. TASC rarely refers clients to the drug court, and the drug court rarely works with TASC to refer clients to ancillary treatment services. According to the Program Director of the local TASC Office, the two agencies had more interaction during prior years when Criminal Justice Partnership funding was in place that required inter-agency collaboration. Once this funding was gone, there remained little incentive to continue collaboration, according to the TASC Program

Director. The TASC Program Director's ideal conceptualization of the relationship between the PCADTC and TASC is a more integrated and collaborative partnership in which DTC clients are also TASC clients, and would receive probation supervision through the drug court program; they would receive case management, additional drug testing, and ancillary treatment services through the TASC program. Ideally, TASC would also develop individualized service plans for such clients, and would have a representative sit on the core court team. The TASC Program Director suggested that this would be a mutually beneficial approach in that the client's needs would be served more completely, the drug court would receive assistance in coordinating the delivery of treatment services and case management, and the TASC program would benefit from the opportunity to build and strengthen relations with the District Attorney's Office and judges.

### ***Conclusions and Recommendations***

The PCADTC has made some alliances with agencies that are able to provide services to participants that are beyond the scope of the drug court's programs and resources. However, the Person/Caswell area as a whole does not appear to be as resource-rich in terms of mental health and substance abuse treatment services as are urban and metropolitan areas. This pattern reflects a broader trend in the lack of mental health professionals and resources in rural areas across the country. This pattern is particularly problematic in that, although there are fewer mental health providers in rural areas, there is generally a higher prevalence of substance abuse in rural communities than in urban or metropolitan communities (Benson, 2003). Given these trends, it is important that rural drug courts maximize their alliances with existing mental health and substance abuse treatment service delivery systems. Although TASC is a key service delivery system within the public mental health system, the PCADTC rarely interfaces with TASC. This is unfortunate because the local TASC office could potentially open up a wide range of treatment service needs that have been identified by team members. The Drug Court team members might investigate how to better and more frequently access TASC and the services it provides or accesses. In addition, a representative from TASC might also be invited to be a member of the Local Management Committee or to serve as a team member.

The PCADTC should also investigate the possibility of forging connections with the Person County Cooperative Extension Office or the North Carolina Parenting Education Network in order to determine the feasibility of collaborating with these agencies to implement parenting, family and life skills classes, or to formalize a mechanism for referring families to these agencies to participate in relevant classes.

### **Termination**

The PCADTC team is dedicated to keeping participants involved in the program until they successfully complete the program; however, there are several behaviors that will result in a participant's termination from the program:

- A major infraction such as a new criminal charge;
- A month or more of no performance, i.e., poor attendance or general non-compliance; or
- Revocation of probation.

Unless probation is revoked or the infraction is too great, a notice of termination is given to the participant, after which they have a week to correct their behavior before being released from the program. The team reported the termination policy as fair. Those who are terminated are participants who have not tried at all to benefit from the program and are perceived as wasting the State's money and the court's time.

The team had mixed feelings about whether or not participants should be allowed to enroll in the program more than once. Some of the team members felt that former participants should not be allowed to re-enroll in the program because it has been evidenced that the program does not work for them, and felt they should be referred to other programs. One team member said, "I don't think we have ever had a case where someone failed the program the first time and succeeded a second time." A couple of the other team members felt that it was acceptable for participants to go through the program a second time as long as they were not a disruption to the program. One team member felt that perhaps some participants benefit from the extra support of coming through a second time.

The majority of the participants themselves reflected the view that participants who pose a threat to the program should either be terminated or sent to the residential drug treatment facility. They commented that a key reason for the program's success is that the participants help each other, and that they help each other. Those who undermine the efforts of the program by using drugs, lying and trying to "skip around the rules" are discouraging to the participants who are actually trying to succeed. One participant stated that negative participants in the program "make you not want to come because you don't want to be around them."

The team members and the participants were also asked what distinguishes those participants who succeed from those who fail. The team members reported mainly that it is the readiness of the participant to receive help. They made comments such as, "the mental investment in the program by the participant makes a significant difference," "buying into the program, taking heart, becoming accountable," and "those people with a strong sense of self will do better." Many of the team members generally commented that a person's attitude makes the difference. One person stated that some people's addictions might just be too strong for drug court to handle, and perhaps they would benefit more from a different type program.

