Wake County
Adult Drug Treatment Court
Process Evaluation Report

2005

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Executive Summary

Purpose:

- To describe the operation of the Wake County 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; and
- To make recommendations regarding possible improvements to the current structure and operation of the court

Background:

- The Wake County Adult Drug Treatment Court was established as an alternative to incarceration for drug addicted offenders.
- The court was designed to provide substance abuse treatment and rehabilitative services, and to save the community the costs of incarcerating these individuals for their crimes.
- Since its inception, the court has been managed by a local nonprofit organization. At the start of the upcoming fiscal year (FY 2005-2006), the court will be managed by the North Carolina Administrative Office of the Courts.

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 about participants were obtained from electronic court records.

Key Findings:

- There are stable and dedicated drug court team members who communicate well with one another, have positive staff relationships, and interact positively with the participants.
- Participants find weekly monitoring in court, positive interactions with the Judge, and drug testing particularly helpful in enhancing their program compliance.
- Securing treatment services for participants who are dually diagnosed with co-occurring substance abuse and mental health disorders has been an ongoing challenge for this court.
- Treatment services are delivered in accordance with a structured phase system, and group therapy sessions are guided by evidence-based, cognitive-behavioral treatment programs.
- The court has begun to establish more community connections to meet participants' treatment and ancillary service needs. Continuing to increase community partnerships will strengthen community awareness and support for the program, and the court's overall functioning.

- Some active and former participants advocated stricter graduation and termination policies as a means of removing participants who reduce morale by "cheating the system" and make group therapy sessions difficult.
- Team members do not agree about the appropriateness of the program for repeat participants.
- The team does not have a designated time set aside for processing factors that contribute to successful program completion for individual participants, or for addressing broader issues affecting the court.
- There are differences across race and gender in the court's graduation and retention rates: Caucasian participants have higher rates of graduation and retention than do African American participants, and males have slightly higher graduation and retention rates than do females.
- Graduation rates are highest for users of narcotics and opiates other than heroin, followed closely by users of alcohol and cocaine. Users of heroin have the lowest graduation and retention rates.
- Both team members and participants attributed positive life changes to the experiences that participants had in the drug treatment court.

Conclusions:

The Wake County Adult Drug Treatment Court appears to be implementing the drug court in a manner that is consistent with its original application for funding, with the exception of the consolidation of the District and Superior Court Drug Treatment Courts into one Drug Treatment Court program in 2001. The dedication, professionalism and cooperation of the team, as reported by both team members and participants alike, and the group and individual therapy sessions, are essential component of the court's successful operation. The use of evidence-based, cognitive-behavioral treatment manuals to guide group therapy sessions, support participants' recovery from substance abuse, and prevent relapse is also a strength of the program.

Reported barriers to effective program functioning include securing stable funding, securing treatment services for dually diagnosed participants, and ancillary services to meet the varied treatment needs of the participants. Identifying the proper individuals and agencies that need to be convened to solve the problem of treatment services for dually diagnosed participants should be a key priority for this court. In addition, increasing its network with other community agencies to enhance community support, awareness, and program referrals, would increase the overall operation of the court. The court may also wish to consider investigating possible reasons for the higher rates of graduation and retention for Caucasian participants as compared to African Americans, and for males as compared to females.

As the court prepares to transition to administration by the Administrative Office of the Courts, the structural strengths of the current program should be considered, such as treatment groups in which all participants participate in group therapy sessions together with other participants; this structure may not be maintained if an alternative model of treatment is implemented. The benefits of alternative models of treatment should be weighed against the potential costs of such modifications. Additionally, whereas the current team has experienced very little turnover (with the exception of treatment providers), with the transition of court management, high levels of turnover may result in the presence of new team members that have not previously participated as collaborative members of a drug treatment court. Thus, an additional priority is comprehensive training and collaboration among team members so that the learning curve involved in transitioning to a new team does not hamper the continuation of treatment services and supervision of current or newly admitted participants. Finally, the court should seek ways to more effectively utilize its Local Management Committee to guide the vision, mission, and goals of the drug treatment court.

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

North Carolina Drug Treatment Court Goals

North Carolina Drug Treatment Courts

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

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

North Carolina Adult Drug Treatment Courts

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

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

Local Program Mission, Goals, and Objectives

Mission of the Wake County Adult Drug Treatment Court

As stated in the 2003 edition of the Wake County Adult Drug Treatment Court *Policy and Procedures Manual*, the **mission** of the WCADTC is as follows:

> *"The mission of the Adult Drug Treatment Court is to reduce drug and alcohol dependence, criminality, and incarceration of non-violent substance addicted offenders through a court-directed drug/alcohol treatment program that holds those offenders accountable and that provides a continuum of appropriate treatment and other necessary services under close supervision."*

Goals and Objectives of the Wake County Adult Drug Treatment Court

The **goals and objectives** of the WCADTC, as stated in the *Policies and Procedures Manual,* are to:

1. *Introduce and maintain recovery from drugs and alcohol among alcohol and other drug(s) (AOD) abuse/dependent offenders through treatment, aftercare, and other community support;*
2. *Reduce criminal recidivism among AOD dependent offenders;*
3. *Improve the overall health, familial, social functioning, employment and/or educational functioning, and societal accountability of AOD dependent offenders;*
4. *Improve the involvement of family members and significant others in treatment and recovery related issues;*
5. *Promote the successful completion of probation, reduce probation revocations, and incarceration of AOD dependent offenders;*
6. *Reduce, or improve the function of, pre-trial confinement time for AOD dependent offenders;*
7. *Promote effective interaction, management, cross-training, and use of resources among criminal justice personnel, agencies, and the community; and*
8. *Reduce the negative impact of AOD dependent offenders with issues of substance abuse on the resources and workload of the court.*

Conclusions and Recommendations

The stated mission, goals, and objectives of the WCADTC are in line with the state's goals for Adult Drug Treatment Courts. The mission statement has a clearly stated purpose (to reduce drug dependence, criminality, and incarceration within the target population), business (court-directed drug treatment program), and values (accountability and treatment for offenders).

Taken together, the local program goals and objectives largely reflect the State's goals for Adult Drug Treatment Courts, and also include additional goals. Local program goal #1 refers to *maintaining* recovery and providing *aftercare* for addicted offenders. Due to the lack of follow-up procedures for tracking discharged participants, assessing the maintenance of recovery beyond participants' tenure within the drug treatment court is not possible at this point time. In addition, because there is currently no formal aftercare program in place for discharged participants, WCADTC team members may wish to re-phrase and/or re-conceptualize this goal.

Local goal #4 refers to *improving* the involvement of family members and significant others in treatment and recovery. In order to measure the achievement of this goal, methods for assessing the current level of involvement of family members and significant others in treatment and recovery must be in place, as well as procedures for gauging improved involvement; therefore, team members may also wish to further clarify this program goal.

A final recommendation regarding the local program goals and objectives is to separate the goals from the objectives so that it is clear what the program deems to be goals (realistic end results), and what the program deems to be measurable and achievable objectives.

History of Wake County Adult Drug Treatment Court

In 1995, the North Carolina General Assembly enacted the North Carolina Drug Treatment Court Act, housing the pilot drug treatment programs in the AOC. The General Assembly gave the AOC the power to facilitate the creation and funding of local drug treatment courts in North Carolina. Under the leadership of Superior Court Judge Robert Farmer and District Attorney Colon Willoughby, Wake County Criminal Justice Partnership, Inc. (CJP), a local non-profit organization now called Carolina Correctional Services (CCS), petitioned the AOC to receive funding for a pilot Drug Treatment Court in Wake County in December 1995.

In their proposal for funding to the AOC, Wake County officials cited data showing that in FY 1994-1995, 22.2% of the total charges filed were directly tied to alcohol or drug use, and furthermore, 31.8% of the felony cases that were disposed of were controlled substance cases. The Board of Directors of the Wake County Criminal Justice Partnership, Inc. studied these data and concluded that substance-abusing felons in felony categories H and I should be the drug court's target population, since their data showed that recidivism and probation revocation rates were highest within these offense categories. As a result, a *post-plea*, probation supervision drug treatment court was initiated. The WCADTC was one of the original five pilot courts implemented with state and federal funds in 1995.

Wake County CJP applied to the AOC for funding in the amount of $44,462 in December 1995, and received a total of $17, 352.42 for the remainder of FY 1995-1996. A contract between AOC and CJP was signed on May 6, 1996, obliging CJP to provide services for the establishment of a Drug Treatment Court for non-violent, chemically-dependent offenders. On May 24, 1996, the first session of the WCADTC convened with three offenders on the calendar.

History of Program Implementation and Modifications

At the time of implementation, there were two drug treatment courts, one housed in the Superior Court (with Judge Farmer presiding) and one housed in the District Court (with Judge Fullwood presiding). In July 2001, CCS and the Local Drug Treatment Court Management Committee consolidated the Superior Court and District Court Drug Treatment Courts into one drug treatment court, housed in the District Court (with Judge Fullwood presiding), in order to maximize resources and staff.

CCS Management has been the administrator of the WCADTC since its planning and implementation stages; however, on July 1, 2005, AOC will assume administration of this court. According to an AOC informant, one purpose of this change in administration is to eliminate the cost of administrative overhead that is currently incurred as a result of third-party management of the court. The change in administration will be designed to occur as a seamless, "no harm" transition for participants. The program is currently continuing to admit new participants, with the expectation that this change will not adversely affect the ability of the court to continue to serve its clients. As a result of this change, treatment services will be put out to bid, and there may be Local Management Committee and/or personnel changes. The AOC anticipates that this change will lead to enhanced partnerships with community agencies.

History of Program Evaluations

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

For this process evaluation, the WCADTC provided IRT staff with the results of self- analyses, in the form of Strengths, Challenges, Opportunities and Threats (SCOT) analyses, for FY 2002-2003 and FY 2003-2004. These documents provide documentation in the form of bulleted information regarding the strengths, challenges, and proposed action plans for the upcoming year. Detailed accounts of the strengths, challenges, and proposed actions did not appear in the record of SCOT analyses provided by the court for this process evaluation.

According to the SCOT analysis conducted in FY 2002-2003, members of the WCADTC reported that it had a committed, compassionate, and experienced core team, and that team members communicated well with one another. The 2002-2003 SCOT analysis also reported that the team considered the program structure, the treatment curriculum, and the "buy-in" and participation of its participants to be key strengths of the program.

The analysis also addressed challenges that the WCADTC program faced. Among them were the negative effects of a rotating Assistant District Attorney, a situation that team members reported conflicted with the program's team concept, and negatively affected the referral process. To address this issue, the team proposed a plan to make new efforts to secure an ADA that would be formally dedicated to the Drug Court. Additional problems cited in the 2002-2003 SCOT analysis included challenges related to working with dually diagnosed DTC participants, a lack of housing options for female participants with children, a need for more staff, and a lack of programming for the Spanish-speaking population. Action plans that were devised to address these challenges included identifying a screening tool for recognizing dually diagnosed cases upfront (i.e., during the eligibility screening process) and inviting a mental health professional to join the core team; recruiting volunteers and interns to meet staffing needs; investigating the need for programming designed to meet the needs of the Spanish-speaking population, and seeking grant funding to address these needs; and exploring the capacity of faith-based resources, Section 8 housing, battered women's shelters, and other non-profit organizations to meet the need for housing for women with children.

The SCOT analysis conducted in FY 2003-2004 determined that the strengths of the program were similar to those previously identified in the prior year's report. These strengths included the commitment, compassion, and communication of the team members, the structure of the program, the proactive treatment curriculum, client-based case management, and the positive changes observed in participants' motivation as they progressed through the treatment phases.

The challenges cited in the 2003-2004 SCOT analysis included a need to incorporate a more effective aftercare and continuing care component; the need to enhance drug testing by making drug screens more random and implementing better ways to detect alcohol use; the need to incorporate law enforcement into the program; and the need to develop and include more health education and awareness in the program. Action plans devised to address the need for more effective aftercare included increasing participants' engagement in weekend activities and building a better community network (including community-based support groups). To improve drug testing, the team recommended incorporating weekend testing with social activities, conducting more unannounced home and school visits, and administering the breathalyzer more frequently. The team also proposed to add a representative from Law Enforcement to the Local Management Committee to address the lack of law enforcement involvement, and to coordinate medical and dental appointments for participants and invite health care professionals to speak on selected, relevant topics in order to meet the need for health care, education, and awareness.

In addition to the SCOT self-analyses, the WCADTC also has a local evaluation plan in place. The local evaluation plan includes plans for both process and outcome evaluations. The purpose of the WCADTC process evaluation is to determine whether the program is accomplishing what it intended in terms of procedural design, implementation, and daily operations. The process

evaluation relies on the use of data from the statewide Management Information System (MIS) database, local program financial records, and group discussion to identify:

- The percentage of the target population actually enrolled;
- The number of the target population not screened or enrolled, and the reasons for this;
- Whether the model and treatment design are conducive to meeting team goals and if not, why;
- Whether the program was implemented in accordance with the DTC program plan;
- Whether all promised services were provided, and if not, why;
- The problems that arose in implementation, management, and performance of the program;
- Whether the treatment providers delivered the services that they were contracted to deliver, and the quality of those services;
- The current and future cost issues related to the level of service; and
- The cost saving and procedural improvements resulting from the program.

The purpose of WCADTC's outcome evaluation plan is to measure the effectiveness of the drug treatment court in achieving legislatively mandated goals. The primary method used to measure the program's effectiveness in reducing alcoholism and drug dependency is evaluation of the results of urinalysis. To evaluate the program's overall effectiveness, records of test dates and results maintained by the Probation Officer, records of the severity of the participant's initial addiction, the length of time of treatment, number of treatment sessions and 12-step meetings attended, and records of program participation and completion are analyzed. Additionally, the North Carolina AOC staff officially collects data on new arrests, new convictions, and new incarcerations of participants from the Division of Criminal Information and the AOC database. The outcome evaluation plan calls for examination of these data in pre- and post- treatment intervals to measure the program's effectiveness in reducing recidivism.

The local evaluation plan also states that the Drug Court Director works with the DTC core team and AOC staff to assess operational factors such as time spent per case, the number of failures to appear, the average length of time to dispose of a case, and other time-related factors. This information is then reported to the AOC to be used qualitatively for improvement.

The Case Manager works with the Probation Officer to measure the impact of the program on the offender's personal, familial, and societal accountability by assessing performance and compliance in the areas of employment, educational achievement, payment of restitution, community service, and payment of court costs. The drug court team uses results of process and outcome evaluations to determine how well the criminal justice system and community agencies are collaborating and sharing resources. The results are compiled and used as a qualitative indicator of the program's effectiveness.

Conclusions and Recommendations

The *Best Practices Guidelines* require that local courts conduct annual self-evaluations to review the overall functioning of the court, financial statements, program audits, and the cost of all services provided during the year. The Guidelines also suggest that the results of these annual

self-evaluations be used to develop an action plan to address any challenges cited, and that the recommended action plan be implemented by the Local Management Committee. For this process evaluation, the WCADTC provided records of SCOT analyses for FY 2002-2003 and FY 2003-2004. Each SCOT analysis reviewed included a brief statement of the identified strengths, challenges, opportunities, and threats, as well as bulleted action plans for each identified challenge. More detailed descriptions of the nature of the challenges and action plans identified, as well as centralized records of the efforts made to implement the proposed action plans, would facilitate future attempts to review the history and outcome of the court's self-evaluations.

The local evaluation plan that the WCADTC has developed is comprehensive and includes strategies for evaluating both the process and the outcome goals of the court. It is not clear whether the team has conducted process and outcome evaluations, and where information and documentation regarding the findings of these outcomes can be obtained. Again, having a central repository of this type of information will facilitate future reviews of the court's history of evaluations and response to recommended program modifications.

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. Ann Brewster, Dr. Elizabeth Jackson, Ms. Valerie Anderson and Ms. Eunice Muthengi, IRT Team Leaders for the Process Evaluation project; and Directors from each of the drug courts participating in a process evaluation in March and April 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 three types of data and methods used to collect and analyze data for this process evaluation report: quantitative data, qualitative data, and observational data. The collection and analysis of each of theses 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 Wake County Adult Treatment Court from its inception to February 28, 2005, and to begin to describe the characteristics of current, terminated, and successfully graduated drug court participants. The data for these quantitative analyses were obtained from the current AOC Evaluation Specialist / Research Coordinator from the web-based adult MIS. The quantitative data collected included demographic characteristics of both the ineligible and the eligible populations, information regarding the primary drug of choice for each client, and information regarding the client's history and involvement in the Drug Treatment Court. The original datasets were stripped of identifying information such as names and identification numbers in order to ensure anonymity. A unique but non-identifying identification number was assigned to each participant, and questionnaire data were combined into a single database using this number. Analyses were conducted to describe the demographic and background characteristics of clients, such as age, race / ethnicity, educational, and employment status, primary drug of choice of drug court participants, and trends related to program capacity and compliance.

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

Qualitative data

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

Additionally, IRT staff members were provided with a list containing 26 former participants terminated during the past year. The Case Manager provided phone numbers, wherever available, for the former participants included on this list. Of these participants, nine had working telephone numbers, five were participants who had absconded and had no available contact information, seven were incarcerated, and five had wrong or disconnected numbers or were no longer living at the residence listed. Included on the list of terminated participants were participants who had been incarcerated at Wake County Jail. IRT staff worked with the County Jail to attempt to interview these former participants; however, all participants listed as incarcerated had been released prior to our attempts to contact them. Individual telephone interviews were attempted with all of the terminated participants for whom contact information was available. Despite multiple efforts to contact all of the individuals on this list, only four recently terminated drug court participants were located and agreed to be interviewed.

The Assistant Director of Programs also contacted former successful program graduates who had completed the program within the past year and invited them to attend an alumni event, during which IRT staff conducted individual interviews. Eight successful graduates were contacted and agreed to be interviewed. Trained project staff members from IRT conducted the interviews in person at the group treatment site.

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

Finally, individual interviews lasting approximately one hour were conducted with all nine of the drug court team members. The main topics discussed in each individual staff interview included questions about program history, the most and least helpful aspects of the 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, the interaction among team members, and interactions between the judge and the participants.

Historical Documents

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

Characteristics of Drug Court Participants

AOC maintains oversight over many Drug Treatment Courts statewide. In order to oversee the efficient functioning of the various courts, AOC relies on the receipt of information from all of the state's drug courts. To facilitate this information exchange, the AOC has made the Management Information System (MIS) available to many drug courts, including the WCADTC. The MIS system is intended to facilitate case management, and to provide an information base for the evaluative component of the program. The MIS includes screening and eligibility documentation, comprehensive intake/assessment, weekly client progress reports, case flow management indices, case management contacts, plans and notes, drug testing results, treatment attendance report forms, treatment progression forms, community service logs, and mid-term and exit interview forms. As stated in the WCADTC *Polices and Procedures Handbook*, the MIS serves as a repository of information for the program's process and outcome evaluations.

For the current process evaluation, raw data from the WCADTC MIS database were exported by the AOC at the beginning of the process evaluation. For the quantitative analyses presented below, statistics regarding the characteristics of participants are based on all participants present in the MIS database as of February 28, 2005. The description of the characteristics of drug court participants includes participants who have been referred to or enrolled in the program more than once. For tables examining characteristics of drug court participants by drug court status, "Active" participants refers to participants whose status is listed as active or inactive.

As can be seen in Table 1 below, the court is treating and has treated more males than females, and slightly more African Americans than Caucasians; enrollment of individuals from other racial groups has been minimal. The majority of participants are residents of Raleigh, and the majority entered the program with a high school diploma or lower levels of education. Almost

two-thirds of the former and current participants entered the program employed, and the majority of employed participants worked a full-time schedule. However, a significant proportion of participants also entered the court unemployed. The majority of participants was single and had never been married. While over half of the participants reported having received prior substance abuse treatment, the vast majority of participants had not received mental health treatment prior to being admitted to the court. The most common primary drugs of choice for participants were crack and marijuana, followed by alcohol and cocaine.