The participants unanimously reported that the reason people fail out of the program has to do with attitude. Many made such comments as, "you have to want this for yourself," and "you have to make up your own mind." They all reported that the team members give the participants more than a fair chance to succeed.

### ***Conclusions and Recommendations***

The termination policy is viewed as fair by all team members, and is clearly described in written materials. There is some subjectivity involved in defining what constitutes "poor attendance" and "general non-compliance." The team members work hard to keep participants in the program. Termination is only executed when it is determined by the core team that the program is no longer benefiting the participant, or when the participant is perceived to be a threat to the success of the other participants.

With respect to repeat participants, one recommendation is to develop an individualized contract that outlines more stringent termination policies for former program participants. However, this recommendation needs to be evaluated in the context of a broader resolution regarding the efficacy of the program for repeat participants.

### **Graduation**

The graduation policy is as follows:

- The participant must be clean for 90 days pre-exit;
- The participant must have no major infractions, such as new charges, in the last 90 days;
- All court fees must have been paid; and
- The participant must have been in the program for a full year from the original start date.

If a participant has completed one year of the program, but has had a new charge or a positive drug test result within the past 90 days, the participant is allowed one extension of 90 days to fulfill the graduation requirements. The team members all agreed that the graduation policy is fair. One team member suggested increasing the number of required clean days before graduation. A couple of team members discussed repeat participants in the program who had been successful graduates the first time around, yet ended up back in the drug court a second time.

Participants who are eligible to graduate are publicly recognized in open court, and the Judge personally congratulates the participant and shakes the graduate's hand. Graduates are awarded a certificate suitable for framing to acknowledge their accomplishment. In prior years, an annual graduation dinner was held for all participants who had graduated during the year. Reportedly, this practice was discontinued due to the fact that the majority of the graduates failed to show up for the dinner. One team member expressed a wish to do more for successful graduates, noting, however, that because the participants never showed up, it is unclear whether they appreciate such activities. Several of the participants themselves commented that a graduation dinner sounded nice, but stated that they were aware that the dinners were discontinued due to poor attendance. The participants reiterated that the best reward of drug court, especially at graduation, is what they have accomplished and how their lives have been changed.

### ***Conclusions and Recommendations***

The graduation policy is clearly outlined, and seems to work for the majority of those involved. The suggestion to increase the number of clean days required may be beneficial in light of the fact that repeat participants who have relapsed and ended up back in the court. However, re-enrollment of former successful graduates may be more reflective of the lack of aftercare services more generally, discussed below.

There are no follow-up procedures for either terminated or graduated participants. If there were a standard aftercare procedure in place then two-time participants might be a less frequent occurrence. One team member did say that a halfway house was needed for the program, because even though people might be well into recovery when they graduate the program, there are so many life skills that the participants still need help with in order to stay sober and successful, and to become integrated back into the community.



### **Aftercare**

Currently, neither successful graduates nor terminated participants remain within any drug court program databases for follow-up. Participants who are terminated from the program can be referred for other drug treatment services. Two team members stated that the program needs to have a mechanism for following up on former participants. Because there are no data maintained beyond the participants' duration in the program, it is not possible to assess aftercare services utilized by PCADTC participants. Anecdotally, team members and participants described efforts that are underway to establish an alumni group, comprised of successful graduates of the program.

### ***Conclusions and Recommendations***

It could be useful to the team to begin collecting data regarding the disposition of former participants in a formalized and standardized way. Such tracking would allow the program to begin amassing data that would be helpful for the completion of both process and outcome evaluations. More regular contact with discharged participants and family members or friends who know how to contact former participants would facilitate information gathering and the provision of support during aftercare.