Table 1. Demographic and Basic Characteristics of Wake County Adult Drug Treatment Court Participants

Characteristics of Participants (As of 2/28/2005)	**N**	**Percentage**
Total Number of Participants	**317**	**100%**
Total Active (Current) Participants	33	10%
Total Inactive Participants	2	1%
Total Former Participants	282	89%
Status of Former Participants		
Graduated	88	31%
Terminated	194	69%
Age of Participants		
Average Age	32.3	(Range: 16-62)
Gender		
Female	119	38%
Male	196	62%
Race		
African / African American	177	56%
Caucasian / White	133	42%
Native American	2	1%
Other	3	1%
Ethnicity		
Hispanic	1	0%
Non-Hispanic	297	100%
Marital Status		
Married	46	15%
Divorced	43	14%
Living with someone as married	12	4%
Separated	32	10%
Single/Never Married	175	57%
Widowed	1	0%

Table 1. Demographic and Basic Characteristics, Continued

Educational Attainment (Years of School Completed)*		
Middle school (6-8)	7	3%
High school (NO diploma)	75	31%
High school diploma / GED	90	37%
Some college or technical college	37	15%
Two-year college / Associate degree	24	10%
Four-year college degree	9	4%
** Frequency of missing data = 74*		
Employment Status*		
Unemployed (Available for and/or actively seeking work)	85	35%
Full-time (35 hours or more per week)	98	40%
Part-time (Under 35 hours per week)	35	14%
Student	2	1%
Not in labor force and not available for work	5	2%
Disabled	6	2%
Other	14	6%
** Frequency of missing data = 70*		
City of Residence*		
Apex	8	3%
Cary	14	5%
Clayton	1	0%
Creedmoor	2	1%
Fuquay Varina	6	2%
Garner	20	7%
Holly Springs	3	1%
Knightdale	8	3%
Morrisville	5	2%
New Hill	2	0%
Raleigh	193	69%
Wake Forest	6	2%
Wendell	6	2%
Willow Springs	1	0%
Zebulon	7	3%
** Frequency of missing data = 35*		
Primary Drug of Choice		
Alcohol	35	12%
Cocaine (powder)	28	9%
Crack	104	34%
Heroin	12	4%
Marijuana	108	36%
Narcotics / Opiates (Other than Heroin)	11	3%
None	1	0%
Other	5	2%

Table 1. Demographic and Basic Characteristics, Continued

Prior Substance Abuse Treatment		
Yes	188	60%
No	125	40%
Prior Mental Health Treatment		
Yes	59	19%
No	255	81%

Tables 2, 2a, and 2b below show the court's graduation, retention, and termination rates for the program as a whole, and by race and gender. Rates of graduation represent the proportion of participants who successfully completed the program to the total number of participants who have been discharged from the program (graduated or terminated). Rates of program termination represent the proportion of participants who were terminated from the program to the total number of participants who have been discharged from the program (gradated or terminated). Retention rates represent the proportion of active participants (including participants designated as "Inactive") and participants who successfully completed the program to the total number of participants served by the program. Overall, the WCADTC graduation rate is slightly below the Statewide average for adult treatment courts (according to the 2005 NC Legislative Report), and the court's retention rate is much lower than the Statewide average. Rates of graduation and retention are more than ten percentage points higher for Caucasian participants than for African American participants. Rates of graduation and retention are slightly higher for males than for females.

Table 2. Overall Graduation, Retention, and Termination Rates

Graduation Rate	**Retention Rate**	**Termination Rate**
31%	39%	69%

Table 2a. Graduation, Retention, and Termination Rates by Race

	Rate		
Race	**Graduation Rate**	**Retention Rate**	**Termination Rate**
African/African-American	26%	32%	74%
Caucasian/White	38%	50%	62%
Native American	50%	50%	50%
Other	33%	33%	67%

Table 2b. Graduation, Retention, and Termination Rates by Gender

	Rate		
Gender	**Graduation Rate**	**Retention Rate**	**Termination Rate**
Female	26%	33%	74%
Male	34%	42%	66%

Table 3 below shows that the court has previously treated more African-American participants than Caucasian participants, but the court is currently treating more Caucasian participants than African-American participants. The court has treated very few participants from other racial groups.

Table 3. Drug Court Status by Race

Race	Drug Court Status			
	Active	Graduated	Terminated	Total
African/African American	13	43	121	**177 (57%)**
Caucasian/White	22	42	69	**133 (42%)**
Native American	0	1	1	**2 (1%)**
Other	0	1	2	**3 (1%)**
Total	**35**	**87**	**193**	**315 (100%)**

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

Table 4. Drug Court Status by Gender

Gender	Drug Court Status			
	Active	Graduated	Terminated	Total
Female	11	28	80	**119 (38%)**
Male	24	59	113	**196 (62%)**
Total	**35**	**87**	**193**	**315 (100%)**

Table 5 below shows that marijuana and crack are the primary drugs of choice for the highest percentage of active and former participants, while alcohol and cocaine are the second most common primary drugs of choice. The court has treated relatively few participants who report heroin and narcotics and opiates other than heroin to be their primary drug of choice.

Table 5. Drug Court Status by Primary Drug of Choice

Primary Drug of Choice	Drug Court Status			
	Active	Graduated	Terminated	Total
Alcohol	4	11	20	**35 (12%)**
Cocaine (powder)	4	8	16	**28 (9%)**
Crack	9	22	73	**104(34%)**
Heroin	1	2	9	**12 (3%)**
Marijuana	11	36	61	**108 (36%)**
Narcotics/Opiates (Other than Heroin)	4	3	4	**11 (4%)**
None	0	0	1	**1 (0%)**
Other	1	0	4	**5 (2%)**
Total	**34**	**82**	**188**	**304(100%)**

Table 6 below shows graduation, retention, and termination rates for participants by primary drug of choice. Rates of graduation for each primary drug of choice represent the proportion of users of a given primary drug who successfully completed the program to the total number of users of the primary drug who were discharged from the program (graduated or terminated). Retention rates represent the proportion of users of a given primary drug who were either active (including participants listed as "Inactive") or successfully completed the program, to the total number of users of the primary drug that the court has treated. Rates of program termination for each primary drug of choice represent the proportion of users of a given primary drug who were terminated from the program to the total number of users of the primary drug who were discharged from the program (graduated or terminated). Graduation rates were highest for users of narcotics and opiates other than heroin, followed closely by users of alcohol and cocaine. Users of heroin had the lowest graduation and retention rates, and the highest rate of termination.

Table 6. Rates of Program Completion, Retention, and Termination by Primary Drug of Choice

	Rate		
Primary Drug of Choice	**Graduation Rate**	**Retention Rate**	**Termination Rate**
Alcohol	35%	43%	65%
Cocaine (powder)	33%	43%	67%
Crack	23%	30%	77%
Heroin	18%	25%	82%
Marijuana	37%	44%	63%
Narcotics/Opiates	43%	64%	57%

As can be seen in Table 7 below, probation and parole officers from the Department of Crime Control (DCC) serve as the primary referral source for the majority of participants referred to the WCADTC. Following probation and parole officers, the District Attorney is the next most likely source of referrals to the program. On the other hand, the family of the offender and the offender himself or herself are the two sources least likely to refer participants to the program.

Table 7. Primary Referral Source

Primary Referral Source	**N**	**Percentage**
Court-Appointed Defense Attorney	8	3%
DCC (Probation/Parole Officer)	161	51%
District Attorney	49	16%
Family	3	1%
Judge	26	8%
Other	14	4%
Offender (Self)	2	1%
Private Defense Attorney	25	8%
Public Defender	26	8%
Total	**314**	**100%**

As Table 8 below shows, there are differences across racial groups (African Americans and Caucasians) in the primary source of referrals to the WCADTC. The most common referral sources for African Americans are public defenders, followed closely by judges, court-appointed defense attorneys, and probation and parole officers. African American participants are least likely to be referred to the program through "Other" sources or by family members. In contrast, Caucasian participants are more likely to be referred to the program through "Other" sources, followed closely by family members. Caucasian participants are least likely to be referred to the program by public defenders.

Table 8. Primary Referral Source by Race

Primary Referral Source	**Race**				
	African / African American	**Caucasian / White**	**Native American**	**Other**	**Total**
Court-Appointed Defense Atty.	63%	37%	0%	0%	**8 (3%)**
DCC (Probation/Parole Officer)	60%	38%	1%	0%	**161 (51%)**
District Attorney	52%	46%	0%	2%	**49 (16%)**
Family	33%	67%	0%	0%	**3 (1%)**
Judge	64%	36%	0%	0%	**26 (8%)**
Other	21%	79%	0%	0	**14 (4%)**
Offender (Self)	50%	50%	0%	0	**2 (1%)**
Private Defense Attorney	39%	52%	0%	9%	**25 (8%)**
Public Defender	75%	25%	0%	0%	**26 (8%)**
Total	**100%**	**100%**	**100%**	**100%**	**314 (100%)**

As shown below in Table 9, DTC non-compliance is the primary reason for termination in the vast majority of the termination cases. Following DTC non-compliance, positive drug/alcohol tests and new arrests for drug or alcohol-related crimes are the most common reasons for termination.

Table 9. Primary Reason for Discharge due to Termination

Primary Reason for Discharge	**N**	**Percentage**
DTC non-compliance	129	81%
New arrest - drug/alcohol crime	7	4%
New arrest - non-drug/alcohol crime	0	0%
New conviction - drug/alcohol crime	0	0%
New conviction - non-drug/alcohol crime	2	1%
Positive drug/alcohol tests	22	14%
Technical probation violation unrelated to DTC	0	0%
Voluntary withdrawal	0	0%
Neutral discharge	0	0%
Transferred to another DTC program	0	0%
Deceased	0	0%
Other	0	0%
Total	**160**	**100%**

Table 10 below lists the types and frequencies of non-compliance that result in program terminations. Failure to attend treatment is the most common type of non-compliance reported, followed closely by failure to make appropriate supervision contacts, attend court sessions, and meet other program requirements. It is unclear what types of noncompliance "other program requirements" and "other" reflect; therefore, the AOC may wish to consider modifying the database to allow for inclusion of more specific information.

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

Type of non-compliance *	N	Percentage
Failure to attend treatment	124	22%
Failure to attend court	101	18%
Failure to make case manager contacts	105	19%
Failure to make probation contacts	96	17%
Failure to meet other requirements	104	19%
Other	23	4%

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

Table 11 below shows that, on average, participants referred to the program completed their initial eligibility screening within one week of the court's receipt of the initial referral. Once screened, eligible participants were admitted to the program in about two weeks. Admitted participants began attending DTC sessions almost immediately. On average, the complete enrollment process (from referral to admission) took approximately one month to complete. In most cases, the admission date and first DTC date were reported to be the same day, and in some cases, participants' first court sessions were reported to have occurred prior to the admission date. The average length of time admitted participants spent in the court program was 264 days, or roughly, between eight and nine months. Note that the number of participants for whom complete data were available to compute the time intervals presented below ranged from a low of 73 to a high of 279, as compared to 317 former and current participants for whom these data should be available. The court and/or the AOC may wish to investigate whether the prevalence of missing data in these fields signifies a particular barrier to promptly and consistently entering the appropriate information for all participants who are enrolled in the program.

Table 11. Average Length of Time for Program Referral, Interview and Admission

Time Interval	N*	Mean
Number of days from Referral to Eligibility Screening	106	7.0
Number of days from Eligibility Screening to Admission	279	14.8
Number of days from Admission to First DTC session	85	-0.7
Number of days from Referral to Admission	73	31.1
Total program time (from Admission to Discharge)	273	264.7

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

Tables 12 below shows that participants complied most frequently with the probation contact requirement. Overall, participants met the majority of case management appointments, probation

contacts, and court sessions required for program compliance. Of those court sessions that participants missed, the majority was missed due to excused absences; however, a significant number of absences were also unexcused. Documented reasons for excused absences included medical excuses, in-patient and out-patient treatment services, illness, work-related assignments or responsibilities, and other unforeseen circumstances (including accidents and family emergencies).

Table 12. Compliance with DTC Requirements

Compliance Issue	**Mean Proportion**
Proportion of case management meetings made to meetings required	84%
Proportion of probation contacts made to contacts required	95%
Proportion of AA/NA appointments made to appointments required	81%
Proportion of court sessions attended to court sessions required	81%
Proportion of court sessions missed due to **unexcused absence**s	35%
Proportion of court sessions missed due to **excused absences**	65%

As can be seen in Table 13 below, marijuana screens are the most frequent type of drug screen administered, followed by cocaine and opiates. The vast majority of drug test results have been negative. Cocaine and marijuana tests are more likely to return positive results than are screens for opiates and methamphetamines. The likelihood of participants admitting use, inconclusive test results, the lab rejecting a specimen, and participants failing to show for a drug test are rare.

Table 13. Drug Test Results

	Type of Drug Test				
Drug Test Result	**Cocaine (N = 6,982)**	**Marijuana (N = 7,222)**	**Opiates (N = 6,235)**	**Methamphetamines (N = 2,228)**	**Other (N = 19)**
Admitted use	1%	0%	0%	0%	0%
Contaminated specimen	0%	1%	0%	0%	0%
Did not show for test	0%	0%	0%	0%	0%
Inconclusive results	0%	0%	0%	0%	0%
Lab rejected specimen	0%	0%	0%	1%	0%
Negative, based on test	90%	90%	95%	96%	77%
Positive, based on test	9%	9%	5%	3%	23%
Refused/unable to give specimen	0%	0%	0%	0%	0%
Total	**100%**	**100%**	**100%**	**100%**	**100%**

According to the MIS database, 252 applicants have been declared ineligible for the WCADTC. For these 252 applicants, the reasons for ineligibility appear in Table 14 below. Note that more than one reason for ineligibility may apply for each participant. The most commonly identified reasons for ineligibility is "Other." Based on comments entered in the MIS database, these other

reasons are varied, and include probation revocations, client electing to serve his or her active sentence, new charges or plea arrangements, referrals to alternative treatment services, lack of transportation, or mental health issues that are deemed inappropriate for the program. Because "Other" is a frequent response choice, the AOC may wish to consider modifying this response field in order to allow for the documentation and analysis of frequently cited "other" reasons for ineligibility. Other frequent reasons for ineligibility include the client's unwillingness to participate in the program, and the client being charged or convicted of an ineligible nonviolent offense.

Table 14. Reasons for Ineligibility

Reason for Ineligibility	**N**	**Percentage**
Not chemically dependent	7	2.8%
Not willing to participate	44	17.5%
Current violent offense	1	.5%
History of non-violent offenses	20	7.9%
Charged/Convicted of ineligible nonviolent offense	36	14.3%
Habitual felon	8	3.2%
Disqualifying pending charges	11	4.4%
Seller only (not user)	2	1.0%
Does not reside in DTC service area	11	4.4%
Active sentence required by law	1	.5%
Weapon involved in current offense	0	0%
DTC team determination of ineligibility OR inappropriateness	19	7.5%
Other reason for ineligibility	91	36.1%
Non-compliant with DTC pre-admission requirements	1	.5%
Total	**252**	**100%**

Summary of Main Findings from Analysis of MIS Data:

1. The majority of participants served by the court is male, residents of the city of Raleigh, and has a high school education or lower levels of educational attainment. About two-thirds of participants enter the court employed, and the majority of employed participants work full-time.

2. The court has treated slightly more African Americans than Caucasians; however, currently, the court is treating slightly more Caucasians than African Americans. Enrollment of individuals from other racial groups has been minimal.

3. Overall, the court's rates of graduation and retention are lower than the statewide average for adult drug treatment courts. Rates of program completion and retention are higher for Caucasian participants, while African American participants have

higher rates of termination. Rates of program completion and retention are slightly higher for males than for females.

4. Marijuana and crack are the two most common primary drugs of choice, followed by alcohol and cocaine. The court has treated relatively few participants who report heroin, narcotics and opiates as the primary drug of choice. Graduation rates are highest for users of narcotics and opiates other than heroin, followed closely by users of alcohol and cocaine. Users of heroin have the lowest graduation and retention rates.

5. There are differences across racial groups in the source of referrals to the WCADTC. Whereas African Americans are most likely to be referred to the program by public defenders, judges, court-appointed defense attorneys, and probation and parole officers, Caucasian participants are more likely to be referred to the program through "Other" sources, followed closely by family members. Caucasian participants are least likely to be referred to the program by public defenders.

6. The most common reason for discharge from the program is DTC non-compliance. Failure to attend treatment is the most common type of non-compliance reported. Following DTC non-compliance, positive drug/alcohol tests and new arrests for drug or alcohol-related crimes are the most common reasons for termination.

7. In general, the process of screening referred applicants is quick, occurring in about one week, on average. The process of admitting eligible participants to the program takes about two weeks; once eligible candidates are admitted, they begin receiving services immediately.

8. Participants attend the majority of required meetings, court sessions, and appointments. Most participant absences are due to excused absences; however, a significant number of absences are also unexcused.

9. The most frequently recorded reason for ineligibility for the program is "other," followed by the offender's unwillingness to participate in the program and ineligible nonviolent charge or conviction.

Description of Drug Court Team

Composition, Roles, and Responsibilities of Team Members

The WCADTC team is comprised of a Director of Programs, an Assistant Director of Programs, a Case Manager, two Treatment Providers, a Criminal Defense Attorney, an Assistant District Attorney, a Probation Officer of the North Carolina Department of Correction, and the presiding 10th District Court Judge. The Core Team is comprised of all of the above named team members with the exception of the Director of Programs. All nine of the WCADTC team members were identified and agreed to be interviewed regarding their roles and responsibilities in the drug court. The section below outlines the roles and responsibilities of each team member as described in the *Best Practices Guidelines* and describes each role as it is performed within the WCADTC.

According to the *Best Practices Guidelines*, the Judge's primary role is to motivate the participants towards successful completion of the program through the bi-weekly court sessions, while holding them accountable for their actions. The Judge also assumes an active role in the participants' recovery process. The WCADTC Judge interacts with each participant at the bi-weekly court sessions, administers sanctions and incentives, develops personal relationships through interactions at status hearings (and occasionally, at court-initiated prosocial events), and monitors participants' overall progress in the program. The WCADTC Judge attends bi-weekly team meetings, where team members present reports of participants' progress and make recommendations for sanctions, rewards, or other appropriate actions.

The role of the Assistant District Attorney (ADA), according to the *Best Practices Guidelines*, is to assure participants' accountability for their criminal actions and protect the rights of victims, while working towards the long term rehabilitative goals of the program. The WCADTC ADA is responsible for conducting legal screenings of potential applicants in order to determine eligibility and admission. Once participants are enrolled in the program, the ADA is responsible for ensuring that participants are held legally accountable for their actions, protecting the victims' rights, and working with the team as a whole to achieve the rehabilitative goals of the program. The ADA attends the majority of the second of the two pre-court staffing meetings (described in the Decision-Making Processes section) and all court sessions.

The *Best Practices Guidelines* states that the role of the Defense Attorney is to assure that participants achieve the long range rehabilitative goals of the program, while at the same time assuring that the substantive and procedural rights of participants are protected throughout the process. In addition, the Defense Attorney is also responsible for advocating for and protecting the legal rights of participants. The Defense Attorney provides legal information to the participants and, in court, serves as a liaison between the participants and the Judge. The Defense Attorney also attends all team meetings, where he defends participants' rights and provides the team with relevant legal information and advice.

According to the *Best Practices Guidelines*, the Probation Officer provides supervision for participants in order to assure accountability. The WCADTC Probation Officer is responsible for overseeing and enforcing participants' adherence to program requirements and to the terms of

their probation. In order to fulfill this responsibility, the Probation Officer conducts drug screens, warrantless searches, home contacts and record checks. Additionally, the Probation Officer monitors payments of any restitution owed. The Probation Officer attends all team meetings and provides progress reports and updates on any actions or behaviors that affect participants' probationary status.

According to the *Best Practices Guidelines*, all drug treatment courts must provide substance abuse treatment services for participants, and these services should be provided by individuals who have been certified as Substance Abuse Counselors by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. There are two Treatment Providers for the WCADTC. The Treatment Providers share the responsibility of leading and facilitating the group and individual therapy sessions for participants. Specifically, one Treatment Provider provides group treatment for participants in Phase I of the program, and the other Treatment Provider provides group and individual treatment for participants in Phase II of the program, and group treatment for participants in Phases III and Aftercare. In addition to leading therapy sessions, the Treatment Providers conduct weekly drug screens before or after treatment sessions. The Treatment Providers attend all team meetings and court sessions, where they provide the team with updates on participants' progress.

According to the *Best Practices Guidelines*, the Program Director oversees the day-to-day functioning of the court; supervises case management services; develops strategic planning and guidelines to remain in compliance with the *Best Practices Guidelines*; installs and maintains quality control for all program management; serves as the central repository of all communication and information concerning the local court; establishes and maintains linkages between and among all persons and agencies in connection to the local court; provides staff support to the Local Management Committee and management support to the presiding judge; leads the core team in conducting annual self-evaluations; maintains administrative oversight of all research, data collection, and program evaluation initiatives; provides opportunities for public education on the functioning of the local court; applies for funding at the direction of the Local Management Committee and in cooperation with the State; and performs any other tasks assigned by the Local Management Committee.

In the WCADTC, the responsibilities of the Program Director are divided among two positions, the Program Director and the Assistant Program Director. The WCADTC Program Director is responsible for the administration and management of the WCADTC. As part of this overarching responsibility, the duties of the Program Director include overseeing court management and treatment services, creating and communicating program policies, making team personnel decisions, managing financial resources, and maintaining the budget.

The Assistant Director of Programs is responsible for the daily operations of the WCADTC. As part of this responsibility, the Assistant Director of Programs ensures that the necessary staff is on site, receives and reviews progress reports from relevant team members, oversees the administrative and clinical program components, conducts drug screens, and serves as a backup treatment provider when necessary. Additionally, the Assistant Director of Programs attends all team meetings and court sessions.

According to the *Best Practices Guidelines*, the role of the Court Manager is to screen and assesses potential clients, supervise a caseload of active and inactive participants, maintain client records, assist in conducting drug screens, prepare client progress reports, access ancillary services for clients, coordinate communications between the DTC and all relevant agencies and program members, and perform all duties assigned by the Program Director. In the WCADTC, the Case Manger fulfills the role of the Court Manager. The WCADTC Case Manager is responsible for assessing and monitoring participants' participation in the WCADTC, interviewing potential participants to determine eligibility, monitoring participants, and reporting participants' progress to the rest of the team during pre-court staffing meetings. In addition to her responsibilities of assessing and monitoring participants, the Case Manager is also responsible for administrative and organizational functions within the WCADTC, including maintaining calendars, completing participants' progress reports, and updating the MIS database.

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 WCADTC team are generally invited to a team meeting by a team member within their field of practice, and are introduced to all the other team members. Training is accomplished through an informal "on-the-job" training process in which new team members shadow a team member in their area of practice, and through observation of the bi-weekly team meetings and court sessions. In addition to this form of orientation, each member of the team is given a Policies and Procedures Manual to review.

Background Training and Continuing Education

Drug Court Judge
Judge James R. Fullwood is the presiding judge for the WCADTC. He has been involved in the WCADTC as the presiding judge since its inception. Judge Fullwood has participated in State and National Drug Treatment Court conferences. Judge Fullwood received both a B.A. in Political Science and a J.D. degree from UNC-Chapel Hill.

Assistant District Attorney
Rosa Dula is the principal ADA assigned to the WCADTC. She is currently one of the five members of the Wake County Drug Unit. She has been involved with the WCADTC since its inception, and has also worked in the juvenile drug treatment court. Because she has been involved with the court since its inception, Ms. Dula reported that much of her training came from on-the-job training and from attendance at State Drug Court Trainings and the District Attorneys Conferences on alternative sentencing and substance abuse.

Defense Attorney
Bryan Collins is the defense attorney for the WCADTC. He has been a member of the WCADTC team since its inception. He was oriented to the Court through on-the-job training

and through attendance at State and National Drug Treatment Court Conferences and National Conferences that have provided role-specific trainings and workshops. Mr. Collins obtained his J.D. degree from UNC-Chapel Hill.

Probation Officer
Pamela Fishel is the principal Probation Officer assigned to the WCADTC. Ms. Fishel obtained a B.S. in Sociology with a Minor in Psychology from Appalachian State University. After working in Forsyth County Juvenile Court for 12 years, Ms. Fishel began working for the North Carolina Department of Corrections in 1986. In 2000, she accepted an invitation to join the WCADTC team.

Treatment Providers
Beverly Pacos holds a B.A. in Communications from the University of South Florida at Tampa. She is currently enrolled in a Masters in Education program at North Carolina Sate University, where she is attending a counselor education graduate program, and plans to become a National Certified Counselor and become license eligible by 2006. Ms. Pacos has served as a substance abuse counselor for the WCADTC since 2003. In her capacity as a Treatment Provider for the WCADTC, she conducts substance abuse assessments, develops and implements treatment plans, and facilitates substance abuse education and treatment groups and individual therapy sessions. Prior to joining the WCADTC in her current capacity, Ms. Pacos served as a case manager for the WCADTC and prior to this, as a client behavioral services professional, providing individual and family counseling services. Ms. Pacos also served as a clinical case manager at CASAWorks at Kinton Court, assisting single mothers in recovery, and as a residential counselor at the Haven House, conducting individual and family counseling using Reality Therapy and other therapeutic approaches for children between the ages of 10 and 18. Ms. Pacos has not attended state or national drug treatment court trainings.

Karee Redman is a treatment provider for the WCADTC. She holds a Bachelors Degree in Social Work, and is currently working towards a certification in Substance Abuse Prevention. She has worked as a substance abuse counselor with various organizations since November 2000, and has had experience in crisis counseling. Although she has not yet attended a state or national Drug Treatment Court Conference, she has attended the Winter School for Prevention and Substance Abuse Curriculum training.

Director of Programs
Nathaniel Gay is the Director of Programs for the WCADTC. He holds a B.S. in Criminal Justice, and is currently working towards a graduate degree in Public Administration. Mr. Gay has worked with the Department of Corrections as a probation officer and as a probation administrator. His previous experience as the Judicial District Manager for probation helped to prepare him for his role in the WCADTC. In addition, Mr. Gay has also attended National and State Drug Treatment Court Conferences.

Assistant Director of Programs
Amy Bauer is the Assistant Director of Programs for the WCADTC. She has a nursing degree and holds a B.S. in Health and Physical Education. She is also currently working towards a Masters in Human Services, Addiction Counseling. Ms. Bauer is a Certified Substance Abuse

Counselor, and has more than six years of professional experience in this area. Ms. Bauer was oriented to the WCADTC through on-the-job training and by attending both state and national Drug Treatment Court Conferences.

Case Manager
Marcia Hamilton is the Case Manager for the WCADTC. She holds a B.S. in Communication and Health Education. Ms. Hamilton reported that she trained for her current position as Case Manager at the Daily Reporting Center in Raleigh. Prior to joining the WCADTC team, Ms. Hamilton worked with Alcohol and Drug Services of Guilford as a Community Education Supervisor, where her responsibilities included overseeing a staff that provided counseling and education programs, developing educational programs for a county school system, and designing and implementing substance abuse prevention programs.

Conclusions and Recommendations

The WCADTC team is composed of members of key agencies that are identified as essential components of adult drug treatment courts in the state's *Best Practices Guidelines*. In fact, the position fulfilled by each WCADTC team member is included in the *Best Practices Guidelines*. The roles and responsibilities of team members are clearly defined, both in written materials and as reported by team members. Team members are aware of the duties of other team members, as well as the responsibilities entailed in their individual positions.

The core drug court team has not experienced turnover in the Judge, Probation, Defense Attorney, and ADA positions since the inception of the program. Until about two years ago, however, there was high turnover among the treatment agencies providing contractual services to the court. The current treatment agency is Comprehensive Counseling Services, LLC. Prior to this treatment agency, CCS contracted with North Carolina Behavioral Health Services (NC BHS), and prior to NC BHS, the Court contracted with Spectrum Health Systems for group and individual treatment services. An AOC informant attributed the high turnover among treatment providers to CCS's capability to "fire at will" and replace poor quality treatment providers with higher quality staff. This informant also stated that since recruiting the current treatment providers, turnover and quality of treatment services has not been a problem. The current treatment providers have been working with the court for almost two years, which has contributed to some continuity of treatment personnel.

Of the eight members of the core team, five have attended either a state or national Drug Treatment Court Conference. It may be useful for team members to explore attending these conferences as a team and encouraging new members to attend them, as well. Although attendance at the state and national conferences is not required, many of the team members commented on the usefulness of many of the training workshops, specifically those that are role-specific.

Most of the core team members, specifically those who have not attended a state or national training, reported receiving on-the-job training for their positions, or reported that they transferred their knowledge and expertise from prior relevant experiences in other organizations or agencies. A formal orientation procedure is not currently in place for new court team

members. Because the team has had low turnover in many of its core team positions, 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 process may provide a mechanism for assuring that all team members are fully aware of the scope of responsibilities of their respective roles, as well as the roles of other team members. Such standardization will further enhance team members' capacity to efficiently fulfill their role on the team, increase new members' knowledge of other team members' roles, responsibilities and resources, and avoid the blurring of role boundaries.

Ongoing interdisciplinary education to promote effective drug court planning, implementation and operations is a key component of drug treatment courts as identified by the state. In addition, one of the stated goals of the WCADTC program is to promote cross-training among its members. A few team members reported that there has not been enough of this type of interdisciplinary training. More specifically, some team members reported that there should be training on the science of addiction for those members of the team who do not have a substance abuse treatment background, and training on the functioning of the court system for team members who do not have a legal background. Enhancing the cross-training of team members would help the court to strengthen the overall functioning of the court, and would also strengthen the court's compliance with Key Component 9. The team may wish to consider conducting a needs assessment to determine team members' specific interdisciplinary training needs, and implementing cross-training sessions to meet these identified needs.

Court Management and Administration

The WCADTC operates under the administration of Carolina Correctional Services, Inc. (CCS), a local non-profit organization. The management of CCS includes a Chief Executive Officer and a Director of Programs. The Chief Executive Officer of CCS does not have daily oversight of the operation of the drug court, but manages the budget and handles administrative concerns for the nonprofit organization as a whole. The Director of Programs manages budgetary and administrative matters that are specifically related to the drug court, and oversees the Assistant Director of Programs. The Assistant Director of Program oversees the daily operations of the court, including the activities of the Treatment Providers and the Case Manager.

According to State guidelines (§ 7A-796), adult drug treatment courts must also have a Local Management Committee in place that meets regularly and frequently enough to provide effective policy guidance for the court. The Committee should meet at least three times per year, and should establish a procedure for calling and conducting special meetings. Members should be appointed by the senior resident superior court judge with the concurrence of the chief district court judge and the district attorney. The duties of the Local Management Committee include reviewing and updating the local court's mission, goals, guidelines and procedures; reviewing all essential services provided by the court; reviewing all proposed contracts for treatment services; developing local DTC budgets; exploring possible funding sources to supplement existing funding, developing memoranda of understanding with local agencies; and reviewing the results of self-evaluations of the functioning of the court.

The WCADTC has a Local Management Committee (LMC) in place. The LMC is comprised of a Senior Resident Superior Court Judge, a District Court Judge (the Drug Court Judge), the District Attorney, an Assistant District Attorney, a Defense Attorney (the back-up Drug Court Defense Attorney), a representative from Local Law Enforcement, a Treatment Provider from the community, a representative from Wake Technical Community College's vocational education program, and a Probation supervisor. The former Clerk of Superior Court was also a member of the Committee; however, the replacement for this position has not yet attended any Committee meetings. The Director of Programs for the drug court is a member *ex-officio* and does not have voting power. Members are appointed to the Local Management Committee by the Senior Resident Superior Court Judge, and membership terms are indefinite. There has been low turnover on the Committee; most of the current members are the original Committee members. The Senior Resident Superior Court Judge calls all meetings by sending a written notice to Committee members and specifying the meeting agenda.

According to team members, during the Local Management Committee meetings, any ongoing issues, problems or concerns related to the functioning of the drug court are discussed, as well as the general condition and operation of the drug court. The Committee receives a budget report, and also considers requests for outside funding that CCS may be preparing to develop (i.e., applications for grant funds) to determine whether there are any conflicts of interest. The Committee also listens to and attempts to resolve any disputes or conflicts that may arise between CCS and the Administrative Office of the Courts.

Two members of the WCADTC drug court team reported that their Local Management Committee does not meet as often as it should. The Committee meets, on average, twice per year, and when there are "hot" or pressing issues that need to be discussed. Team members agreed that the Committee should meet more often, and one stated that the value of these meetings is that they bring representatives from all of the relevant agencies to the table and allow for the sharing of unique perspectives. One team member suggested that a representative of the ABC Board should be added to the Committee, since ABC has contributed substantially (financially) to the program over the past few years. One team member also stated that because some members of the ABC Board have expertise and/or personal experience in the area of addiction and recovery, their perspective regarding strengthening the drug court may be particularly valuable. Finally, one team member suggested that the Local Management Committee could play a more active role in increasing community awareness and support for the program.

Conclusions and Recommendations

Management of the WCADTC is currently accomplished by a local nonprofit organization. During the upcoming fiscal year, the court will be transitioned to management by the AOC. An AOC informant stated that the high cost of operating the court under the current arrangement (due to high administrative fees incurred by third-party administration) results in this court's having the highest ratio of funding per customer of all of the state's drug treatment courts. Thus, a chief objective of the upcoming transition is a reduction in the cost of operating the court. An additional objective is to increase the court's partnership with relevant community agencies, including, but not limited to, Treatment Alternatives for Safer Communities (TASC). The court

may wish to explore the extent to which the local TASC agency can play a role in assessment, referral for additional treatment services, and possibly, case management.

One potentially positive result of the pending transition is the streamlining of the administrative functions of the court, resulting in one, rather than two, Court Directors.
Analysis of the operating costs under both management scenarios would help to confirm the State's beliefs regarding the lower cost of operating the court under direct administration of the AOC, since two current team members stated that they are not convinced of the cost savings that will result from this transition.

Potential concerns regarding this transition include implementing this modification in a manner that will not interrupt the provision of treatment services to participants or disrupt the flow of communication and information sharing among team members. In addition, a key strength of the court as it currently functions, as reported by team members, is the fact that treatment occurs "under one roof," an arrangement that facilitates continuity and connection among the participants. Current team members report that a "piecemeal" approach to treatment may disrupt this continuity and ultimately negatively affect the functioning of the court.

Because there is currently no formal orientation procedure in place, if the anticipated turnover in team members will be high, the court and the State may wish to collaborate to determine the most effective ways of training and orienting new personnel to the daily operations of the court.

The WCADTC has a Local Management Committee in place, and its composition reflects the membership criteria recommended in the State's statutes governing its composition. According to team members, the Committee appears to play a significant role in helping to develop the program's budget, identifying appropriate outside funding sources, and other budget-related issues. Based on the written materials provided and the responses of team members interviewed, the Committee appears to play less of a role in guiding the mission, goals and policies of the drug court. The Committee only meets twice per year on average, and spontaneously when there are pressing issues that need to be discussed or resolved. Setting the annual calendar of meetings at the beginning of the year and reserving alternative or additional dates for Committee meetings would facilitate adherence to a more regular schedule of meetings. Furthermore, proactively developing a list of topics and concerns that need to be addressed by the LMC would help to structure the agendas for these meetings in such a way as to allow the court to gain the maximum benefit from the LMC in terms of guidance and policy decisions.

Decision-Making Processes

According to the *Best Practices Guidelines* provided by the AOC, the primary responsibility of the core drug court team is to assure the effective functioning of the in-court process of each court session, so as to attain the long-range rehabilitative goals of the DTC. In order to fulfill this responsibility, the WCADTC core team meets bi-weekly on the Wednesday afternoon before each court session in order to discuss new cases, review the progress of currently enrolled participants, and develop an individualized treatment and supervision plan for new offenders. The core team also meets in the morning one hour prior to the court session held on Friday mornings in order to review additional case information or finalize recommendations for

unresolved cases. During both of these team meetings, cases are presented and discussed in alphabetical order, and each core team member refers to a participant log with completed information regarding drug test results for the past two weeks, attendance at treatment sessions, supervision contacts, and a record of payment of court fees. Team members also meet in person or by telephone as needed in order to discuss individual screening, referral and case processing issues, or to develop preliminary recommendations or options for consideration by the full core team at the bi-weekly meetings.

In order to assess the functioning of the WCADTC, IRT staff members observed a Wednesday afternoon bi-weekly staffing meeting and two Friday morning pre-court team meetings, and coded observations using a Team Meeting Observation Checklist designed for this process evaluation. The bi-weekly staffing meeting that was observed was attended by the Case Manager, one Treatment Provider, the Assistant Director of Programs, the Defense Attorney and the Probation Officer. During this meeting, team members reviewed and discussed participants' treatment attendance and progress, drug test results or admission of drug use, relapses, contacts with the Probation Officer and Case Manager, and fulfillment of community service requirements. Thirty-four cases were discussed. For the majority of the cases (approximately three-fourths), discussion lasted for one to five minutes. For four cases, discussion lasted more than five minutes. These were complex cases in which substantive issues related to relapses, family issues, medical concerns, and, in one case, participant suicidality, were discussed. For the remainder of the cases (approximately eight), discussion was held for less than one minute. These were cases in which the participant was in full compliance with all program requirements, perhaps with the exception of payment of court fees, or cases in which the participant was expected to graduate within the next two weeks.

In over half of the cases that were discussed, the client's current job or vocational status was discussed, and team members engaged in problem-solving regarding participants in need of a job or having difficulties maintaining gainful employment. Sanctions and rewards were discussed for three-quarters of the cases. When sanctions were discussed, the participant's prior history of infractions and sanctions were also discussed as the team made decisions regarding how to handle the current infraction. In recommending rewards, the team held shorter discussions, and referred often to the written participant log that was distributed by the Case Manager at the beginning of the meeting.

Other aspects of participants' lives that were discussed during the core team meeting included various aspects of the participant's family life (including spouse/partner relationships and relationships with children), the participant's attitude and behavior during group treatment sessions, payment of court fees, and medical or physical health concerns. Family issues were discussed in half of the cases that were reviewed. Various family-related concerns were raised, including one young participant's pregnant girlfriend, one participant's fight for visitation rights with his son, how best to work with parents of participants to locate those who were missing treatment sessions and supervision contacts, and participants' general level of family support and/or conflict. In some cases, the team stopped to brainstorm and problem-solve about specific problems that were hindering participants from fully engaging in the program. For example, the team discussed the difficulty that one participant was having getting up in the morning and making it to appointments on time (including both work-related and court-related appointments).

The team decided to provide this participant with a datebook. The datebook was then presented to the participant in court on Friday as the participant appeared before the Judge.

The two observed pre-court team meetings held on the Friday morning prior to the court session were attended by all members of the core court team. During these meetings, all of the cases were reviewed in brief, and cases in which further discussion or final resolutions were needed were discussed in detail. This meeting was also led by the Case Manager, with input from the Treatment Providers, who gave treatment updates, reports and concerns. The Probation Officer also contributed substantial input, especially regarding work and family issues and barriers to program participation and compliance. During this meeting, the team discussed the final resolution of cases, including sanctions, rewards, phase promotions, missed appointments, and drug test results. This meeting seemed to be especially useful for allowing the team to tie up "lose ends," and review information that was not available for the case review at the bi-weekly staffing meeting.

In the pre-court staffing meetings that were observed, decision-making was generally a democratic and consensus-based process. All team members gave input and shared information regarding participants' progress. The meetings were led by the Case Manager, and the Case Manager, Treatment Providers and Probation Officer contributed more information than other team members. All team members were respectful of one another, allowed each other time to share their input, and paid attention to the discussion of each client. The team discussed each client professionally. The team members occasionally made humorous or slightly sarcastic comments about participant cases, but realized them as such and even gave themselves literal "slaps on the wrist" for such comments. During these instances, no inappropriate jokes were made that signified disrespect for the participants.

In terms of decision-making about recommended actions for participants, in most cases, the Case Manager recommended a given course of action, which initiated discussion among the team members regarding whether the recommendation should be modified. By discussing and evaluating the pros and cons of each recommendation, the group eventually arrived at a decision with which everyone agreed. In one instance during the observed pre-court meetings, the Judge made the ultimate decision regarding a sanction for a participant who continued to deny using drugs despite rising THC levels. The group as a whole decided that the participant needed more community service hours to occupy his idle days, coupled with a deferred 24-hour jail sentence. The Judge, after reviewing his history of jail sanctions, questioned the impact of a threat of a one-day jail term, and requested that the term be increased to 48 hours. The Judge's recommendation was the final resolution.

In general, team members' responses to questions about the decision-making process were consistent with observations made by IRT staff. Most team members reported that decisions about participants are generally made by consensus; however, two team members stated that decision-making is based on a "majority rules" principle. Half of the team members stated that the team votes when there are disagreements. The team was somewhat divided in terms of the Judge's role and authority in decision-making. While two team members saw the Judge as a final arbiter with the power to override team decisions, two team members reported that the Judge was "just like any other team member," and held no distinct decision-making power or

authority. Based on the additional comments that were shared, it was clear that the latter perspective reflected the team mentality that governs decision-making rather than any perceived weakness on the part of the Judge. All team members reported that they are given equal opportunity to voice their opinions during discussions, and all team members reported that decision-making processes are efficient and work well.

During the pre-court staffing meeting, two issues related to the program as a whole were brought up and briefly discussed by the team. One issue was the community service requirement. A team member questioned what could be done about the fact that so many participants were failing to make progress on fulfilling their community service hours, and speculated as to the possibility of partnering with a community agency to make community service more of an "in-house resource," thereby facilitating participants' compliance with this requirement. A second issue involved the question of how to deal with participants' late arrival to and early departure from group treatment sessions. The team discussed the importance of timely arrival as an important value that translates into other areas of the participants' lives. A team member stated that the program needed to have more stringent enforcement in this area, which initiated a brainstorming session and resulted in the decision to mark late arrivals and early departures as "absent," and to lock the doors to group treatment after the session begins. The new rule regarding tardiness was then announced to participants during the court session.

Conclusions and Recommendations

The WCADTC core court team meets twice during the week of scheduled court sessions to review and resolve participant cases. This approach allows the core team, with the exception of the Assistant District Attorney and the Judge, two opportunities to meet as a group to have detailed discussion about participant cases in preparation for the pre-court staffing meeting prior to the court session. During the Wednesday afternoon bi-weekly staffing meetings, each participant case is reviewed and discussed holistically in terms of what is going on in the client's life as a whole, and the effects of these situations and events on the participant's recovery process are considered. Elements of work, family and treatment are integrated and discussed with input from everyone present at the bi-weekly staffing meeting. The pre-court meeting held on Friday mornings before the court session is shorter and more focused on resolving or revisiting cases in which more information was needed or additional information should be considered. According to both team member reports and IRT staff observations, the team works efficiently and professionally to resolve participant cases in a manner that meets the participant's recovery needs.