### **Global Impressions about the PCADTC Program as Reported by Team Members**

The PCADTC has a number of services and resources at its disposal, as reflected in the agencies that are represented by the team members and in the community linkages it has been able to establish. The essential elements of the program, as reported by team members, are drug treatment, drug testing, personal assistance and information resources, mental health referrals, case management and probation supervision, program administration, and supportive relationships for participants. Weekly monitoring by the Judge and drug testing are viewed as essential components that keep participants motivated to comply with program requirements, while group treatment is seen as a vital component for participants' recovery. In general, team members feel that they have been provided with sufficient training to effectively perform their respective roles within the court. A few team members expressed a desire for additional training, including training for identification and treatment of dual diagnoses, general training to learn new and effective techniques that would enhance the overall functioning of the drug court, and administrative training in accessing and producing reports using the MIS.

Half of the team members interviewed stated that there are no components of the program that do not seem to be helpful to the participants. Although the functioning of the team as a whole was cited as a key strength of the program, a few team members raised concerns about the lack of involvement of key agencies: the District Attorney's Office, the Probation Office and law enforcement. In particular, two team members perceive varying levels of support from the District Attorney's office, due in part to high turnover in terms of the representative assigned to drug court, and in part to a perceived lack of investment in the program. A few team members stated that the court would function much more smoothly if there were a dedicated Probation Officer, and one cited examples of failures of Probation to comply with orders issued by the

Judge, due to budgetary and staffing constraints. Three team members also cited the lack of involvement and support from law enforcement as a deficiency.

Two areas of service were identified as predominant deficiencies within the program: services related to meeting participants' practical needs, and services related to meeting participants' mental health needs. Services lacking in the area of practical needs involve life skills and parenting classes, housing, transportation, and job training and placement. Transportation appears to be a challenge for participants as a whole, but is an especially salient need for residents of Caswell County, who are reportedly not required to attend NA/AA meetings due to the logistical difficulty of getting to another town. This discrepancy means that treatment services are not provided equally across county residence. The lack of availability of public transportation only exacerbates this problem. Job/vocational training and placement would be especially beneficial services due to the number of individuals who either come into the program unemployed or lose their jobs as a result of their drug- or alcohol-related crime. Practical life skills and parenting classes would benefit both the participant and the family, and thus, would be valuable additional services.

Finally, availability and stability of funding is a major concern for team members, who voiced many different ways in which the lack of funding affects the court's functioning. One area that is clearly affected is treatment. Team members feel as though there is not enough money available to pay treatment providers for adequate treatment to address the magnitude of the treatment needs of the participants. Representation from the OPC on the drug court team or on the Local Management Committee could help assess the accuracy of this perception.

An additional area affected by lack of funding is drug testing. The availability of immediate drug testing kits is dependent upon funds available for supplies. When funds run low, the court relies on probation to conduct drug tests, which requires at least one week for off-site processing and return. Other funding needs voiced by team members concern services that would strengthen participants' ability to comply with program requirements, as well as those that would result in the participant being more prepared once they exit the program. These include funding for transportation services, job training and placement services, and participants' psychiatric, medical, and dental needs. A few team members expressed a more generalized concern about the perpetually questionable state of funding for the program and continually having to operate on a "shoestring budget."

### **Global Impressions about the PCADTC Program as Reported by Participants**

In terms of the most helpful components of the program, all but one of the participants highlighted the important role that the people (team members and other participants) involved in the court play in contributing to the effectiveness of the program. In particular, participants cited the importance of going through the program with others who have problems similar to theirs and the mutual process of support and encouragement gained from and offered to other participants. Participants also cited specific staff members as particularly helpful or effective. All participants reported that the Judge is a positive asset to the program, in that it is clear that he cares for the well-being of the participants. In addition, his weekly monitoring provides a strong incentive for program compliance. Participants also stated that the random drug testing is a key component that motivates them to abstain from drug use.

The least helpful components from the perspective of the participants include representation by the Defense Attorneys and the former Case Manager, usefulness of off-site NA and AA meetings, and the structure and time requirements of the program. All but one of the participants, across all participant statuses (active, graduated and terminated), reported that the Defense Attorneys were “for them and not for us.” In other words, the Defense Attorneys are viewed as serving the best interests of the court, rather than serving the best interest of the participant.