Although there were some disparities in terms of team members' views of the Judge's decision-making authority, the team members' observed use of consensus-based decision making processes appeared to result in case resolutions that team members agreed were in the best interests of the participant, and satisfied all members of the core team. In rare instances in which there were disagreements, the Judge's opinion appeared to guide the final resolution. Team members all agreed that the decision-making processes were fair and efficient.

The Judge and the ADA are not able to attend the bi-weekly staffing meeting held on the Wednesday afternoon before the Friday court session due to scheduling conflicts. This

arrangement does not appear to diminish the team's ability to share information and resolve cases in a manner that is sensitive to participants' recovery needs. However, some team members reported that due to scheduling conflicts, there is not sufficient time to focus on the drug court program as fully as they would like. In addition, based on observations, it is clear that there are issues that affect the drug court as a whole that would benefit from more discussion time. Unfortunately, because the pre-court staffing meeting is the only time in which the entire team meets as a group, there is limited time to discuss these broader issues (for example, community service and late arrival / early departure from treatment). The team might consider planning a brief retreat to discuss some of the ideas and concerns that go beyond individual participant cases and may affect the drug court program as a whole. The team might also consider tabling such issues for discussion at the next scheduled Local Management Committee.

An additional recommendation concerns the role of treatment providers in leading discussions and resolving participant cases. The Case Manager plays an obvious leadership role in terms of convening the pre-court meetings, disseminating report logs of participants' attendance at required meetings and drug screens to team members, and proceeding through the cases to be discussed. While the Treatment Providers contributed information regarding individual participants' attendance and progress in therapy sessions, during the observed pre-court meetings, they did not necessarily take on a leadership role when the team discussed possible courses of action for participants (for example, when considering sanctions or rewards). The court may wish to consider a more active role for Treatment Providers in helping the team to integrate research on substance abuse into decision-making about individual participant cases.

A final recommendation concerns discussion of participants who are successfully progressing through the program. During pre-court staffing meetings, the team spent very little time discussing and processing the various aspects of participants' lives, characteristics or resources that may be contributing to their successful progress in the program. The bi-weekly staffing meeting may not be the venue for this type of discussion, due to time constraints and the priority of preparing cases for court disposition. However, a more formal discussion and assessment of which participants do well in the program and why might guide the team toward a strategy for identifying and strengthening key aspects of the program or participants' lives that lead to successful program completion.

Assessment of Team Functioning Based on Team Interviews and Observations

Team members reported that, overall, working relationships among team members are good to very good, team members are supportive of one another, and communication between team members is respectful, open, and effective. Team members cited three factors that may contribute to the positive working relationships among staff. One factor is that all team members perceive that other team members are extremely committed to the drug court program, and want every participant to succeed. Another factor is that all team members trust and respect the competence and professional authority of all other team members. A final factor is the fact that this team has been "working together for a long time," and has had relatively little turnover, which has facilitated increased trust and cohesion within the team.

Two negative aspects of team relationships were reported by team members. Two team members made references to prior personal and communication conflicts between team members. The nature of the conflict was reportedly "both personal and professional." Reportedly, desire for "power and control" was a factor that contributed to this conflict. This conflict occurred during a time of staff turnover, and a time in which the prior treatment staff had "personality conflicts as well as value conflicts." The team member who raised this issue stated that the conflict was not resolved, but that it is "tolerated," and that team members "do not allow [the issue] to affect our work."

A second issue that was raised by two team members was a blurring of the boundaries and roles among some team members. Two examples of this problem were provided by one team member who raised this concern. The first example concerned instances in which team members have stepped outside of their prescribed roles by excusing participants from court or treatment sessions, or by intervening in situations that were outside of their respective areas of responsibility. The second example concerned situations in which different team members have had to perform functions outside of their prescribed roles due to staff absences,. According to the two team members who raised these concerns, these situations have resulted in participants reporting their tardiness or absence from court to the team member they feel will give them the answer they want because they "know who's weak and who's not."

In terms of interactions and relationships between team members and participants, team members felt that these relationships were very positive, and that team members are supportive and care about the well-being and success of the participants. One team member stated, "We occasionally joke, but every team member wants every participant to succeed." Team members reported that throughout the course of participants' tenure in the drug court, they get to know participants very well, and the participants come to realize that the team is there to help them. The team occasionally engages in prosocial contact with participants. For example, in the past, the team has coordinated holiday parties, "recovery night" dinners, group trips to the State Fair, and other special events. Alumni are usually invited to attend these events.

Assessment of Team Functioning Based on Participant Interviews

Responses from focus groups with active participants and interviews with successful program graduates and terminated participants were analyzed to determine former and active participants' assessment of the functioning of the team.

Active participants in Phase 1 unanimously respected the team and felt the team cared about them and their well-being. Several commented that they preferred and respected treatment providers who have had personal experiences with addiction, because these providers were perceived as having more relevant knowledge about the topic. They contrasted these providers with providers who seem to have learned about addiction only "by reading a book." Phase 2 participants had very positive regard for the Judge, and stated that he "makes it personal" and is "involved" and "very committed" to the program. They felt that most of the team members were very committed and added, "You have to be [committed] to choose this job."

Three participants stated that they felt that the staff "plays favorites." One Phase 2 participant added that a team member once stated openly that he "does not pretend to treat them [the participants] all alike." Apparently, this participant used this statement to support his perception of favoritism on the part of the team members. One participant stated that the staff members have, at times, contradicted one another on the rules, but did not elaborate when probed further as to the meaning of this statement.

The majority of active participants in Phases III and Aftercare reported that they did not find the Defense Attorney to be helpful, while a few participants disagreed with this statement. When probed, a few participants stated that the Defense Attorney had "turned [the participant] in" for using drugs, although it was not clear how the Defense Attorney acquired this information. Members of the treatment staff, the Assistant Director of Programs, the Probation Officer, and the Judge were frequently mentioned as helpful team members by participants in Phases III and Aftercare.

Successful graduates described the team members as caring, respectful, helpful, friendly, and concerned. Graduates reported that they felt the team members were "really on [their] side," and did not identify any team members that were not helpful to them. Several program graduates mentioned that the Treatment Providers and the Assistant Director of Programs were particularly helpful, and one mentioned that the Probation Officer was especially helpful. Two successful graduates stated that they felt they could talk with the Treatment Providers about their problems, and that the treatment staff helped them to learn to deal with their issues on their own. One participant stated that the Treatment Providers got involved with her family and talked with the family as a whole about how to best support the participant's recovery.

Two of the terminated participants interviewed reported that the team members were "nice people" who were concerned about their recovery, treated them fairly, and listened to their concerns. One reported that some team members treated you with respect. One specifically mentioned the Judge as a particularly helpful team member, and another mentioned the Treatment Providers as particularly helpful. One participant felt the program was "like high school" in that the program makes participants "jump through hoops," rather than focusing on recovery. This terminated participant also reported having received sanctions frequently for problems that stemmed from a lack of transportation. One terminated participant mentioned that group treatment sessions were especially helpful, but did not elaborate as to the aspects of group treatment that were helpful.

Conclusions and Recommendations

In general, the WCADTC team functions as a cohesive group with open communication and respect for one another's competence and professional authority. However, by discussing and resolving prior and current personal and professional conflicts, the team may be able to move toward even greater cohesion and effectiveness. In particular, written protocols regarding reporting requirements for participant absences, assumption of roles and responsibilities during staff absences, and criteria for excusing participants for court or treatment sessions should be reviewed by the core team, and possibly by the Local Management Committee, and updated.

Successful program graduates reported feeling that team members were genuinely concerned about their well-being, and had especially positive regard for the Treatment Providers, Assistant Director of Programs, and Probation Officer. The fact that the team is able to contact some of its successful program graduates to invite them to special events, as witnessed by IRT during the course of this evaluation, and as reported by team members, attests to the willingness of some former participants to remain involved with the program. The team may wish to make greater constructive use of their accessible alumni by involving them in a planning process for developing more systematic ways of contacting and involving former successful program participants in the program, or inviting interested alumni to speak with current program participants.

A few active participants reported that the Defense Attorney did not function as if he were "on their side," and reported feeling "betrayed" in instances in which the Defense Attorney "turned the participant in" (according to the participant's perspective) for non-compliance. Because of the non-adversarial, collaborative approach that is required to reach the rehabilitative goals of recovery for the participant, some participants may not perceive that "turning them in" is, in fact, serving their best interests, in terms of their recovery needs. One recommendation that may help to address this reported dissatisfaction with the Defense Attorney is to examine the communication (written and verbal) that is made to participants regarding the role of the Defense Attorney. Proactive and accurate communication with participants regarding the role of the Defense Attorney may help to address the discrepancy between participants' beliefs about this role and the actual practices of the team. Providing such explanations verbally and in writing, prior to admitting candidates to the drug treatment court, are two possible ways of effectively communicating the role of the Defense Attorney to participants. In addition, all team members should reinforce the meaning and the importance of the non-adversarial "team" approach whenever possible in their interactions with participants.

Finally, awareness of the problems that IRT staff encountered in attempting to contact terminated participants may be useful to the team as they begin to contemplate ways of tracking information regarding the location of former program participants. The majority of phone numbers provided for terminated participants were no longer in service or wrong numbers, many terminated participants were no longer living at the last known residence provided by the Case Manager, and those who were listed as incarcerated in the County Jail had since been released at the time of attempted contact. This knowledge may be helpful to the team as it considers the feasibility and possible barriers to beginning to develop methods and objectives for gathering information for discharged participants.

Description of Current Program

Program Overview

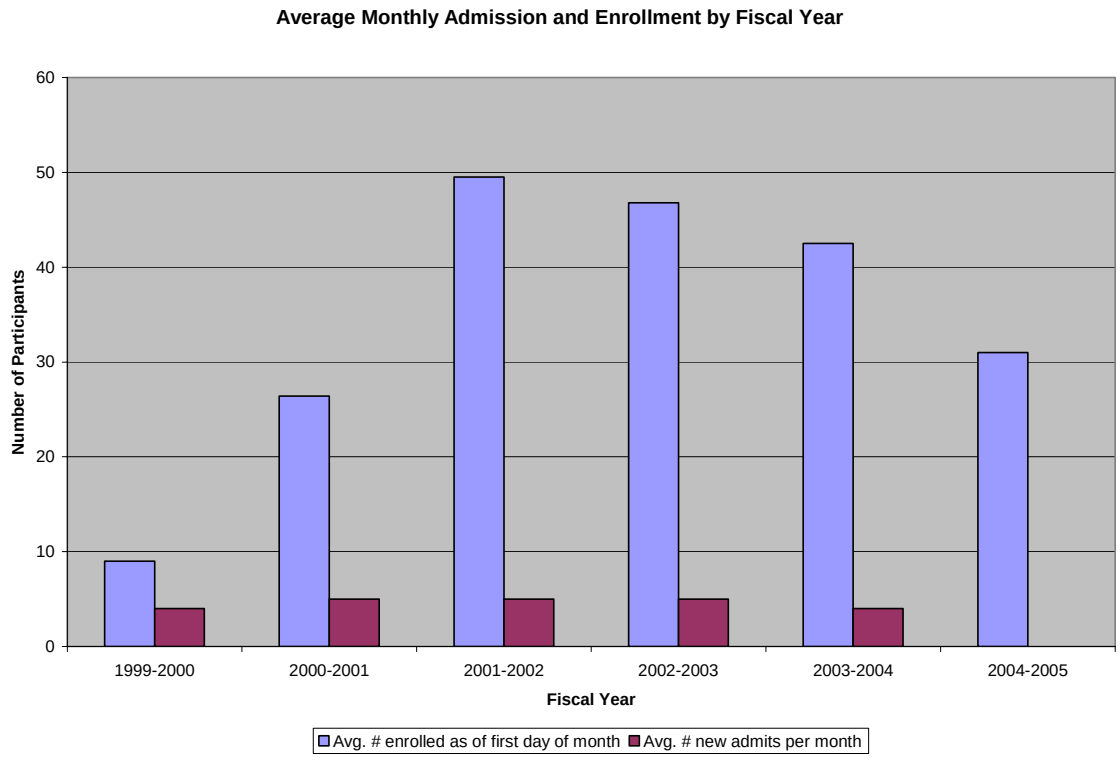
Implemented in May 1996, the WCADTC is a post-plea district court program for nonviolent criminal offenders with drug and/or alcohol addictions. Offenders with existing charges or prior convictions for violent felonies, drug trafficking, or firearm possession are ineligible to participate in the program. Established as an alternative to incarceration, the program, which relies on voluntary participation, aims to reduce drug and alcohol dependency and recidivism by

requiring each participant to adhere to a four-phase treatment plan, which includes the following requirements: individual and group therapy; drug testing; community service; attendance at case management and NA/AA or other 12-step recovery meetings; attendance at bi-weekly court sessions, and full- or part-time employment. Additionally, the DTC assesses a monthly fee of $40 to all participants. In order to graduate from DTC, a participant must abide by his or her treatment plan for a minimum of one year, complete the necessary requirements and have six consecutive months of sobriety.

Program Capacity

Currently, the WCADTC's program capacity is 35 participants. The graphs below provide a visual illustration of the patterns of monthly admissions and enrollment and yearly discharges, based on available monthly program data for fiscal years 1999-2004. Data for fiscal year 2004-2005 were available only through the end of February 2005. As can be seen in Figure 1 below, MIS data analysis for fiscal years 1999-2004 shows that, between 2001 and 2004, the court operated at or above capacity. The court is currently operating at capacity. Prior to 2001, the court operated below capacity. The average number of new monthly enrollments remained steady from 2001 through 2004.

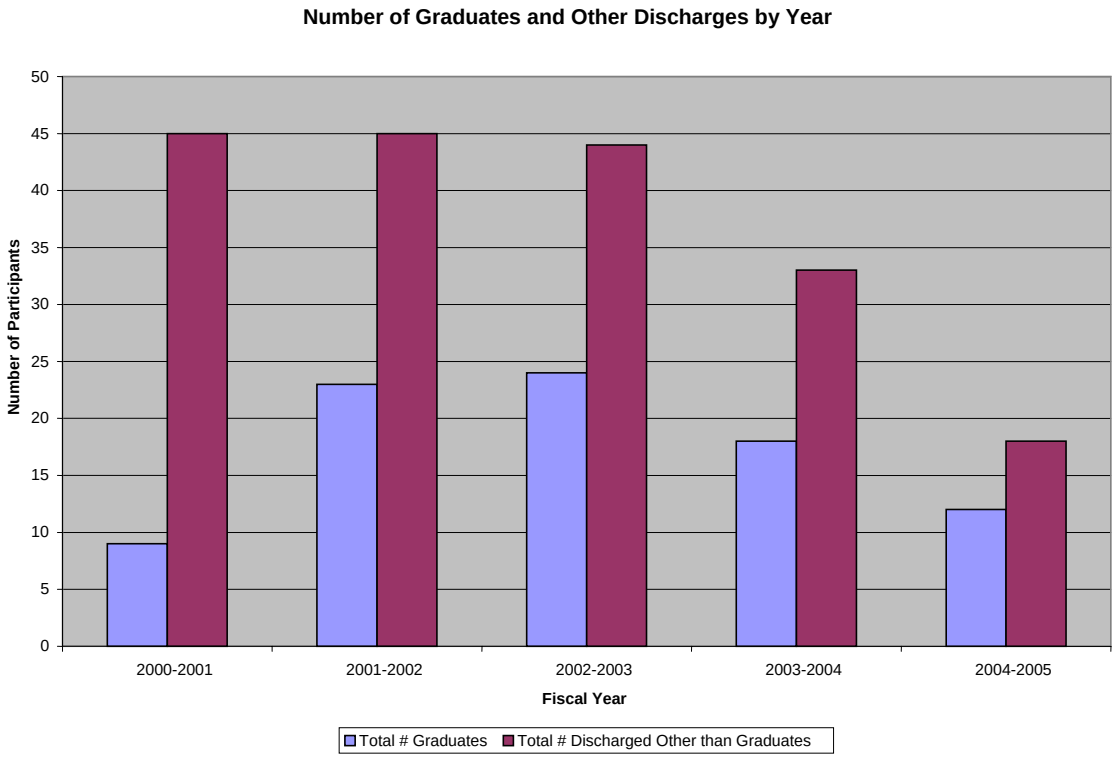
Figure 1. Average Monthly Admission and Enrollment by Fiscal Year



In terms of program discharges, as Figure 2 below shows, between 2000 and 2003, the number of successful program graduates rose steadily; this number has begun to decline since then. The court has had more participants discharged from the program for reasons other than graduation

than it has had graduates. The proportion of terminated participants to graduates has decreased over time.

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



Eligibility Criteria

The target population for the WCADTC is chemically dependent, non-violent probationers who are eligible for community intermediate sanctions. WCADTC's *Policies and Procedures Manual* lists the following eligibility criteria for admission into the program:

- The candidate must enter the program as a post-plea arrangement for the conviction of a Class H or I felony or a misdemeanor in District Court or as part of an arrangement for a probation violation or probation modification;
- Must have no pending or out-of-county charges;
- Must be a Wake County resident;
- Must have no charges or convictions for trafficking or for violence in the last five years; and
- Must be chemically dependent as determined by the screener and the Substance Abuse Subtle Screening Inventory (SASSI).

Team members also reported other requirements that relate to eligibility which were not explicitly stated in the *Policies and Procedures Manual*. They reported that the candidate must be sentenced to probation for at least one year and must be at least 18 years old. Many

interviewed team members stated that the issue of transportation is always addressed, and in cases in which a participant is unable or unwilling to arrange transportation to the required meetings, the candidate will not be recommended for admission.

Team members reported that, for the most part, they adhere strictly to the stated eligibility criteria when making decisions about new admissions to the program. However, team members also agreed that occasionally exceptions are made to the criteria. These exceptions included cases in which potential candidates have had prior convictions of violent offenses if the offense was due to self-defense (especially in the case of female victims of domestic violence), and cases in which the candidate was a "small-time" drug dealer who dealt drugs to support his or her drug habit. Several members of the team noted that these are rare occurrences, but that they do try to work with candidates who want to participate in the program to the extent reasonable and practical. In situations in which exceptions are made to the stated eligibility criteria, the team discusses each of these candidates at length and makes a recommendation regarding admission. However, the District Attorney's Office may prohibit a candidate from entering the program despite the overall team recommendation in cases in which the ADA feels that such an action is necessary.

In general, team members perceived the eligibility criteria to be fair; however, one team member reported that the criteria were "too stiff" in that they categorically disqualify drug dealers from the program. Another team member stated that plea arrangements between the ADA and the participant that would allow dismissal of the underlying charge(s) upon graduation from the program would enhance the attractiveness of the program for both offenders and defense attorneys.

Examination of the MIS database shows that, of all participants for which data were collected, 92% of charges fell within the felony or misdemeanor charge level. In addition, 89% of all active and former participants were determined to have a "high probability of having a substance abuse disorder" using the SASSI. In contrast, 9% were classified as "having a low probability of having substance abuse disorder, but other information indicated addiction." Only 2% of active and former participants were determined to have a low probability of having a substance abuse disorder.

Conclusions and Recommendations

According to MIS data analyzed, the WCADTC is largely reaching its target population in the areas of charge level, offense class, and SASSI results. The court and/or the State may wish to determine the threshold for acceptable proportions of exceptions to the stated eligibility criteria in terms of charge levels and dependency for substance dependency as assessed by the SASSI.

Interviews with team members revealed that most of the team members find the eligibility criteria to be fair and reasonable. The team generally adheres to the principal eligibility criteria, but deviates from it with respect to the offense class criteria and the criteria excluding individuals with a history of violent offenses or trafficking charges. In these instances, the team makes exceptions in extraordinary cases. It may be useful to revisit the eligibility criteria and the process though which exceptions to the criteria are made. It may be advisable to create a standard for making exceptions to the set eligibility criteria or to revise the criteria as they stand.

Although some team members reported that they enjoy the flexibility of the eligibility criteria, one team member reported that the court would benefit from having a more structured and organized set of eligibility criteria.

Referral, Admission, and Intake

WCADTC receives referrals for the program from two main sources; the candidate's probation officer and members of the court system such as judges, defense attorneys and the District Attorney's Office. Because WCADTC is a post-plea program, many of its participants are probationers. Most candidates for admission are referred to the court by their probation officers for violation of the terms of their probation. One team member estimated that about 80% of WCADTC participants fall into this category. WCADTC also receives referrals for candidates with pending drug-related charges from judges, defense attorneys, and most notably, the District Attorney's Office. The Wake County District Attorney's Office has an established Drug Unit with five dedicated Assistant District Attorneys, including the WCADTC Assistant District Attorney. Many candidates are referred by the ADA to the WCADTC because of their involvement in the Wake County Drug Unit.