A final area of concern for participants is the time commitment required for completion of the program and logistical barriers that impede their full participation in the program. Specifically, being required to be “so many different places at so many different times” is perceived as both difficult and unrealistic given the demands of participants’ lives, including family and work. This perception is interesting in light of the fact that none of the meetings or sessions required by the court conflict with one another, and may reflect a more general difficulty of meeting the demands of structure and organization that many individuals struggling with addiction face.

Further complicating logistical problems regarding meeting attendance for some participants is the problem of not having a driver’s license, long travel distances to court sessions and the treatment site, and being dependent upon family and friends to interrupt their work schedules in order to transport participants to required meetings and sessions.

Participants were in agreement regarding the essential aspects of the program that lead to program success or failure. Key among these aspects is the participant’s attitude and mental determination to complete the program and improve his or her life. Many participants described a common evolution through the program. Initially, they are resistant to the program because they feel as though they are being forced to attend the program, and they are not yet ready to change. Thus, during the initial stages, negativity and drug use are not uncommon. However, all participants stated that eventually, they realized that their success or failure in the program is totally dependent upon what they are willing to do. Other essential aspects cited by participants are the presence and encouragement of the Judge and the team’s concern and willingness to help.

### **Consumer Satisfaction Questionnaire Data**

As an additional way to assess the participant’s experiences in drug court, a Consumer Satisfaction Questionnaire was administered to the current drug court participants at the beginning of one of the bi-weekly court proceedings. Participants were told that their participation was completely voluntary, and were asked to sign a consent form prior to participating. Of the 16 participants present for court that day, 15 participants completed the questionnaire, and one declined participation. Participants were asked to report on their sex, ethnicity, race, marital status, living arrangement, whether they had children living in the home, employment status, age, time in drug court, drug of choice, crime leading to their placement in drug court, criminal history, treatment history, and level of education. They also reported on their level of satisfaction with various aspects of the drug court and whether they felt their rights were being protected, as well as the level of difficulty they experienced complying with the various requirements of drug court. Tables summarizing the results of the Consumer Satisfaction Questionnaire can be seen in Appendix A.

Two-thirds of the respondents were male. The majority of the respondents reported their race to be White, and only one respondent reported Hispanic ethnicity. Two-thirds of the participants reported living independently, and the majority reported being single. The drug of choice varied, with the two most frequently reported drugs, alcohol and cocaine, reported by an equal number of respondents. The crimes that led the participants to drug court also varied, with the two most frequently reported responses, probation on revocation appeal and vandalism, being reported by an equal number of respondents. The majority of the respondents had a previous criminal history, and the majority had not participated in a drug court program before. The most frequently reported level of education was 12 years, corresponding to high school completion.

On average, participants reported that they were “satisfied” with the various aspects of the drug court program. The overall mean scores indicate that the participants were most satisfied with their “interactions with the drug court team,” and least satisfied with “other services [they] received.” The majority of the participants reported feeling that their rights were “somewhat protected.” On average, participants reported that they found it “easy” to comply with the various aspects of the drug court program. The overall mean scores indicate that the easiest aspect of drug court for the participants is “staying crime free.” The only item to which the majority did not respond “easy” or “very easy” was “paying court fines;” however, the lowest mean score, which had responses across the scale from “very difficult” to “very easy,” was “making court appearances.”

### **Global Impressions about the Overall Functioning of the Drug Court Reported by Team Members and Participants: Continuities and Discontinuities**

The PCADTC has a number of strengths and resources that are available and utilized in performing its function. Chief among these strengths is the overall cohesiveness of the team and the mutual respect among team members and between team members and participants. Team members and participants alike cited the importance of the people involved in making the program work, and the importance of positive relationships between team members and participants, among team members, and among participants, for program success. Team members and participants also identified the core elements of the program designed to culminate in participant sobriety-- drug testing, weekly monitoring, and substance abuse treatment-- as key components of the program, and stated that drug testing and weekly court monitoring in particular play a pronounced role in motivating participants to refrain from drug use. In general, team members identified more program strengths than did participants; however, there were commonalities in the chief strengths identified by both groups of informants.