The referring party makes an initial determination of whether the candidate is eligible for the WCADTC based on the stated eligibility criteria and recommends eligible candidates to the court. Eligible candidates are referred to the Case Manager for an official eligibility screening. The eligibility screening instrument contains questions regarding the candidate's demographic information, criminal history, history of drug and alcohol use, and prior mental health and substance abuse treatment. The Case Manager also administers the Substance Abuse Subtle Screening Inventory (SASSI) during the eligibility screening. One team member felt that the SASSI should not be administered by the Case Manager, but rather by a Treatment Provider who is trained in clinically diagnosing substance abuse and addiction.

The Probation Officer conducts a criminal record check, and the Case Manager, Treatment Providers, Probation Officer and Defense Attorney review all information gathered for the candidate and evaluate whether the candidate is a suitable match for the drug treatment court. These team members then make a recommendation to the Judge and ADA regarding the candidate's admission to the WCADTC.

Once a candidate is recommended for admission to the program, the Case Manager meets with the candidate to further explain the details and expectations of the program. WCADTC participants are admitted during open court, during which time the ADA presents the defendant's case to the Judge, the Defense Attorney presents the defendant's plea, and the Judge reviews all charges, reviews the candidate's prior criminal history and general background, and reviews the client's rights. After being admitted to the WCADTC, participants attend the next available court date to observe a status hearing. At this court session, the Judge further explains the purpose, requirements and expectations of the WCADTC. After this court session, the Case Manager explains in greater detail what is required of each participant, reviews the contract and the phase system, and collects signed Offender Contracts and signed release forms. Admitted participants begin attending group treatment sessions as soon as possible, most often on the same or following night.

Once candidates have been admitted to the program, the Case Manager conducts an intake interview, which consists of questions regarding the participant's background; living situation, including number of dependents; household drug use, incarceration, and treatment history; educational and vocational attainment, concerns and plans; substance abuse and mental health treatment history; suicidality; medical history; and an extensive battery of questions about the participant's history of drug use (type, frequency, duration of use, etc.).

A Treatment Provider also administers a bio-psycho-social assessment for admitted participants within the first two weeks of admission using the CAGE and the Weinstein Alcoholism Tool. The CAGE acronym represents the questions that are asked using this short alcohol dependence screening instrument: **C**ut down on drinking, **A**nnoyed by criticism, **G**uilty feelings about drinking habits, **E**ye opener drink needed in the morning; Ewing, 1984). The Weinstein Alcoholism Tool asks questions regarding the individual's family history of substance abuse; the individual's own history of drug-related arrests; patterns of events that have occurred during episodes of drug or alcohol use, such as loss of memory and personality changes; experiences with out-of-control drinking; serious problems with mood altering drugs; voluntary attendance at AA or NA meetings; and the individual's self-assessment of whether or not a drinking/drug problem exists. Answering three or more of the nine questions on this assessment instrument affirmatively indicates substance dependency according to DSM-IV criteria. The results of the CAGE, Weinstein Alcoholism Tool, and intake interviews are used to develop a treatment plan for participants.

According to most team members, the length of time between the date of the initial probation violation or arrest and the eligibility screening varies depending on the specific details of the candidate's charges and personal circumstances. One team member stated that this time interval is "longer than it should be." Reasons reported for delays in eligibility screenings included the failure of offenders to show up for scheduled screening meetings and the inability to contact potentially eligible candidates using the contact information provided. Team members stated that, in general, once the initial referral to the DTC has been made, an assessment of the candidate's eligibility is made within two weeks, the participant is admitted to the program within 30 days and the participant begins treatment services on the same day in which he or she is admitted. These timelines are in line with the results of analysis of MIS data analysis, which found that eligibility screenings occur, on average, one week after the initial referral and eligible candidates are admitted within two weeks after the eligibility screening.

Many team members reported that the WCADTC is a "hard sell" for both offenders and defense attorneys alike, due to the length of the program and because the program is not a deferral program. In other words, the only incentive for enrolling in the program is a desire for recovery, since charges will not be dropped upon completion of the program. Team members also reported that there are eligible candidates who are not referred because of the general lack of knowledge about the program.

Conclusions and Recommendations

Key component 3 requires that eligible participants be identified early and placed promptly in the drug court to begin treatment services. Team members reported that there are sometimes delays

in the screening of potentially eligible candidates and that there are various reasons that these delays occur. Documenting and reviewing the characteristics of cases for which there are delays in completing the eligibility screening process would help the court to determine the factors that contribute to these delays and would assist in the identification of methods for accelerating the admission process for eligible candidates. According to SAMHSA's TIP 23, assessment of potential candidates' substance abuse and treatment needs should follow arrest as quickly as possible, since a primary treatment objective is to take advantage of the current crisis (i.e., arrest) in the substance abuser's life. Enhancing the court's efficiency in screening potentially eligible candidates would strengthen the court's overall adherence to Key Component 3.

Team members also reported slightly varying views regarding who should administer the SASSI screening instrument. SAMHSA's TIP 23 suggests that screening personnel do not need to be highly trained social service or substance abuse treatment professionals. However, staff responsible for screening should be well-trained in the use of screening instruments and other methods of identifying substance abuse problems and risk factors for infectious diseases. The court may wish to refer to this recommendation when making decisions about which team members should conduct, administer, and interpret screening instruments.

In general, the court may wish to consider prioritizing the importance of increasing community awareness and education about the purpose and aims of the drug treatment court model. Enhanced community awareness would bring attention to the importance of the drug treatment court as a resource for recovery for those who would otherwise not receive treatment for their addiction and would diminish its perception as a "hard sell" among defense attorneys and offenders. The WCADTC may wish to consider asking the Local Management Committee and other program stakeholders to develop a plan for increasing community awareness of the court.

Drug Court Contract

All participants who are admitted into the WCADTC are oriented to the program by the Case Manager privately and by the Defense Attorney and Judge in open court. After the initial court appearance, the Case Manager takes the participant into a private room and explains, in detail, the rules and requirements of participation. During this meeting, newly admitted participants are oriented to the general rules and regulations of the program as stated in the *Participant Handbook*. After reviewing the handbook, new participants sign a contract that outlines the rules and requirements of the WCADTC. The contract is an indication that the participant understands and agrees to comply with all stated program requirements. The rules and regulations stated in the *Participant Handbook* are as follows:

- Participants must attend all assigned group treatment sessions and may not leave the group without permission from the group facilitator. Participants must provide written documentation for all absences.
- Participants may not bring cellular phones, radios, or pagers to the treatment group.
- Participants must submit to drug screening and warrantless searches for controlled substances, weapons, or contraband.
- Participants must pay $40 each month in treatment fees.
- Participants will face immediate termination if they:

    - Receive new charges
    - Bring a weapon to treatment group
    - Bring alcohol or illegal substances to treatment group
    - Threaten or assault anyone while in treatment group
    - Have excessive absences or habitual tardiness
- Sanctions include, but are not limited to:
    - Days, weekends, or up to two weeks in the county jail
    - Program suspension
    - Additional community service hours
    - Referral to Drug and Alcohol Treatment Center at Cherry Hospital (DART-Cherry) or other inpatient treatment programs
    - Program admission extended for a length of time at DART-Cherry, IMPACT, or other inpatient treatment programs
- Participants must appear in court every other Friday at 9:30 a.m. or an order for arrest will be issued.
- Participants must attend at least three twelve-step meetings per week and must bring a signed verification.

Conclusions and Recommendations

The contract that new participants sign provides an exhaustive list of the requirements and expectations of the program. By signing this contract upon their admission to the program, team members have an assurance that the participant is making an informed decision to willingly engage in the program. Two suggestions for further improving the contract are as follows. First, the contract states that participants will be immediately terminated from the program if they "have excessive absences or habitual tardiness." Defining the terms "excessive" and "habitual" upfront might help to clarify expectations regarding attendance and criteria for excused absences for participants. Second, the team may wish to review the conditions of immediate termination and the list of sanctions described in the existing contract to determine whether there are any other conditions or sanctions that should be added to this list so that participants will have complete information regarding the types of violations that will result in termination and the consequences of program violations.

Drug Court Phase System

The WCADTC uses a phase system in which more structure and supervision, and more intensive treatment services, are provided early in the program and lessen as the participant progresses through the phases. The WCADTC is conducted according to four phases, which are described in detail in the *Policies and Procedures Manual*. The specific requirements of each phase are summarized below.

In Phase I, participants learn about drugs, alcohol, addiction, and how to use community support to aid them in their recovery. Treatment consists of 90 hours of outpatient substance abuse treatment in the form of group therapy sessions. Participants receive two weekly urinalysis screenings, attend weekly case management meetings, attend two bi-weekly court sessions, and attend scheduled probation meetings. Participants must also attend six NA/AA meetings every

two weeks. In order to advance to Phase II, participants must maintain sobriety for 45 consecutive days.

In Phase II, participants begin to develop support systems outside of treatment groups provided by the drug treatment court, begin a community-based 12-step recovery program and gain a sponsor, formulate Life Plan Goals, and are introduced to coping skills to prevent relapse. Treatment consists of a minimum of 75 hours of substance abuse treatment, which include both group and individual treatment sessions (formerly, the program also offered gender-specific group treatment during this phase). Participants are required to attend weekly case management meetings, bi-weekly court sessions, and scheduled probation meetings, but urinalysis screenings may decrease to once per week. The minimum number of treatment hours for this phase can be increased by eight hours according to the needs of the individual. In order to advance to Phase III, participants must maintain sobriety for 60 consecutive days.

In Phase III, participants continue to develop a support system outside of treatment, practice the relapse strategies they have learned, begin working towards the Life Plan Goals, and develop a plan for the fourth and final phase of the program, Aftercare. Treatment consists of a minimum of 30 hours of group treatment, which may be increased according to the individual's needs. To advance to Aftercare, participants must maintain sobriety for 90 consecutive days.

In the Aftercare Phase, participants continue to work on their Life Plan Goals and challenge the values, actions, and attitudes associated with criminal behavior. Treatment consists of 15 hours of treatment (1.5 hours of group treatment per week) and continued participation in community-based self help groups. Relapse prevention and special need hours are specialized programs that can be provided to any individual who needs the support provided by the program. In the Aftercare Phase, participants work towards meeting the graduation requirements of the WCADTC program. Participants remain in this phase until all requirements for graduation have been met.

Conclusions and Recommendations

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 requirements of the phase system are logically presented and provide support and structure for integrating participants into a drug-free and crime-free lifestyle. The program begins with intense supervision and treatment services, and requirements gradually diminish as participants progress through the phases. The number of treatment hours, drug screens, court sessions, and required community-based self-help recovery group meetings are clearly described. The team may wish to consider specifying the number of probation and case management contacts that are required in each phase, or adding language to these requirements that more clearly describes how the nature and frequency of these contacts is determined for each participant. As it is written, the description of the phase system does not reflect a gradual decrease in the number of case management and probation contacts required per phase; therefore, it is unclear whether these required contacts diminish or remain constant throughout the participant's tenure in the program.

The team may also wish to consider discussing the terminology of the fourth phase of the program, "Aftercare." Traditionally, the term "Aftercare" is used to denote the treatment and support services in which an individual participates following satisfactory completion of a drug treatment program. These services may include continued random drug testing, participation in self-help groups, group and/or individual counseling, and participation in employment, education, mentoring and family strengthening programs. Aftercare services are recognized as an important complement to drug treatment programs, since many clients return to the same environment and conditions that promoted their substance abuse before treatment. As it is currently conceptualized, the Aftercare phase of the WCADTC is a continuation of the treatment services (group counseling and 12-step programs) in which the participant has engaged during previous phases, and lasts until the participant has fulfilled all stated criteria for successful program completion. In order to be congruent with the more traditional use of the term "Aftercare," the team might wish to consider re-naming the fourth program phase.

Sanctions

Participants' behavior and program compliance in the WCADTC is regulated through the use of sanctions and incentives. According to team members, the sanctions that are imposed as a result of non-compliance or program violations vary from verbal admonition to jail time. As listed in the *Participant Handbook* and the *Policies and Procedures Manual*, the sanctions used by the WCADTC include, but are not limited to, the following options:

- Increased community service hours;
- Increased case management and/or probation sessions;
- Increased treatment requirements;
- Increased urinalysis;
- House arrest with electronic monitoring;
- Day, weekends, or up to two weeks in the Wake County Jail;
- Program suspension;
- Verbal admonishments;
- Referral to and/or extended time in inpatient treatment programs; and
- Revocation of probation.

Although the different sanction options are clearly listed and commonly understood by both team members and participants, the application of these sanctions is not as explicit, and requires a considerable degree of subjectivity. Instead of relying on a fixed formula or matrix to connect infractions with the appropriate type and severity of sanction, the team maintains discretionary flexibility, and applies sanctions on a case-by-case basis.

Team members reported that the WCADTC values an individualized approach to dealing with participants' recovery needs. As such, the team feels that a flexible sanctions policy is necessary. Previously, the team used a standardized, graduated policy for determining sanctions; however, the team abandoned this policy in favor of the current individualized approach. The team felt that the standardized policy did not allow for consideration of individual circumstances, and unfairly punished some participants and impeded the recovery process. Essentially, the team agreed that the diverse circumstances and recovery needs of the participants necessitates a case-

by-case approach to sanctions. Additionally, because sanctions, particularly incarceration, affect participants in different ways, team members reported that a case-by-case approach is the most appropriate and effective way to match sanctions with individual needs.

Although there is no prescribed formula for sanctions, and as a result, sanctions vary by participant and circumstance, the team agreed that sanctions are applied fairly. While the team members agreed that the sanctions are fair and fairly administered, there was some disagreement about the effectiveness of the sanctions. One team member stated that sanctions often are unsuccessful because of poor enforcement on the part of the team. Another team member commented that jail, which requires approval from the Judge and usually serves as a highly effective sanction, is only used as a last resort, thus limiting its effect as a deterrent and punishment.

Based on observations of pre-court staffing meetings, it appears that the concern regarding poor enforcement of threatened sanctions may have merit. For example, sanctions--particularly community service hours and jail stays--were often deferred until a later date, and sometimes were deferred multiple times. Additionally, according to several program graduates, sanctions were not consistently or adequately administered. In fact, a few participants commented that the team was sometimes "too fair" in their imposition of sanctions. These graduates noted that they "never" received sanctions, even after multiple positive drug screens.

While there were claims of unfair sanction administration and inadequate sanction enforcement, active and former participants (both graduates and terminated participants) generally perceived sanctions as fair, and also as a useful deterrent from drug and/or alcohol use. Most participants understood and appreciated the reasons for sanctions, but several participants, particularly active participants in the first phase of treatment, criticized the sanctions for being too strictly and suddenly applied. Active participants commented that addiction recovery is a process, and thus felt that it was unreasonable to sanction every instance of non-compliance (including positive drug screens). Instead, these participants favored a more lenient policy that expected, accepted, and pardoned missteps along the recovery process. Echoing this sentiment, one terminated participant claimed that some sanctions were overly harsh responses to minor offenses, such as missed meetings. While they acknowledged the need for sanctions, these terminated participants felt that, at least in their situations, the sanction exceeded the offense.

Conclusions and Recommendations

The consequences of program non-compliance and rule violations are clearly listed in written program materials, including the *Participant Handbook* and the *Policies and Procedures Manual*. Team members use an individualized approach to impose sanctions for violations of these rules. Essentially, the individual circumstances and recovery needs of the participant are considered by the team as a whole, and sanctions are determined by team discussion and eventual consensus. While this approach allows for the flexibility and individualized approach desired by the team, it may also contribute to participants' perception of inconsistent use of sanctions. By proactively communicating the theory and rationale behind the use of sanctions when participants are first admitted to the program, the team may be able to facilitate the

participants' acquisition of a clearer understanding of the purpose and use of sanctions within the program. This rationale can also be explained in writing in the *Participant Handbook*.

In general, most active and former participants were satisfied with the sanctions, but some participants criticized the unpredictable and inconsistent application of sanctions. In addition to the inconsistency in application, several participants reported that applied sanctions were not always enforced. In order to assess the validity of the criticism of poor enforcement, the team should consider monitoring and evaluating its current level of sanction enforcement, particularly with regard to deferred jail sentences and deferred increases in community service hours.

After experimenting with and ultimately abandoning a standardized, graduated sanctions policy, the team has chosen to adopt a policy that, in its application, is governed by team discussion and consensus, rather than a rigid formula. While a more flexible policy may be an appropriate approach for the heterogeneous WCADTC population, reliable and consistent enforcement is required in order to achieve optimal effectiveness. Thus, when the team decides that a participant deserves a given sanction, following through and delivering the sanction is important to program success and to participants' recovery.

In addition to stricter enforcement, the team might also consider investigating the adoption of individualized behavioral contracts to complement the general contract given to each participant during the admission and orientation process. Individualized behavioral contracts establish a set of sanctions and incentives that are customized to the individual participant's recovery needs. Implementing the use of such individualized contracts may reduce participants' confusion and frustration with sanctions. While individualized contracts require more work for the team, the contracts can also potentially diminish claims of confusion and inconsistency.

Incentives

Graduation, which is intended to signify recovery from drug and/or alcohol addiction and the beginning of a new life, is the strongest incentive associated with the drug treatment court. In addition to the reward of graduation, the following incentives are commonly utilized by the team:

- Verbal praise and encouragement from the Judge in open court;
- Reduced community service hours;
- Opportunity to leave court early for participants in full compliance ("A List" designation for participants in the Aftercare phase and "Early Release List" designation for participants in all other phases);
- Public recognition in court in the form of "Wow!" certificates; and
- Gift certificates.

Like sanctions, incentives are determined on a case-by-case basis by the team. While incentives are offered based on adherence to the treatment plan and fulfillment of program requirements, there are no explicit criteria connecting specific behaviors with specific incentives. Thus, incentives vary by person and circumstance. For example, one team member stated that some participants receive incentives for achieving a "baby step" or a "small" victory in the recovery

process, whereas other participants may be held to a higher standard of progress because of higher expectations on the part of the team. Echoing this sentiment, several active participants stated that the administration of incentives is sometimes influenced by different standards for or expectations of participants. For example, some participants claimed that incentives are awarded more frequently to participants who are constantly "messing up," rather than those who have remained clean and compliant.

Team members reported that the encouraging words from the Judge and early release from court are two of the strongest incentives provided for participants. One team member stated, however, that the incentives have little lasting impact. This team member explained that incentives produce an immediate reward and instant gratification for the participants, but they are not enticing enough to significantly alter long-term behavior.

The participants generally reported that they enjoy and appreciate the incentives, particularly those related to early release from court. Although many active and former participants reported that they find the bi-weekly court sessions excessive and difficult (logistically) to attend, participants unanimously reported that they respect the Judge and find his encouraging words motivating. In addition, many participants especially appreciated early release incentives simply because they reduce the amount of time spent in court. On the other hand, some participants, especially those with a long distance to travel to attend court, did not view early release incentives as much of a reward. Because they do not receive notification of their early release from court until the morning of the court session, participants on the A List or Early Release List are required to attend the court, and are dismissed from court after being publicly recognized for their positive progress.

In addition to the current incentives, team members also expressed a desire to expand the incentives program to include more tangible rewards such as food and entertainment gift certificates. For example, gift certificates to a bowling alley have recently been added as an incentive. One team member suggested that, in order to secure more meaningful and useful incentives, the WCADTC should foster relationships with community businesses and organizations.

While the current incentives may be limited and have not yet been demonstrated to affect long-term behavior, they are viewed by the team as a useful tool for positive reinforcement. In the words of one team member, there is a shared desire to, whenever possible, coerce compliance with rewards rather than sanctions.

Conclusions and Recommendations

The current incentives, particularly verbal praise from the Judge and early release from court, are viewed by team members and participants as the most valuable rewards for treatment compliance and recovery progress. According to one team member, however, the incentives, while immediately enjoyed and appreciated by participants, are not appealing enough to significantly influence long-term behavior. Both team members and participants supported expanding the incentives program to include more tangible and practical rewards, such as gift certificates for food and entertainment options. While it may appear that more tangible rewards are more

important and lasting motivators for positive change, the team should approach this question empirically in its outcome analyses to determine the aspects (i.e., nature, timing and frequency) of incentives that affect successful program completion.

The team may also consider ways to involve stakeholders, such as successful program alumni, concerned citizens, and friends of the program, in soliciting donations from local community businesses to support this aspect of the program. By forging relationships with community organizations, the WCADTC can both increase its repertoire of rewards and more fully satisfy Key Component 10 (from *Defining Drug Courts: The Key Components*), which states that partnerships among drug courts, public agencies, and community-based organizations generate local support and enhance drug court effectiveness. Additionally, it is likely that many other drug treatment courts have limited resources and are similarly challenged in this area. Therefore, the team may wish to network with other drug treatment courts to identify different incentives currently being used in other courts, as well as the ways in which these incentives are secured.

Case Management and Judicial Supervision

The WCADTC provides supervision of participants to help support and maintain compliance and to keep the participants engaged in the program. Supervision is accomplished primarily through drug testing, weekly supervision meetings with the Treatment Providers and Case Manager, and Probation Officer, and bi-weekly court status hearings. The Probation Officer meets with each participant at least once per week, and also makes unannounced visits to participants' homes to determine whether participants are in compliance with the conditions of probation and those of the DTC.
The frequency of meetings with treatment providers depends on their current phase. During weekly supervision meetings, team members review participants' compliance with the requirements of participation and determine if there are any additional steps that need to be taken in order to encourage compliance.