In terms of program challenges, team members and participants both reported an awareness of the need for a response to the logistical barriers to participants’ full participation in the program, including transportation problems and conflicts between meeting times and the demands of work and/or family. Both groups also discussed challenges related to the treatment services provided. Team members as well as active participants discussed the need for more intense and more individualized therapy. Other treatment concerns raised by team members focused on the need to augment the treatment services that are currently provided, while discharged participants were more critical of existing treatment.

Participants and team members both viewed group treatment as one of the most beneficial aspects of the program for the participants, although it is also clear that team members and

participants feel that treatment services could be enhanced to adequately address the depth of the mental health needs of the participants. As there are reportedly not currently residential substance abuse treatment services for women, this could be a useful additional resource to the program. Transitional services would help to ensure that any benefits conferred upon participants through the program are sustained after they exit the program. Reported challenges to service system collaboration, which include lack of mental health treatment services for severely impaired or dually diagnosed participants, may compromise the effectiveness of the drug court program.

## **Overall Conclusions and Recommendations**

### **Strengths**

The overall strengths of the PCADTC program at this time are a stable dedicated team working together to accomplish the goals of recovery from substance abuse addiction and reduction in recidivism rates. The team members have positive relationships with one another that are characterized by trust and mutual respect. There are also positive relationships overall between the drug court team members and the participants in the program.

Another major strength of the program is the professionalism of the team interactions with the participants during the bi-weekly court proceedings. Additionally, both the team members and the participants noted that the interactions with the Judge during bi-weekly court are a key ingredient in the recovery process for the participants. Another crucial component of the program to the success of the participants is the drug testing. The participants find this to be an effective deterrent to using drugs.

Overall, the team and the participants reported that the program is changing people's lives for the better. The team members reported seeing significant positive changes in many areas of the participants' lives including drug use, criminal behavior, employment, finances, health, and attitude. The number one positive change reported by the participants themselves was attitude; they reported feeling a significantly positive change in their outlook towards life as a result of their experience in the program.

### **Recommendations**

For the development and growth of this program, it is recommended that the unique problems of this court be noted. Because this court is in a rural area, there appears to be limited substance abuse, mental health, and ancillary services available to the program. The team recognizes that this limitation requires creativity on the part of the team to seek out options that they may not have considered. One area where a more creative approach could be implemented is with respect to sanctions and incentives. It is recommended that a volunteer be sought to aid in obtaining material incentives or increased access to recreational or cultural activities, from local businesses or organizations in the community. This topic is also a main area where increased training may be beneficial. While training on this topic is beneficial to every court program, it should also be recognized by the team that their verbal praise of participant behavior is highly effective in motivating the participants to display compliant behavior. The team should continue to use verbal praise frequently and strategically.

It is recognized by the team as well as by the participants that treatment is an essential part of recovery. It is recommended that the current treatment provider consider the use of evidence-based substance abuse treatment curricula to increase the likelihood of more effective outcomes, and to provide more standardized cognitive-behavioral relapse prevention skills to the participants. Additionally, several of the team members and many of the participants recognized the need for individual treatment for some of the participants. Some participants felt their

confidentiality was threatened in the group setting. Others felt they needed individual treatment in addition to group sessions, to address their mental health or substance abuse problems. There are participants who come into the program with dual diagnoses, and the program currently has no means to address the needs of these individuals. It is recommended that the program request a representative from OPC to be present on the drug court team. This representative would be able to help in the development of other local services for the needs of this population. It is also recommended that the court partner with TASC to coordinate and access additional treatment services for participants.

Additional staff that should be requested by the team are dedicated ADA and Probation Officer positions. The addition of dedicated team members from these offices will add to the stability of the team and will ease the flow of information sharing. Also, the participants as well as some of the team members highlighted a need for a staff member to help with employment for the participants. A possible resource for this type of personnel would be to contract the local vocational rehabilitation office or community college, and request that a representative be on the drug court team or management committee.