Participants undergo urinalysis screens, conducted by the Treatment Providers and by the Probation Officer, before each group and individual treatment session. If a participant misses a treatment session, he or she must call the Probation Officer within 24 hours to schedule the missed drug screen. Participants are randomly screened by the Probation Officer, either at the participant's home or on-site immediately before the bi-weekly court sessions (in the Judge's chambers).

The Case Manager monitors the status of each participant, through telephone contacts and office visits, to determine whether participants are attempting to comply with the requirements of the program. The Case Manager reviews the participant's attendance and treatment compliance records, received from the Treatment Providers and Probation, as well as the participant's reports of weekly activities reported during the scheduled weekly meetings. The Case Manager also makes contact with family members, when possible, to assess the participant's treatment, educational and vocational progress. This information, along with the results of drug screens, is compiled and presented in a document that is reviewed and discussed during pre-court staffing meetings by the drug court team.

The Treatment Providers meet with the participants primarily at group treatment sessions and less frequently at individual sessions. During these meetings, Treatment Providers monitor the treatment progress of each participant. They report attendance and treatment status of the participants to the Case Manager. They also report the attendance record of each participant at AA/NA or other community-based 12-step programs to the Case Manager.

Bi-weekly court sessions provide another vehicle for participant monitoring. Prior to these court sessions, the DTC team meets to discuss the progress of each participant and to determine which participants should be rewarded and which should be sanctioned in order to encourage compliance with the program requirements. During the status hearing, the Judge calls each participant before the entire court and reviews his or her performance during the preceding two weeks.

For the current process evaluation, two court sessions were observed. The first order of business during the observed court sessions was announcements. During the pre-court staffing meeting prior to the court session, nearly every member of the team had requested that the Judge permit some time prior to the disposition of the cases for making announcements. These announcements included an explanation of the repercussions of tardiness to required meetings, the meaning of "non-compliance," and the status of absent participants. Following the announcements, the Judge requested that participants who had maintained sobriety for intervals ranging from 30 days to one year stand in order to be recognized and applauded for their achievement.

After the docket had been called and announcements had been made, the Judge left his bench and stood closer to the bar (the area where the participants sit). The Judge then called the names of the participants who had made the "A List," a designation given to participants in the Aftercare phase of the program who have maintained compliance with all program requirements. The "A List" participants were individually recognized and applauded. The Judge shook hands with or hugged the participant, made a positive remark about the participant, and in some cases, had a brief, private conversation with the participant out of the hearing range of the other participants. All participants in this group were applauded by the team and by other participants, and were dismissed from the court session. The Judge next called the names of participants on the "Early Release List," participants in Phases I, II and III who were in full compliance with the requirements of the program. The Judge interacted with these participants in the same manner as for the A-List participants, and team members and participants applauded the participants as they were dismissed from the court session.

At the end of these public recognitions, the Judge returned to the bench to dispose of the remaining cases. For this portion of the court session, the Case Manager called the names of the remaining participants. As each participant was called, he or she stood beside the Defense Attorney, and the Judge allowed the participant and opportunity to report on his or her recovery progress during the preceding two weeks. The Case Manager verbally delivered to the Judge a review of the participant's progress and then, recommended any sanctions or changes to the participant's case management or treatment plan. The Judge then delivered his ruling and permitted the participant to approach the bench, at which time the Judge conversed privately

with the participant for one to three minutes, shook the participant's hand, and dismissed the participant from the court session.

As a part of this process evaluation, the court proceedings were observed by trained IRT staff to assess the courtroom atmosphere, the role of the Drug Court Judge, the quality of the interactions between the Judge and the participants, and the overall manner in which the judicial model of the drug court is executed in the WCADTC. According to the Best Practices Guidelines, the role of the presiding drug court judge is to motivate participants toward success while holding them accountable for their actions within the program. Through regular court appearances, the judge monitors participants' progress and prescribes sanctions and incentives to assist the participant in complying with the program.

During the observed court hearings, the WCADTC presiding Judge executed his role in a manner that is consistent with the Best Practices guidelines. The Judge spoke in a respectful, firm, and concerned manner with all participants, and used the same level of eye contact with all participants. When discussing successes in the participant's progress and recovery, the Judge offered appropriate commendations and encouragement. When discussing relapses or incidences of non-compliance, the Judge prescribed the recommended sanctions, and explained why the sanction was being issued, and what objectives the team hoped the sanction would accomplish. While most participants made eye contact with the Judge, some participants averted their gaze when addressing the Judge. Upon the conclusion of each case, each participant approached the bench, had a brief, private conversation with the Judge, and shook hands with the Judge prior to exiting the courtroom.

During the observed court sessions, the courtroom setting was moderately quiet and focused, and there were no disruptions to the proceedings. However, during times of transition between clients, the noise level in the courtroom increased. At these times, the Judge or bailiff quieted the courtroom. The noise level in the rear of the courtroom was noticeably higher than in the first few rows, due to increased levels of talking among the participants and to the noise, and activity that could be heard from outside of the courtroom as a result of the continual opening and closing of the door to the courtroom.

Team members and participants reported that judicial supervision is very effective. Most participants (active, graduated, and terminated) enjoyed and appreciated their interactions with the Judge, and a few reported that they felt they built a positive relationship with the Judge through these interactions. Many participants referred to the Judge as a paternal figure. These participants reported that they were careful to remain compliant with the program requirements because non-compliance would displease the Judge.

In general, participants expressed high regard for the team members who provide them with case management and supervision, and perceived these team members to be very dedicated to their work. A few graduated participants reported that the supervision and support that they received from team members was a significant factor in their completion of the program and their success in recovery. Two terminated participants reported that, because of scheduling conflicts due to work and home responsibilities, attending required appointments was "impossible." As a result, one participant reported feeling as though the treatment staff were "setting him up to fail" by

scheduling appointments at times of the day when it was impossible for him to arrive on time. While no participants reported that they enjoyed the frequency of the weekly meetings, many active and graduated participants understood that the required meetings were tools used by the team to maintain accountability, and seemed to understand what the team was attempting to accomplish through the structured weekly meetings.

Conclusions and Recommendations

Case management is accomplished through a collaborative process in which Treatment Providers, Probation, and the Case Manager work together to track the status and progress of each participant. The judicial supervision accomplished by the Judge in the bi-weekly court sessions adheres to the role of the Judge as required by the *Best Practices Guidelines*. The Guidelines described the Judge's role as taskmaster, cheerleader, and mentor, and require that the Judge motivate the participants toward recovery while holding them accountable for their actions within the program requirements. In the two court sessions observed, the Judge effectively fulfilled these roles by allowing the participant to speak on his or her own behalf, administering the recommended sanctions, speaking personal words of encouragement to each participant, and shaking the participant's hand. Together, these actions appear to provide motivation and encouragement for participants to remain engaged in the recovery process.

While in court, the noise level in the last few rows of the courtroom was distracting. The ongoing conversations made it impossible to hear the Judge, and some of the announcements that were being made. It may be helpful to consider restricting seating to the first few rows of the courtroom. This restriction will facilitate the ability of all participants to pay close attention to the issues raised, and will discourage side conversations that may be distracting to other participants.

Treatment

The WCADTC provides treatment according to a phase system in which participants receive more structured and intensive treatment services early on and reduced levels of supervision and treatment as their participation in the program continues. Throughout the course of the program, participants are required to complete a minimum of 180 hours of intensive outpatient treatment (group and individual therapy sessions) and attend six 12-step meetings (Narcotics Anonymous, Alcoholics Anonymous, or an alternative 12-step program that is deemed to meet the most salient recovery need of the participant) every two weeks. Participants must provide written verification of their attendance at community-based 12-step recovery meetings to the Treatment Provider or Case Manager. Relapse prevention or special therapy sessions are provided for all participants as needed. The decision to provide participants with additional relapse prevention or special therapy sessions is guided by the Treatment Provider and affirmed by the team.

The Treatment Provider uses the results of the CAGE and Weinstein assessments, conducted within two weeks after the participant's admission to drug court (refer to Referral, Admission, and Intake section, above) to work with the participant to develop a comprehensive treatment plan with definitive short- and long-term goals and objectives. Throughout the participant's tenure in the program, the intake interview that is conducted by the Case Manager during the

admission process and the assessments conducted by the Treatment Provider are periodically referenced and reviewed to determine factors that may be contributing to lack of progress in the program, and treatment and supervision are adjusted accordingly.

Group and individual therapy sessions are the main treatment services offered by the WCADTC. Prior to the current treatment agency, Comprehensive Counseling Services, Hazelton's Living in Balance curriculum was used to guide group therapy sessions. However, according to one team member, treatment staff from the former treatment agency, North Carolina Behavioral Health Services (NC BHS), did not regularly use or adhere to this curriculum during group treatment sessions. The team member added that this curriculum did not fit well with the needs of the drug court participants. Prior to NC BHS, the former treatment agency, Spectrum Health Systems, had implemented a cognitive behavioral curriculum that they had researched and developed themselves. One team member stated that this curriculum was "strictly followed but not always liked" (by the Treatment Providers).

Although the WCADTC has experienced turnover in its treatment agencies and treatment providers, treatment providers have been more stable over the past two years. The court has recently implemented the use of a treatment curriculum developed specifically for the drug treatment court program. The curriculum is a synthesis of components of evidenced-based substance abuse treatment and recovery programs. The educational component of the curriculum in which participants learn about the physiological effects of various drugs is drawn from information provided by the Substance Abuse and Mental Health Services Administration (SAMHSA). The substance abuse treatment and relapse prevention components are drawn from Hazelton's Living in Balance treatment program and Terrence Gorski's relapse prevention program. The components of the treatment manual currently being used to facilitate group treatment sessions are described in the summary of the treatment phases below.

Participants in Phase I of treatment are required to attend three three-hour group therapy sessions per week and six community-based 12-step meetings per week. All Phase I group therapy sessions are conducted by Treatment Provider #1 (Beverly Pacos). Topics covered during Phase I group treatment include defining key terms and concepts related to addiction and recovery, understanding criminal addictive thinking, understanding addiction as a disease, physiological effects of alcohol and drugs, introduction to support groups and stages of change, spirituality, and an introduction to the concept of relapse. The curriculum for Phase I group therapy is broken down into weekly sessions that directly address the topics listed above. In addition to the topics listed above, one group therapy session per week is dedicated to the development of skills or competencies that are important to the participant's mastery of daily life skills. These include wellness, time management, stress management, core skills, self-assessment, and self-esteem.

During Phase II, participants attend two three-hour group therapy sessions, 1.5 hours of individual therapy, and three 12-step meetings per week. Phase II group therapy sessions are conducted by Treatment Provider #2 (Karee Redman). During group therapy in this phase of treatment, participants engage in a more in-depth exploration of the principles of recovery from addiction and relapse prevention. Participants are also introduced to the concept of self-esteem and affirmation, family roles and traps, problem-solving and decision-making, value clarification, communication, goal setting, and anger management. Classes cover topics such as

dealing with crises in the recovery process, maintaining personal recovery, goal setting, dealing with urges and cravings, communication and interpersonal skills, conflict resolution, getting out of a lapse and prevention planning. The focus of individual therapy sessions is determined based on the participant's personal recovery needs, as assessed by treatment staff and other team members. For example, Treatment Providers share information with one another regarding issues that may have emerged during group treatment sessions, and other team members may report family or work-related concerns that may be affecting the participant's progress to the Treatment Provider.

Phase III participants are expected to attend one three-hour group session per week, and attend six community-based 12-step recovery meetings every two weeks. During this phase, participants begin to work toward independently putting into practice the skills, strategies and competencies that have been taught during previous phases. Curriculum topics covered during this phase include developing a relapse and recovery plan, relationships and boundaries, living in balance, understanding and managing emotions, coping with high-risk situations, dealing with grief and loss, stress management, time management and building a support network. In addition to the topics listed above, classes cover topics such as stages of change, anger management, affirming and asserting, ways to stay clean and sober, understanding and managing emotions, and coping skills. During this phase, participants also work with the Treatment Provider to develop a treatment plan for their fourth and final program phase, Aftercare.

During the Aftercare phase, participants are required to attend 1.5 hours of group treatment per week and to maintain their participation in a 12-step program (six meetings every two weeks) until they are eligible for graduation. During Aftercare, group therapy sessions are based on participants' recovery needs and the treatment plans that have been developed during Phase III of the treatment program.

The Assistant Director of Programs provides supervision (although not clinical supervision) to the treatment staff, which entails reviewing case notes and documentation of any actions taken in regard to referrals for additional treatment services. According to both Treatment Providers and the Assistant Director of Programs, adherence to the evidence-based treatment manual is both recommended and expected during group therapy sessions; however, treatment providers are also accorded flexibility in dealing with crises presented by participants, which sometimes results in failure to adhere strictly to the treatment manual for a given group therapy session.

In prior years, the WCADTC has attempted to involve family members in treatment by implementing a "family night," a social and educational family group session conducted by a Treatment Provider. Because of the low turnout, this initiative was discontinued. Currently, when the Case Manager or Treatment Providers are aware of clients who live with their parents, they occasionally invite family members to attend a meeting with Probation, the Treatment Providers and the Case Manager to discuss the family member's role in the participant's recovery. This does not occur regularly, since most of the participants live "on their own" (i.e., independently from the parents).

Two-thirds of team members interviewed identified treatment as a key element of the WCADTC program. Team members stated that consistent, quality treatment, the phase system, and a good

treatment curriculum are essential components that must be in place for a drug court program to be effective. One team member further qualified this statement by suggesting that a treatment program that is specifically tailored to the treatment needs of the target population of offenders is especially important. Another member stated that having all participants served by one treatment agency and having treatment occur "under one roof" are features of the program that facilitate better coordination and delivery of treatment services, foster increased peer support and connectivity among the participants, and allow for closer monitoring of participants' progress.

In terms of the applicability and effectiveness of treatment services across demographic factors such as race, gender, and age, team members voiced a variety of opinions. Half of the team members interviewed felt that the court does not operate any more or less effectively across these demographic factors, while the remaining team members felt there were differences in how the court operates across one or more of these demographic factors. Team members based these perceived similarities and differences on "instinct" or observations of how well individuals from varying demographic backgrounds tend to fare in the program. One team member stated that "instinct tells me the court operates as effectively across race, gender, and age, but I worry about how well the court actually functions across these demographics." No team members identified systematic ways in which the court or treatment services may operate more or less effectively across demographic sectors.

Half of the team members interviewed identified age as a significant demographic factor that might contribute to program completion. These team members felt that the challenges faced by younger versus older participants are distinct. As one team member stated, "the challenges are different based on age--not any easier or more difficult, just different." For example, as reported by one team member, while younger participants often lack the mental determination and maturity to complete the program, older participants have often been dealing with addiction longer and have "more to lose" (such as family, jobs, homes, etc.). One team member stated that the program seems to work better for participants above age 30. This team member also stated that the younger participants that have come through the program have tended to be "the drug dealers and pot smokers" and have had poorer attitudes. One team member reported that there has not been much cultural diversity in terms of participants' religious background and sexual orientation, so the court has not had an opportunity to evaluate whether the program operates similarly across these aspects of diversity.

One team member also felt that the court is not equally as effective for males as it is for females due to the fact that there are no male treatment providers. In prior years, there was a male counselor on the treatment staff, and consequently, treatment providers conducted gender-specific treatment groups. However, this is no longer the case. One team member stated that, on occasion, male participants reported being uncomfortable participating in therapy sessions with a female treatment provider. In these situations, a referral was made to a male treatment provider in the community. This team member added that this has rarely occurred.

Participants also expressed their views concerning the effectiveness of the available treatment services. When asked about the most helpful aspects of the program, active participants from all three focus groups responded that group therapy sessions were among the most helpful program components. Phase I participants added that the program is "great" because, for many of the

participants, it is the first time they have been able to benefit from receiving treatment for their addiction. Several participants in Phase I also commented that they preferred and had more respect for treatment providers who have had personal experiences with addiction, because these providers have more relevant knowledge about the topic. They contrasted these providers with others who seem to have learned about addiction "by reading a book."

Successful program graduates reported that the treatment they received was helpful, and generally made more positive comments about the helpfulness of group therapy than they did about individual therapy. Three graduates reported that group therapy was helpful because of the presence and support of their peers, and that group sessions allowed them to "open up and be honest." Attending group treatment sessions with others who are going through a similar experience reportedly "lifted the weight and pressure" of dealing with addiction for many graduates. One successful graduate commented that group therapy served as more of a support group for her and attributed her recovery to the skills gained in the community-based NA meetings she attended, rather than to the treatment services provided by the drug treatment court.

One terminated participant identified treatment as one of the most helpful aspects of the program and named individual providers who were especially helpful. According to this participant, he was terminated because he simply was not ready for the program, and stated that his termination was not due to any fault on the part of the treatment team. He also suggested that the program should separate participants who seem to be having more difficulties than others and providing special attention and services to them. Another terminated participant reported that he did not find the treatment component of the program helpful, and added, "They want you to make recovery your life, but you have to mix it in with your normal life." In other words, this participant felt that the demands of the program as a whole were too difficult for him to maintain program compliance. He also reported that he felt as if the "teachers" were setting him up to fail because of the high number of meetings required, and the conflict between the meetings and his work and family requirements. This participant complained that, although he was clean for the four months he was enrolled in the program, he was terminated solely because he missed meetings. This participant also stated that he found the new friends and support he gained through the program to be the most helpful aspects of the program.

Conclusions and Recommendations

Although the WCADTC previously experienced high rates of turnover among its treatment providers, the court has settled on in-house treatment staff with which team members are satisfied because of the high quality of services provided. Participants also shared positive comments about the treatment staff. The court is currently using a treatment manual that has been developed specifically for the drug treatment court and is built upon evidence-based models of treatment for substance abuse and addiction. Because the implementation of the current treatment manual is a recent development, Treatment Providers did not offer any feedback about the quality or ease of use of the treatment manual at the time of the interviews for this process evaluation. In prior years, while working with other treatment agencies, team members reported that treatment providers have not always adhered to selected treatment manual, and that the manuals selected for use by treatment have not always met the needs of the drug treatment court population. The court may wish to discuss the types of documentation that need to be in place to

evaluate the response of the participants and treatment providers to the manuals that are used for group therapy sessions, as well as the overall effectiveness of the treatment manual. In addition, documentation regarding levels of adherence to the treatment manual, as well as the circumstances surrounding departures from the manual, will provide the court with more concrete information to consider in its annual self-evaluations, and will also aid the court in its preparation for self-initiated or externally conducted outcome evaluations.

Because the newly developed curriculum has only recently been implemented for use in group treatment sessions, the treatment providers had not yet begun utilizing the curriculum at the time of the interviews for this process evaluation. Both Treatment Providers stated that although there is a planned agenda for group therapy sessions, these sessions are also used to address any primary concerns or crises affecting the participants' recovery, which sometimes results in departing from the set agenda. Given that this is the case, one recommendation regarding the use of the newly implemented curriculum is that the court devise methods to determine the level of adherence to the curriculum and document how often and in what situations the Treatment Providers depart from the set curriculum.

While both current Treatment Providers have had extensive training and employment in rehabilitation and counseling positions, neither provider is currently a certified substance abuse counselor. However, both Treatment Providers are currently working towards their certification. The court should carefully review the certifications and licensure of all treatment providers for the program, as the 2005 Guidelines for North Carolina Drug Treatment Courts require that all treatment be provided by a certified treatment provider.

As the court periodically makes additions to its treatment staff, the WCADTC may wish to consider adding a male counselor to the treatment staff, as well as developing and implementing gender-specific treatment groups and/or gender-matched individual therapy sessions. One team member raised the lack of male counselors as a potential barrier for participants; however, it is notable that none of the male participants (former or active) interviewed raised this as a concern.

Although most participants found the treatment they received to be among the most helpful aspects of the court, many comments about the usefulness of the treatment groups focused on the importance of peer group support, and none focused on specific skills or competencies gained through the treatment program. The omission of specific comments regarding the aspects of group therapy that are most helpful to the participants may signify a need to help participants to gain facility in articulating the specific skills they are acquiring through the treatment services, and their importance to the recovery process. Helping participants gain this type of facility will assist evaluators in collecting specific information about the aspects of treatment services that participants find most helpful.

The court can also better utilize the exit interview to further probe participants about the helpfulness of specific aspects of the treatment services. In the MIS database, information regarding the most beneficial aspect of the DTC is collected from the participant during the exit interview. Of the 53 responses documented in this field, approximately 20% focused on the helpfulness of different aspects of group treatment, and the responses reflect those that were given by former and active participants interviewed for this process evaluation. Most of the

comments refer to the importance of having someone to talk to and the presence of supportive peers. Three comments described specific helpful information that was gained during group sessions, such as educational sessions about addiction as a disease and specific life skills that were gained. Maintaining documentation of participants' perspectives regarding the most helpful aspects of treatment services and coupling this information with best practices regarding treatment for addiction may help the court to continue to strengthen and enhance treatment services in a way that directly addresses the specific recovery needs of the population being served.