Another area that may need clarification for the participants is communication regarding logistic and programmatic changes. The participants reported not having access to the information they need about changes in a timely manner. It appears that the program does have an outgoing message informing participants of logistical changes, so this problem might be easily solved ensuring the participants are clear about the system for accessing information regarding changes, and understand that it is their responsibility to call in to access this information. A phone tree could also be an alternate effective tool for communicating with participants.

An additional area in which communication should be clarified is with respect to the role of the Defense Attorney. The team members have reported that the role of the Defense Attorney on the drug court team is unique because policies regarding confidentiality between client and lawyer that apply in other legal settings do not necessarily apply within the legal context of the drug court. It is recommended that the roles and functions of the Defense Attorney be clearly communicated to the participants.

### **Conclusions**

Overall, the PCADTC appears to be improving the lives of the participants in many ways. The stability and dedication of the team is an excellent asset to the functioning of the program. The relationship between the participants and the Judge is a highly motivating factor in the recovery process. It is important that the program ensure there is always an adequate supply of drug tests, as this appears to be an effective deterrent to participant drug use.

Several of the main barriers to effective functioning of the court originally identified were resolved during the course of the process evaluation, indicating that the drug court team is dedicated to resolving any impediments to program functioning. A new Case Manager recently joined the team, and this addition will contribute to timely and smooth sharing of information, as well as relieving the Program Director of extra duties, who had been fulfilling the responsibilities of both positions. Another main concern for the participants in particular was the uncomfortable setting of the local AA/NA meetings. Plans have begun to create on-site AA/NA meetings. This plan was actually recommended to the staff by one of the participants, which reflects the positive

rapport between team members and participants. Having these meetings on-site will be more comfortable for the participants; many reported that they would be much more willing to come to on-site meetings than to community meetings.

In conclusion, the results of this process evaluation suggest that there is a stable foundation here to build upon using the recommended changes for improving the program. Lasting impressions of the drug court program shared by participants indicate that the PCADTC puts people from their community in “a much better spot when [they] leave, than [they] were when [they] came in,” and for the participants, “getting your life back is the best reward of the whole program.” The continued growth of this drug treatment court program and the addition of new supportive services will only further increase the benefits of this program for members of the Person/Caswell community.

## **Evaluation of Key Components**

Aspects of each court were also evaluated against the ten key components of drug courts, as defined in the federal document, Defining Drug Courts: The Key Components.

### **Key Component 1**

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

The PCADTC is consistently in accordance with component one. Treatment services and the progress of each participant are discussed during every team meeting and during every court session.

### **Key Component 2**

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

The PCADTC consistently promotes public safety and works to protect the rights of the participants, however it has been recommended that the drug court team improve communication to the participants about the role of the defense attorney. The participants perceive that the defense attorney is not working for them in the manner they expected. The defense attorney reports that it is difficult to fully protect the rights of participants in drug court, as the defense attorney is obligated to share information about the participant that would be kept confidential in a traditional lawyer-client relationship with other members of the team.

### **Key Component 3**

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

The PCADTC promptly places eligible participants in the drug court. The absence of a Case Manager for several months served as a potential obstacle to early and prompt referral and enrollment processes, however, this problem was resolved during the course of this process evaluation by the hiring of a new Case Manager.



#### **Key Component 4**

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

Drug testing in the PCADTC is an integral and effective aspect of the program. Recently, due to a shift in program structure resulting in PCADTC falling under the administration of the AOC rather than of the county, drug test supplies were short. In response to this problem, Probation supplemented with leftover drug tests. The court has been communicating with the AOC to resolve this supply problem.

#### **Key Component 5**

*Abstinence is monitored by frequent alcohol and other drug tests.*

The PCADTC provides weekly, random drug tests for all participants. Problems with the supply of drug test resources appear not to have significantly hampered the ability of the court to maintain its compliance in this area.

#### **Key Component 6**

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

Responses to participants' compliance in the PCADTC are governed by the discussions among the team members. Team members give input regarding their area of expertise on the team, and a decision is made by majority opinion, with the power of the Judge to override when necessary. Standard levels of compliance are in place for participants to be eligible for incentives and rewards within the program. There are not standards for imposing sanctions for non-compliance; they are based on individual history and need. There are standards set in place for program completion and program termination. It has been recommended that the team receive additional training on the strategic use of sanctions and incentives, that the criteria for each be clearly communicated to the participants, and that the court consider implementing individual behavior contracts.

#### **Key Component 7**

*Ongoing judicial interaction with each drug court participant is essential.*

The PCADTC recognizes that the judicial interactions and experiences each participant has are essential, and that the bi-weekly court proceedings are a key factor in the success of the participants. The individual interaction the participants have with the Judge is considered an especially important source of motivation and compliance. The court sessions and the conduct of the Judge are professional and effective.

#### **Key Component 8**

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

The PCADTC has completed yearly SCOT (Strengths, Challenges, Opportunities, and Threats) analyses for the past several years, which have helped the team members to identify areas of the program in need of improvement, and also to assess which goals and objectives are being

achieved. It has been recommended that the court implement follow-up procedures for former program participants in order to better gauge effectiveness of the program, and also in order to provide participant data to aid in evaluations and outcome studies. In addition, this process evaluation report contributes to the evaluation of this court. The court might also benefit from participating in an outcome evaluation.

### **Key Component 9**

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

The PCADTC team has attended national and state drug court conferences, and all team members report these conferences to be an effective way to continue improving the functioning of their drug court. It is recommended that a more formal training process for new team members be considered within the court, and also that the team engage in additional training on sanctions and incentives.

### **Key Component 10**

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

The PCADTC recognizes a need to improve this aspect of the court program. The following recommendations have been made to enhance the court's compliance with this component: request the re-integration of law-enforcement into the program; request that a dedicated Probation Officer and a dedicated ADA be assigned to the drug court; request that a representative from the local mental health center be part of the drug court team; work with local TASC office to access additional treatment services for participants; involve drug court alumni in the development of support groups for those who have completed the program; and involve drug court alumni in efforts to obtain resources from the community for use as program incentives and rewards.

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## **Appendix A: Consumer Satisfaction Questionnaire Results**

**Table 1. Description of Sample of Consumer Satisfaction Questionnaire Respondents**

<b>Characteristics of Participants</b>	<b>N</b>	<b>Percentage</b>
<b>Total Number of Respondents</b>	<b>15</b>	<b>100%</b>
<b>Gender</b>		
Female	5	33.3%
Male	10	66.7%
<b>Race</b>		
African American	4	26.7%
White	11	73.3%
<b>Ethnicity</b>		
Hispanic	1	6.7%
Not Hispanic	8	53.3%
Blank	6	40.0%
<b>Living Arrangement</b>		
Community Housing	1	6.7%
Incarcerated	4	26.7%
Independent	10	66.7%
<b>Marital Status</b>		
Divorced or Separated	5	33.3%
Married	1	6.7%
Single	9	60.0%
<b>Highest Grade Completed</b>		
Grade 10	4	26.7%
Grade 11	3	20.0%
Grade 12	7	46.7%
Beyond Grade 12	1	6.7%
<b>Primary Drug of Choice</b>		
Alcohol	4	26.7%
Cocaine	4	26.7%
Crack	1	6.7%
Heroin	2	13.3%
Marijuana	1	6.7%
Other	2	13.3%
Blank	1	6.7%

**Table 1. (Cont.)**

<b>Characteristics of Participants</b>	<b>N</b>	<b>Percentage</b>
<b>Crime that led to DTC</b>		
DWI	2	13.3%
Illegal selling/distribution	2	13.3%
Obtaining property falsely	2	13.3%
Possession	1	6.7%
Probation on revocation appeal	3	20.0%
Theft	1	6.7%
Vandalism	3	20.0%
Other	1	6.7%
<b>Criminal History</b>		
No	4	26.7%
Yes	11	73.3%
<b>Treatment History</b>		
No	9	60.0%
Yes	6	40.0%