Ancillary Services

Referrals to ancillary services are made by the Case Manager when it is determined by the core team that a participant has needs beyond the scope of services that are provided by the drug court. These needs may be in the area of mental health treatment services, residential or detoxification services for substance abuse, housing, transportation, financial assistance, physical health, education, or employment services. The majority of referrals that are made to ancillary services are made to the Wake County Alcoholism Treatment Center, Oxford House, Vocational Rehabilitation, the Healing Place of Wake County, and Wake County Human Services for employment, housing, financial, and mental and physical health needs.

The Alcoholism Treatment Center (ATC) is a local treatment agency that provides supervised medical detoxification; inpatient treatment consisting of a comprehensive, 12-step based program of education and therapy to assist patients with establishing abstinence and sobriety; intensive outpatient treatment that provides education and therapy for people who need assistance with establishing sobriety but who do not require hospitalization; and outpatient individual, group and family therapy sessions. WCADTC participants have been referred to ATC for inpatient, detoxification and emergency (crisis and evaluation) services. WCADTC treatment providers communicate with ATC treatment staff to monitor the treatment progress and needs of referred participants. Participants in need of housing are often referred to Oxford House, a democratically-run, self-supporting and drug-free home that houses from six to 15 residents at a low cost to the resident. The Healing Place is a non-profit rescue and rehabilitation facility that offers a free, long-term, peer-run, 12-step-based residential recovery program for homeless adult men with alcohol and drug addictions.

Most team members who were interviewed identified treatment services for participants with dual diagnoses (co-occurring substance abuse and mental health disorders) as sorely lacking within the program. In the past, the court has attempted to secure treatment services for dually diagnosed participants by referring out to a variety of agencies, including, but not limited to, Wake County Mental Health Services and North Carolina Behavioral Health Services. Team members stated that there are a number of barriers that preclude the ability to secure effective treatment services for dually diagnosed participants. One barrier is financial. Most of the court's participants are not eligible for Medicaid, many do not have benefits from their places of employment that cover the cost of treatment services, and most participants cannot afford to pay out-of-pocket for treatment services. Team members reported that in the past, treatment agencies have sent the WCADTC the patient bill for services rendered, because the participant has no means of paying for the services. An additional barrier includes the lengthy wait-lists that many

treatment agencies have. Finally, team members also admitted that occasionally participants fail to follow through and attend recommended treatment services. A few team members suggested that having a mental health professional on the team would address the need for improved treatment services for dually diagnosed participants.

Several team members who were interviewed identified a number of improvements that are needed in terms of ancillary services. One area in which improvements are needed is housing. Team members stated that although the court refers participants to local housing agencies such as the Summit House and the Oxford House, these agencies sometimes do not have vacancies, and often require deposits that are cost-prohibitive for the participants. An additional area of needed improvement is vocational rehabilitation and job placement. Although the court currently works with a job placement agency, one team stated that the court needs more "*quality"* job placements for participants and more employment contracts. Because participants are required to be legally employed while they are in the program, the availability of quality job placements or employment contracts will help the team to enforce this requirement and support participants in their efforts to remain in compliance. Finally, two team members stated that the program is in need of continuation services for participants who successfully complete the program.

An AOC informant who was interviewed for this evaluation stated that the program has only recently begun to establish connections with community agencies after being asked to focus more strongly on community collaborations a few years ago. This informant stated that at that time, information regarding all available services in the Raleigh area with which the program could establish linkages was provided to the court. Examination of the MIS database shows that the number of referrals to community agencies for residential treatment services, detoxification, vocational rehabilitation, transportation, and housing has increased over the past two years.

Conclusions and Recommendations

Over the past few years, the WCADTC has begun to expand and increase its networking with community agencies, as evidenced by the increasing number of referrals for residential and detoxification services, housing, vocational rehabilitation, and transportation services. However, team members identified a number of ancillary services that are lacking within the program, including housing, job placement, and treatment services for dually diagnosed participants.

The court has had ongoing difficulty securing treatment options for dually diagnosed participants, as this barrier was also cited in previous SCOT analyses (FY 2002-2003). The court may wish to set aside a designated time to problem-solve around this issue by identifying the key players (individuals and agencies) that need to be involved in solving this problem, the exact nature of the problem, the magnitude of the problem (i.e., how many participants have dual diagnoses), and a timeline for implementing changes that will address this problem. The court may also wish to discuss the specific roles that the Local Management Entity and TASC should play in removing this barrier, and should investigate the possibility of adding a mental health professional to the core team.

Termination

As stated in the Wake DTC *Policies and Procedures Manual*:

> "An individual may be terminated unsuccessfully from the ADTC program upon consensus by the Core Team that the *level of participation*, *new criminal conduct* or *conduct detrimental to the program*, are such that *good cause* exists for termination. It is the philosophy of the ADTC that except in extreme situations, participants will be counseled and warned and given an opportunity to modify their conduct prior to termination."

In order to make the subjective determination that *good cause* exists for termination, the team relies on consensus. When termination decisions are reached, these decisions are announced by the Judge at the court session. In addition to formally updating the court on the status of a participant, the announcement reinforces termination as a realistic outcome for non-compliant participants.

The team believes that the consensus process for deciding termination is fair. Some team members feel the process is even generous. Termination, except in the case of violent behavior, is often an absolute last resort. While the team agreed that violence is automatic grounds for termination, other forms of non-compliance are rarely punished with termination. In the words of one team member, a "participant has to go overboard" to be terminated. As explained by one team member, the infrequent use of termination is in accordance with the sentiment that treatment, even if characterized by occasional non-compliance, is better than no treatment.

While the commitment to continuing treatment limits the use of termination, several graduates advocated a stricter termination policy in order to more effectively remove those not fully committed to or invested in the program. Because of poor attitudes and a perceived goal to "cheat" the program, these participants can have a negative and demoralizing effect on the rest of the participants in the program.

In regard to the participants who are ultimately terminated from the program, the team disagrees over the appropriateness of a second chance. Several team members supported the opportunity to re-enter the program following termination, reasoning that everyone deserves a second chance and participants might be even more equipped to succeed the second time. On the other hand, at least one team member felt that a second chance should not be offered to participants who have been terminated.

Conclusions and Recommendations

As stated above, the *Policies and Procedures Manual* describes the general causes of termination, but it does not spell out the precise relationship between these causes and termination. For example, there is no documentation that objectively explains how much or what type of conduct results in termination. Instead of referencing a formal policy that defines the type and severity of behavior necessary for termination, the team relies on consensus to reach decisions regarding termination.

The team, though fairly unrestrained in its ability to terminate non-compliant participants, uses termination as a last resort. Except in cases of violence, termination is used only after multiple opportunities to reform unacceptable participation or conduct. The infrequent use of termination is a product of the team's philosophy regarding the importance of keeping addicted offenders engaged in treatment for as long as possible. While this approach has the participants' best interests in mind, it also can result in continued treatment for participants who manipulate program requirements, and thereby serve as a barrier to other participants in the program. Thus, it is recommended that the team consider revisiting the termination policy. Instead of relying almost completely on subjectivity to decide if "good cause" exists for termination, it might be beneficial to investigate a policy that more explicitly links specific behaviors, in severity and number, to termination, while allowing the team to retain some degree of discretion and flexibility.

Graduation

In order to graduate, a participant must fulfill the requirements listed in the *Participant Handbook*. These requirements include:

- One year of program participation;
- Six months clean and sober;
- All DTC fees paid in full;
- Completion of 50 community service hours;
- Attendance at three NA or AA meetings per week and at bi-weekly court sessions;
- Completion of all treatment phases, consisting of at least 195 hours; and
- No pending charges.

Because of its objective criteria, the graduation policy is easily understood and administered. While a decision regarding graduation still requires team consensus, the process is often a routine review of the graduation requirements. Put simply, graduation decisions are based on the fulfillment of the graduation criteria, not on a subjective attempt to match behavior with consequence.

Once a participant is deemed eligible to graduate, a graduation ceremony honoring the participant occurs at the beginning of the next scheduled court session. At these ceremonies, team members and fellow participants applaud the graduate, and team members individually congratulate the graduate with brief speeches. Following the team members' congratulatory speeches, the graduating participant has the opportunity to speak, and it is reported that most graduates take advantage of this opportunity. In one observed session, all three graduates addressed the court and, in these speeches, thanked the team for their help and support, announced personal milestones and achievements, and offered words of inspiration and encouragement to the other participants. In addition to the opportunity to orally address the court and to accept praise, graduates receive a card, a medallion, a balloon, and a framed certificate in recognition of their achievement.

After graduating, alumni are allowed and encouraged to return to help current participants in treatment, but there is currently no formal alumni retention program. Several graduates expressed a desire to see a more structured program that better utilized alumni as resources for the current participants. Because of their personal experiences with the program and eventual successes, the graduates feel that they can serve as realistic and inspirational examples for the current participants.

In attempting to characterize those who successfully complete the program, the team generally reported that participants with strong external support, including family, friends and community-based support groups (such as NA and AA), tend to fare better in the program. Several team members noted that timing, in the addiction and recovery stages, plays a significant role in successfully completing the program. Additionally, several team members felt that older participants and female participants have demonstrated a higher success rate.

As compared to team members, active and former participants more often named individual character and attitudinal traits as the most important factors in achieving success in the program. Participants frequently mentioned the traits of desire, commitment and discipline as the variables that distinguish those who succeed from those who fail. Most graduates agreed that one can and will graduate if that participant truly has made a commitment to recovery and life change, including the acceptance of treatment and the avoidance of negative persons and situations. In addition to personal commitment, active and former participants cited external support as helpful in completing the program. Because of the importance of family support, at least one participant expressed hope for a stronger family education component of the program.

While the majority of team members and participants perceived the graduation requirements as fair and appropriate, a few graduates and terminated participants stated that some participants were able to manipulate the program and graduate. Instead of committing to the program, these participants simply did what was necessary to avoid jail. For example, these participants may have avoided using drugs, but they continually arrived late for group meetings and/or missed NA or AA meetings. In addition to exploiting the program and its purpose, the participants who successfully deceived the program frustrated and angered the other participants who were committed to recovery.

Conclusions and Recommendations

The graduation criteria are regarded as fair by team members and participants. Several former participants, however, indicated that there is a problem with “undeserving” participants graduating, although this perceived problem appears to be limited. While the problem is more related to the enforcement of sanctions rather than the graduation policy, it is a problem that merits attention because of its potential effect on the program. For example, if participants are able to “cheat” the system and still graduate, then the legitimacy of the program and its criminal justice and treatment components are threatened. Thus, in the interest of preserving the significance of graduation and the legitimacy of the program, it is recommended that the team monitor this problem as perceived by participants.

Additionally, it is recommended that the team explore developing a formal program that utilizes alumni as recovery resources for active participants. Currently, alumni are encouraged to return to meetings in order to encourage and inspire active participants, but this arrangement is largely unstructured. While a formal program requires committed voluntary alumni participation, several alumni mentioned a desire to participate in an official alumni program. Based on this expressed interest, it is appropriate and beneficial for the team to actively explore developing and formalizing an alumni program. As part of this exploration process, it is recommended that both graduates and active participants be included in discussions in order to help shape the direction and operation of the alumni program.

Finally, both team members and active and former participants cited family support as a factor that appears to be related to success in the program. As stated earlier in this report, it is recommended that the team conduct a needs assessment to determine the feasibility of re-establishing a family component. If it is determined that there is a need and willingness to participate in such a program among current participants and family members, input from participants and their family members should be used to guide the development of a program that will meet the needs and limitations of the drug court population.

Global Impressions about the WCADTC Program as Reported by Team Members

Team members perceive that the WCADTC program is successfully achieving its goals of reducing drug and alcohol addiction and recidivism among participants. Although the team reported that they are achieving their goals, they added that they are always striving to improve the overall functioning and effectiveness of the court. Team members most frequently attributed the success of the program to the professionalism and competence of team members and to the communication and collaboration between agencies and agency representatives. Additionally, team members identified the balance of supportive treatment services, structured requirements, and accountability as essential and helpful components the program. By requiring attendance at and participation in therapy sessions, weekly drug testing, and bi-weekly court sessions, the program demands accountability but does so within a framework of support for the participants' recovery needs. Team members found this arrangement extremely beneficial because, according to team members, many participants are not held accountable for their actions and do not receive support outside of the program.

Because so many participants are in need of positive reinforcement, the team works hard to create a positive and supportive program environment. Team members unanimously stated that they sincerely care about, empathize with and want the participants to succeed, and believe that this care and compassion is recognized and appreciated by participants, thus resulting in excellent and mutually respectful relationships with participants.

While team members reported that they feel the program is successfully achieving its stated goals and objectives, and ultimately improves participants' lives in a variety of ways, team members noted several aspects of the program that are in need of improvement. First, several team members mentioned that funding concerns present a constant problem and source of discomfort. Several team members stated that the program cannot serve an optimal level of participants because of reductions in funding. More generally, worries about whether the lack of

funding will affect the future of the Court have become a source of anxiety for some team members, who believe that the WCADTC may not be able to serve as many participants as effectively.

In addition to dissatisfaction with funding and its effect on treatment quality and capacity, several team members expressed that the program lacks an adequate level of mental health, housing and employment resources and services. Specifically, several team members noted that a number of participants have co-occurring substance abuse and mental health diagnoses. While these participants do get referred to the appropriate mental health treatment facilities, there are barriers to assuring that participants receive the treatment services they need. To address these barriers, many team members expressed a desire to include a mental health professional on the team. Several team members also mentioned the need to include representatives from housing and employment agencies on the team. Although these services are available and accessible outside of the WCADTC, several team members communicated that incorporating housing and employment professionals into the team would benefit the program as a whole.

The team also reported that improvements are needed in some program components. For example, drug testing, while a necessary and valuable requirement, is not optimally effective when the results have to be analyzed off-site, due to the length of time required to return results. The long waiting period precludes a swift response by team members, and ultimately hampers the participants' recovery progress. Other barriers cited by team members include occasional excessively large treatment groups (i.e., 16 or more participants). When the group is too large, group sessions are not therapeutic. Several problems earlier encountered by the Court, including the achievement of a stable treatment staff and treatment manual, have been resolved.

While the team acknowledges that program improvements can and should be made, team members unanimously believe that the WCADTC program has had a positive impact on participants' lives, including overall improvements life circumstances, improved physical health, improved employment and financial situations, and improved attitude and self-esteem. While a good program design is essential for success, several team members pointed out that the ultimate success of the program depends on quality, committed team members. As one team member stated, "No matter what components are in place, the strength of the program lies in the quality of the people involved."

Global Impressions about the WCADTC Program as Reported by Participants

All participants expressed a common theme of resistance to the program during the first stages of their participation, followed by acceptance of the help that was being offered to them by the various team members. They reported that, during the first weeks of the program, they failed numerous drug tests, missed meetings, had a negative attitude toward the program and some team members, and many stated that they joined the program simply to avoid incarceration. Most participants stated that, initially, these attitudes were among the main barriers to their full participation in the program. Some participants attributed these attitudes to a lack of readiness to face their addiction. However, many participants reported that after the initial resistance faded, and after achieving sobriety, they saw the beneficial aspects of the program more clearly.

Participants reported that treatment was the most helpful aspect of the WCADTC, and many reported that the treatment provided by the program was their first exposure to treatment for their addiction. Many reported that the peer support received from group treatment sessions and AA/NA meetings was especially helpful, and many graduates attributed their success in the program to their peer support network. Participants also reported support and treatment received from various team members as one of the factors that helped them to achieve and maintain sobriety and compliance with the program requirements. In general, participants reported mutual respect between participants and team members, and felt that team members genuinely wanted to see them succeed.

Participants found the required attendance at the bi-monthly court sessions to be the least helpful components of the WCADTC, and felt the frequency of required meetings was excessive. Some participants questioned the usefulness of the court for participants who are in compliance, while others reported that the court sessions conflicted with employment obligations. Many participants reported that the court sessions hindered their ability to find and keep a job, since most employers were not amenable to the idea of excusing participants to attend the bi-monthly court sessions. Although most participants found attending court two times each month tedious, most enjoyed and welcomed the Judge's comments and style of supervision. Generally, participants reported that the drug testing and judicial supervision increased their motivation to comply with the program requirements and aided in maintaining their accountability.

Consumer Satisfaction Questionnaire Data

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

Twenty-three active participants, representing treatment phases I, II, III, and Aftercare, completed the Questionnaire. Table 1 in Appendix A, below, provides an overview of the background and demographic characteristics of respondents who completed the Questionnaire. The average age of respondents was 33, and the majority of respondents were male (65.2%), White (68.2%), had at least completed high school (68.2%), and were employed full-time (61.9%). In addition, nearly 80% of respondents reported a criminal history. In comparison, only 52% of respondents reported prior substance abuse treatment. The most commonly reported drugs of choice were crack and marijuana.

In reference to the subjective questions that asked participants to rate their satisfaction with various program components, a majority of responding participants were satisfied or very satisfied with all 14 program components included in the Questionnaire (see Table 2, below). Participants were most satisfied with the components of substance abuse and mental health treatment services, interactions with the Judge, and drug testing. Satisfaction levels were so

consistently high that only two components – sanctions received (37.5%) and community service activities (33.3%) – generated responses of unsatisfied or very unsatisfied from at least 30% of respondents.

Responding participants also found many of the program requirements easy or very easy to satisfy (see Table 3, below). In fact, at least 50% of responding participants found it easy or very easy to follow 14 of the 18 requirements included in the Questionnaire. Participants found it easiest to satisfy the requirements of staying crime free, cooperating with drug testing, and attending meetings with the Probation Officer. On the other hand, a majority of responding participants found it somewhat hard, difficult or very difficult to satisfy the requirements of attending and participating in NA or AA meetings and paying court fees and fines.

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

Overall, there were both continuities and discontinuities in team members' and participants' impressions of the Wake County Adult Drug Treatment Court. Team members and participants agreed that among the most apparent strengths of the WCADTC is the quality of the core team. Team members and participants also both cited the treatment services as essential program components, and participants found the peer support they received from group treatment sessions and AA/NA meetings especially helpful. Both parties agreed on the effectiveness of drug testing and judicial supervision. Participants and team members both cited a need for more male treatment staff, although their reasoning differed. Although some team members were concerned that the lack of male treatment providers resulted in the court being less effective for male participants, participants did not raise this issue as a concern. However, in the past, the lack of male staff has allowed for the possibility of manipulation of drug screens by male participants. Team members and participants were not in agreement in reference to the community service requirements or requirements regarding frequent court attendance.

Generally, both team members and participants reported that the drug testing and judicial supervision enhanced participants' motivation to comply with the program requirements, and aided in maintaining participant accountability. Although many participants found attending court twice per month tedious, most enjoyed and welcomed the Judge's supervision, and most team members recognized the impact that the Judge's style and verbal praise has on the participants.

Team members expressed concern about the appropriateness of the community service requirement in the WCADTC program. One team member questioned what purpose this requirement served for the participants' recovery process, and another did not understand the rationale behind this requirement, given that the focus of the program is recovery. Another team member suggested that the 50 mandatory hours of community service would be better spent in treatment. Although the data from the Consumer Satisfaction Questionnaire shows that one-third of the active participants surveyed were unsatisfied or very unsatisfied with the community service requirement, the issue of community service was never specifically mentioned by the participants in interviews or focus groups as a barrier or hindrance to full participation.

Most participants reported that they disliked attending bi-monthly court sessions, and felt that court sessions were not useful or necessary for participants who were in compliance with program requirements. Team members reported that the court sessions are an important part of the infrastructure of the program, in that they reinforce the structure and accountability of the program that is vital to the program's effectiveness. Participants also reported that attending the court sessions makes it difficult to find and maintain employment.

Overall, team members seemed to be aware of the participants' perceptions of the program, and the barriers that prevent participants from maintaining compliance with program requirements. Overall, the team members and participants shared more continuities than discontinuities with regard to the importance of the program and the positive life improvements that are attributed to the program.

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 WCADTC is consistently in compliance with Component 1. 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 WCADTC consistently promotes public safety and works to protect the rights of the participants; however, it has been recommended that the team improve communication to the participants about the role of the Defense Attorney. Some 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. By proactively communicating and reinforcing the role of the Defense Attorney as a member of a collaborative and non-adversarial team working to achieve the participant's recovery, team members may be able to allay participants' concerns regarding the role of the Defense Attorney.

Key Component 3

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

Team members reported several barriers to the early identification and admission of candidates for the WCADTC. Some barriers stem from potential participants themselves (e.g., lack of follow-through in attending scheduled eligibility screenings, inability to contact candidates using the contact information provided), while other barriers are related to the lack of community awareness of and support for the drug treatment court. The program is considered by some to be a "hard sell" because it is not a deferral program, and because the length of the program, in many cases, is much longer than the jail terms that

offenders would alternatively serve. It is recommended that the WCADTC increase its efforts to educate the community at large, as well as defense attorneys, about the aims of the drug treatment court model, and the *potential* long-term benefit of the program for both the participant (e.g., recovery from substance abuse) and the community (e.g., decreased recidivism).