**Table 2. Satisfaction with Components of Person/Caswell County Adult Drug Treatment Court**

COMPONENT	STATISTICS			RESPONSE FREQUENCY (%)			
	n	Mean	Standard Deviation	Very Unsatisfied	Unsatisfied	Satisfied	Very Satisfied
1. Frequency of court appearances	15	3.27	0.46	0.00	0.00	73.33	26.67
2. Interactions with the judge	15	3.40	0.51	0.00	0.00	60.00	40.00
3. Interactions with the drug court team	15	3.47	0.52	0.00	0.00	53.33	46.67
4. Cooperation of agencies providing services to you	15	3.13	0.52	0.00	6.67	73.33	20.00
5. Your SA treatment services	15	3.40	0.51	0.00	0.00	60.00	40.00
6. Your MH treatment services	13	3.23	0.44	0.00	0.00	66.67	20.00
7. Your vocational treatment services	13	3.23	0.44	0.00	0.00	66.67	20.00
8. Other services you received	13	3.08	0.50	0.00	6.67	66.67	13.33
9. Sanctions you've received from the court	11	3.18	0.60	0.00	6.67	46.67	20.00
10. Incentives you've received from the court	14	3.21	0.43	0.00	0.00	73.33	20.00
11. Drug testing	15	3.40	0.51	0.00	0.00	60.00	40.00
12. Your community service activities	10	3.10	0.57	0.00	6.67	46.67	13.33
13. Positive social activities organized by the court	11	3.18	0.60	0.00	6.67	46.67	20.00
14. Drug court program overall	15	3.20	0.56	0.00	6.67	66.67	26.67
*15. Protection of your rights	15	2.73	0.88	0.00	53.33	20.00	26.67

**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%.
3. Item 15 has different response choices that vary from a low of 1 (Not at all protected) to a high of 4 (Completely protected)

**Table 3. Difficulty of Meeting Requirements of Person/Caswell County Adult Drug Treatment Court**

REQUIREMENT	STATISTICS			RESPONSE FREQUENCY (%)				
	n	Mean	Standard Deviation	Very Difficult	Difficult	Somewhat Hard	Easy	Very Easy
1. Making it to court appearances	15	3.5	1.24	6.67	13.33	26.67	26.67	26.67
2. Attending mental health treatment services	11	3.9	0.94	0.00	6.67	13.33	33.33	20.00
3. Cooperating w/ your MH treatment prog.	11	4.18	0.60	0.00	0.00	6.67	46.67	20.00
4. Taking psychiatric medication regularly	5	4.00	1.22	0.00	6.67	0.00	13.33	13.33
5. Attending SA treatment services	14	3.93	1.07	0.00	13.33	13.33	33.33	33.33
6. Cooperating w/ SA treatment services	14	4.07	0.99	0.00	13.33	0.00	46.67	33.33
7. Attending other services	14	3.86	1.03	0.00	13.33	13.33	40.00	26.67
8. Going to drug testing	15	4.13	0.83	0.00	6.67	6.67	53.33	33.33
9. Cooperating with drug testing	15	4.33	0.72	0.00	0.00	13.33	40.00	46.67
10. Attending meetings w/ prob. Officer	15	4.20	0.86	0.00	6.67	6.67	46.67	40.00
11. Attending meetings w/ case manager	14	4.14	0.95	0.00	6.67	13.33	33.33	40.00
12. Attending AA/NA meetings	15	3.60	1.41	13.33	6.67	20.00	26.67	33.33
13. Participating in AA/NA meetings	14	3.64	1.45	13.33	6.67	13.33	26.67	33.33
14. Paying court fees	15	3.87	1.25	6.67	6.67	20.00	26.67	40.00
15. Paying court fines	13	3.85	1.34	6.67	6.67	20.00	13.33	40.00
16. Staying away from other adults with drug problems or criminal histories	15	4.40	0.83	0.00	0.00	20.00	20.00	60.00
17. Staying clean and sober	15	4.40	0.83	0.00	0.00	20.00	20.00	60.00
18. Staying crime free	15	4.6	0.49	0.00	0.00	0.00	33.33	66.67

**Notes:**

1. Scores range from a low of 1 (Very Easy) to a high of 5 (Very Difficult).
2. Due to rounding, frequencies do not necessarily total 100%.