Key Component 4

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

Drug testing is an integral and required part of the WCADTC program. Participants undergo screening for drug use at least once per week, and both active and former participants find drug testing to be a helpful deterrent to drug use.

Key Component 5

Abstinence is monitored by frequent alcohol and other drug tests.

The WCADTC administers drug tests to each participant at least once per week in several settings, including treatment sessions, court sessions and unannounced home visits.

Key Component 6

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

Responses to compliance, including decisions regarding sanctions, incentives, termination and graduation, are generated by democratic, consensus-based processes, with occasional deferrals to other methods of decision-making such as voting or deferring to the Judge for a final decision. All responses to compliance are guided, in part, by documented criteria, but the team relies primarily on subjective assessments and interpretations to direct the decision-making process with regard to sanctions, incentives, and terminations. Because responses to compliance require subjective determinations on the part of the team, the decisions are made on a case-by-case basis. This individualized approach, while focused on and concerned with the participants' best interests, can result in inconsistency in the application of sanctions, incentives and notices of termination. On the other hand, graduation decisions are straightforward, because little subjectivity is involved in determining whether participants meet the requirements for graduation.

Key Component 7

Ongoing judicial interaction with each drug court participant is essential.

Interaction between the Judge and participants is an important part of the WCADTC program. The Judge speaks directly with each participant at the bi-weekly court sessions, where he offers encouragement and motivation for compliant participants and warnings and reprimands for non-compliant participants. Team members and participants both find the participants' interactions with the Judge to be an especially helpful part of the program. Participants reported feeling that the Judge is truly concerned about them and their recovery, and wants them to succeed.

Key Component 8

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

In the last two fiscal years, the WCADTC has conducted SCOT analyses which identify the strengths and weaknesses of the program and recommend actions that can be taken to strengthen the program. In addition to the SCOT analyses, the WCADTC also has a local evaluation plan in place to determine how

effectively the program is accomplishing its goals in terms of procedural design and program goals, as mandated in legislation. One member reported that these evaluations normally take place every quarter but that the evaluations have been conducted less frequently over time. The WCADTC may wish to consider developing a system for documenting and archiving the results of all process and outcome evaluations and for following up on action plans that are developed as a result of process and outcome evaluations.

Key Component 9

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

There is no structured plan for interdisciplinary education; rather, cross-training is accomplished informally, through on-the-job training and attendance at relevant conferences. A few participants reported a need for increased cross-training. One recommendation in this area is that the court conduct a needs assessment to determine the specific interdisciplinary training needs of team members, and develop a training session (or sessions) to meet the identified needs.

Key Component 10

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

The WCADTC has forged relationships with some community agencies, most notably the ABC Board, which makes financial contributions to the program, and increasingly, with ancillary service providers to meet participants' needs for additional treatment services, housing, transportation, vocational rehabilitation, and job placement. However, the team reported that there community awareness and support for the program is low, and some team members attributed low levels of community awareness and support to the lack of community partnerships, specifically with TASC and the public mental health system. Increasing community partnerships would help to strengthen support for the program, referrals to the program, and the overall effectiveness of the operation of the court.

Overall Conclusions and Recommendations

Strengths

According to both team members and participants, the principal strengths of the WCADTC at this time are its dedicated, professional, and compassionate team members, and the treatment services that are provided to individuals struggling to recover from substance abuse dependency, many of whom would likely otherwise never receive treatment services for their addiction. The team is comprised of representatives from the key service agencies that are identified in North Carolina's Best Practices guidelines for adult drug treatment courts, and most team members have attended state and/or national drug court training conferences. Positive interactions between the team members and participants appear to enhance participants' motivation to remain engaged and compliant in the program.

The structure and operation of the program is both well-documented and strictly adhered to in terms of case management supervision and delivery of treatment services. Treatment services are guided by the use of evidence-based treatment manuals, and participants are supported in their effort to become involved in community-based 12-step recovery programs that will continue to support their recovery beyond their participation in the WCADTC. Team members recognize the importance of dealing with participants as individuals and assessing their unique recovery challenges and needs; this sensitivity results in an individualized approach to processing participant cases and to issuing sanctions and rewards. In general, team members and participants both believe that the program policies, procedures and requirements are reasonable, fair and provide an honest opportunity for participants to recover from drug and/or alcohol addiction.

Current participants are largely satisfied with 14 of the 18 program components assessed and find it easy or very easy to comply with most program requirements. Both team members and participants attribute positive life changes to the drug treatment court program, including overall life improvements, better employment and financial situations, increased understanding about addiction, improved physical appearance, improved self-esteem, and decreased or eliminated drug use.

Recommendations

Although the program is currently meeting its goals, team members reported that they are always looking for ways to improve the functioning of the court. Below is a summary of program recommendations reflected in this process evaluation report, detailed in prior relevant sections.

Team Members

In general, the WCADTC team has been stable since its inception. In fact, the Judge, Probation Officer, Defense Attorney and Assistant District Attorney positions have not experienced any turnover. Because of the stability within the team, the establishment of formal orientation procedures for new team members has not been a priority; however, it is recommended that the

team develop a standardized orientation procedure to train new team members for their role within the court in order to enhance team members' capacity to fulfill their own roles, increase team members' understanding of other team members' roles, and minimize confusion over role boundaries. While, in general, team members reported that they have received adequate training for their roles on the drug treatment court, several team members expressed a desire to receive more cross-training. Thus, it is recommended that the team conduct a needs assessment to accurately determine the team members' specific cross-training needs and, if necessary, to develop cross-training sessions to meet these needs.

Finally, because some participants felt that the Defense Attorney is not exclusively "on their side," it is recommended that the team re-examine its communication to participants regarding the role of the defense attorney and proactively explain the implications of the non-adversarial approach for the attorney-client relationship, and that team members reinforce the meaning and importance of the collaborative team approach and its implications at all opportunities.

Court Management and Administration

On July 1, 2005, the management and administration of the WCADTC will transition from a local nonprofit organization to the AOC. While the transition ultimately may reduce operating costs, increase partnerships with community agencies, and streamline administrative oversight of the court, an immediate concern relates to the ability to continue the provision of treatment services without interruption. In addition, because of the potential for turnover, it is recommended that a formal orientation procedure and program be established to train new team members to effectively perform their roles.

Even after the management transition, the WCADTC will continue to have a Local Management Committee in place. The Committee, which assists the WCADTC in developing its budget and identifying appropriate external funding sources, appears to play a smaller role in guiding the mission, goals and policy of the court. On average, the Committee meets twice per year, but it also can meet when pressing issues need to be discussed and/or resolved. In order to take full advantage of the Committee, it is recommended that the team, at the beginning of each year and in conjunction with the Committee, establish concrete meeting dates and reserve additional dates to promote a more regular schedule. Additionally, in the interest of enhancing policy guidance from the Committee, it is recommended that the team proactively outline a list of topics and concerns to be addressed by the Committee.

Decision-Making Processes

The WCADTC team meets twice per week to review and resolve participant cases. While most cases are decided by consensus, there are instances in which the team disagrees and does not reach a unanimous decision. In describing these instances, team members disagreed over the way in which a final decision is reached. Some members reported that the Judge retains the ultimate authority, while others stated that "majority rules." Because of the varying views regarding role of the Judge as final arbiter of all participant cases, it is recommended that the team discuss and come to a consensus about this matter. Specifically, when the team cannot reach consensus, or in cases in which the Judge's opinion differs from the consensus reached by

other team members, the procedure for arriving at a decision should be formally determined and documented.

Because of the sheer number of cases that must be discussed and resolved during pre-court staffing meetings, these team meetings are often not long enough to appropriately address broader program issues. Additionally, the limited time prevents team discussion regarding the factors that contribute to individual participants' successes. In order to allow for more in-depth conversations about relevant aspects of the program and its participants, it is recommended that the team consider a brief retreat or some other designated time or event to focus on topics of importance that are neglected during the pre-court meetings due time constraints.

Eligibility, Referral, and Admission

The WCADTC team finds the eligibility criteria to be fair and reasonable and based on the MIS data, the court is reaching its target population in the areas of charging level, offense class and SASSI results. While the team does adhere to the stated eligibility criteria in an effort to meet its target population, the team does occasionally deviate from the criteria with respect to the offense class and violence or trafficking criteria. Because these deviations sometimes occur, it is recommended that the team revisit the eligibility criteria and standardize the process by which exceptions are made.

Once deemed eligible, participants are usually admitted into the program within two weeks. According to SAMHSA's TIP Series 23 on Treatment Drug Courts, in addition to substance abuse and criminal justice eligibility screenings, eligibility screenings should also entail screenings for infectious diseases. Therefore, it is recommended that the WCADTC team explore integrating a screening for infections diseases into the current eligibility screening process.

Phase System

The phase system, which begins with intense supervision and treatment services and gradually diminishes in requirements, provides structure for participants and team members, and clear benchmarks for program compliance. While the phase system explicitly describes the number of required treatment hours, drug screens, court sessions and group meetings, it does not specify the number of probation and case management contacts required in each phase. Thus, it is recommended that the team consider documenting these requirements, or alternatively, explain the manner in which the number of contacts is determined for each participant.

Additionally, the team should consider discussing the terminology of "Aftercare," the fourth and final treatment phase. Traditionally, Aftercare refers to the treatment and support services in which an individual participates following successful program completion. In the WCADTC, however, Aftercare refers to the fourth and final program phase, and lasts until the graduation criteria are met. In order to achieve congruence with the traditional definition of Aftercare, it is recommended that the team consider renaming the fourth and final program phase.

Sanctions and Incentives

The program components of sanctions and incentives, while viewed as satisfactory by the majority of participants, represent an area that can be improved. Several participants criticized the inconsistent application and enforcement of sanctions. In order to remedy this problem, it is recommended that the team first communicate the theory and rationale behind sanctions to participants as they enter and continue through the program. While information most likely will not eliminate all complaints, it should reduce confusion and criticism. Additionally, individualized behavioral contracts, which customize sanctions and incentives for the individual participant and complement the general participant contract, should also minimize claims of inconsistent application.

In respect to complaints about inconsistent sanction enforcement, it is recommended that the team record, measure and evaluate its current level of enforcement, particularly with regard to deferred jail sentences and community service hours. Both former and active participants reported that the team sometimes fails to sanction non-compliant participants, even those with multiple positive drug screens, resulting in reduced morale on the part of participants who are attempting to remain in compliance with program requirements. In addition, applied sanctions are sometimes not enforced, but rather, are deferred multiple times. By measuring and evaluating the level of sanction enforcement, the team can objectively assess the extent to which sanctions are effectively and consistently enforced.

In terms of incentives, team members and participants both expressed a desire for an expanded incentives program that includes more tangible rewards. In order to enhance the number and type of incentives, it is recommended that the team pursue ways to involve stakeholders, such as alumni, concerned citizens and friends of the program, in soliciting local businesses and organizations for financial and material support. Additionally, it is recommended that the team contact other DTCs in order to identify different incentives used in other courts and the ways in which these incentives are secured.

Case Management and Judicial Supervision

The Judge adheres to the role of the judge in drug treatment courts outlined in the *Best Practices Guidelines*. Based on interviews and observations, the Judge successfully fulfills the roles of taskmaster, cheerleader and mentor. In addition, the supervision offered by the Judge is very much appreciated by the participants and perceived as an effective motivating influence. Because participants unanimously respected the Judge and found his words encouraging, it is especially important that all participants can and do hear the Judge during court. During court observations, however, it became apparent that the noise level in the rear of the courtroom is distracting. Thus, in an effort to limit unnecessary distractions, it is recommended that the team restrict participant seating to the front rows of the courtroom.

Treatment

According to the *Participant Handbook*, treatment begins at 6:00 pm. If a participant is late and has not called the Case Manager or Treatment Provider, the tardiness equates to a missed session

and unexcused absence, and may result in a 24-hour jail stay or another sanction determined by the team. The *Handbook* also states that unexcused absences occur when a participant misses a group session or scheduled appointment without prior notice. While the *Handbook* does detail the definition of unexcused absences and the subsequent sanctions, it does not address issues related to late arrival, early departure and the notification of appropriate team members in the case of anticipated tardiness or absence. Thus, it is recommended that the team consider formalizing these criteria and expectations in the *Handbook*.

As for the treatment services that are offered by the court, the WCADTC, after experiencing a period of high turnover and poor quality in the treatment provider positions, has settled on two quality treatment providers who have been a part of the team for nearly two years. The treatment providers, who are respected both by their fellow team members and by the participants, have recently begun to use an evidence-based model of treatment developed specifically for Drug Treatment Court. Because the treatment model has recently been implemented, it is important for the court to develop a method to track adherence to the treatment manual and to document the circumstances surrounding departure from the manual. In addition to measuring adherence, a tracking procedure will also help identify which aspects of treatment participants find to be most helpful. Instead of noting particular skills or competencies obtained through treatment, many participants focused on the benefits of peer group support. In order to obtain a more comprehensive and useful understanding of which treatment aspects participants find valuable, it is recommended that the team better utilize the exit interview to explore participants' perspectives regarding treatment.

Termination and Graduation

Several graduates mentioned that some participants are able to graduate without fully committing to the program goals or fulfilling the program requirements. While this does not appear to be a common problem, it is a problem that can potentially threaten the legitimacy of the program and its criminal justice and substance abuse treatment components. Thus, it is recommended that the team monitor the situation in order to more accurately assess the scope of the problem. If it seems that the program is producing "undeserving" graduates, then it will be necessary for the team to revisit the substance and enforcement of the graduation and termination policies.

In addition to more closely monitoring the legitimacy of the graduation requirements, it is recommended that, in the interest of improving graduation rates, the team explore two additional measures. First, it is recommended that the team explore developing a formal alumni program that incorporates program alumni into the treatment process in an official and scheduled manner. Second, it is recommended that the team explore re-establishing an education program for participants' family members. It must be noted, however, that because both recommendations require initial exploration, not immediate action, it is necessary for the team to first conduct a needs assessment for each recommendation. These needs assessments, which should include participation from all relevant stakeholders, will enable the team to accurately determine if and how these recommendations can be implemented.

Conclusions

The WCADTC appears to be implementing the drug court in a manner that is consistent with its original application for funding, with the exception of the consolidation of the court into one drug treatment court program in 2001. The dedication, professionalism and cooperation of the team, as reported by both team members and participants alike, and the group and individual therapy sessions are essential components of the court's successful operation. The relationship between the participants and the Judge is a highly motivating factor for participants during their recovery process. In addition, ongoing drug screening is reported by participants to be an effective deterrent to drug use. The use of evidence-based, cognitive-behavioral treatment manuals to guide group therapy sessions, support participants' recovery from substance abuse, and prevent relapse is also a strength of the program. Because the current treatment manual has only recently been implemented, it remains to be seen whether Treatment Providers and participants find the treatment curriculum useful and effective and whether Treatment Providers will adhere to the agenda of the treatment manual.

Barriers that the court has faced on an ongoing basis include stable funding, treatment services for dually diagnosed participants, and ancillary services to meet the varied treatment needs of the participants. The court has made some progress in working through some of these barriers. However, securing treatment services for dually-diagnosed participants remains a formidable challenge for this court. Identifying the proper individuals and agencies that need to be convened to solve this problem should be a main priority for this court. In addition, increasing its network with other community agencies to enhance community support, awareness, and program referrals will increase the overall operation of the court.

The court may also wish to begin to lay the groundwork for investigating systematic ways in which the court may be more effectively supporting the treatment and recovery needs of Caucasian participants as compared to African Americans, and male participants as compared to females. By identifying the factors that lead to higher rates of termination for African Americans and for females, the court will be able to work toward strengthening its service to these demographic sectors, and to participants as a whole. Improving service to these sectors will result in an increase in the court's overall graduation and retention rates, bringing the court to parity with the State's average graduation and retention rates for adult treatment courts.

Finally, as the court prepares to transition to administration by the AOC, it is important to keep in mind that many of the strengths of the program identified by both team members and participants are "intangible," including the mutual respect, collaboration, sensitivity, and compassion of team members. In addition, structural strengths of the current program, such as treatment groups in which all participants participate in group therapy sessions together with other participants, may not be maintained if an alternative model of treatment is implemented. The benefits of alternative models of treatment must be weighed against the potential costs of such modifications. Additionally, whereas the current team has experienced very little turnover (with the exception of treatment providers) with the transition of court management, high levels of turnover may result in the presence of new team members that have not previously participated in a drug treatment court. Thus, an additional priority is comprehensive training and collaboration among team members so that the learning curve involved in transitioning to a new

team does not hamper the continuation of treatment services and supervision of current or newly admitted participants. Finally, the court should seek ways to more effectively utilize its Local Management Committee to guide the vision, mission and goals of the drug treatment court.

In conclusion, the WCADTC has been implemented in a manner that is consistent with its originally proposed purpose and structure. By implementing the recommended changes that have been identified as potential ways of strengthening the program, the court will continue to play an important role in enhancing public safety and supporting recovery from addiction. Lasting impressions that participants chose to share regarding the benefits of the program include "Drug court saved my life," and "I'm glad I made the choice" [attending drug treatment court versus serving jail sentence]. Continued growth of this program, the addition of new, supportive services, and increased community partnerships will only further increase the benefits for its participants and for the community at large.

References

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

Appendix A: Consumer Satisfaction Questionnaire Results

Table 1. Description of Sample of Consumer Satisfaction Questionnaire Respondents

CHARACTERISTICS OF PARTICIPANTS	N	PERCENTAGE
Sex		
Female	8	34.8%
Male	15	65.2%
Race		
African / African American	6	27.3%
White	15	68.2%
Other	1	4.5%
Ethnicity		
Hispanic	1	4.8%
Not Hispanic	20	95.2%
Age (Average):	33	
Marital Status		
Divorced or Separated	5	21.7%
Married	7	30.4%
Single	11	47.8%
Living Arrangement		
Incarcerated	0	0%
Community Housing	2	8.7%
Independent	21	91.3%
Children Under 18 Living at Home		
Yes	12	54.5%
No	10	45.5%
Employment		
Full Time	13	61.9%
Part Time	3	14.3%
Unemployed	5	23.8%
Completed High School		
Yes	15	68.2%
No	7	31.8%
GED		
Yes	4	20.0%
No	16	80.0%
Length of Time in Court (Average):	6 mos.	
Primary Drug of Choice		
Alcohol	2	9.1%
Cocaine	2	9.1%
Crack	7	31.8%
Heroin	2	9.1%
Marijuana	5	22.7%
Other	4	18.2%

Table 1, Continued

Crime Leading to DTC		
DWI	1	4.3%
Obtaining Property Illegally	2	8.7%
Possession	4	17.4%
Probation	2	8.7%
Theft	1	4.3%
Multiple	8	34.8%
Other	5	21.7%
Criminal History		
Yes	18	78.3%
No	5	21.7%
Treatment History		
Yes	11	47.8%
No	12	52.2%

Table 2. Satisfaction with Components of Wake County Adult Drug Treatment Court

COMPONENT	RESPONSE		STATISTICS		RESPONSE FREQUENCY			
	N	NA	Mean	Standard Deviation	Very Unsatisfied	Unsatisfied	Satisfied	Very Satisfied
1. Frequency of court appearances	22	0	2.68	.84	13.6%	13.6%	63.6%	9.1%
2. Interactions with the judge	23	0	3.35	.88	8.7%	0%	39.1%	52.2%
3. Interactions with the DTC team	21	0	3.14	.73	4.8%	4.8%	61.9%	28.6%
4. Cooperation of agencies with each other	18	4	3.11	.58	0%	11.1%	66.7%	22.2%
5. Substance abuse treatment services	23	0	3.13	.46	0%	4.3%	78.3%	17.4%
6. Mental health treatment services	16	7	3.19	.54	0%	6.3%	68.8%	25.0%
7. Vocational treatment services	13	10	2.69	1.03	23.1%	0%	61.5%	15.4%
8. Other services received	12	10	2.83	.58	8.3%	0%	91.7%	0%
9. Sanctions received	16	7	2.69	.95	12.5%	25.0%	43.8%	18.8%
10. Incentives received	18	4	3.06	.80	5.6%	11.1%	55.6%	27.8%
11. Drug testing	21	1	3.10	.54	0%	9.5%	71.5%	19.0%
12. Community service activities	21	2	2.52	.93	14.3%	19.0%	57.1%	9.5%
13. Pro-social activities organized by the DTC	18	5	2.83	.86	11.1%	11.1%	61.1%	16.7%
14. Drug Court program overall	23	0	2.87	.97	13.0%	13.0%	47.8%	26.1%
Participant's Perception of the Protection of Rights					Not at all	Somewhat	Very	Completely
15. Protection of overall rights	23	0	2.13	.55	8.7%	69.6%	21.7%	0%

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 Wake County Adult Drug Treatment Court

REQUIREMENT	RESPONSE		STATISTICS		RESPONSE FREQUENCY				
	N	NA	Mean	Standard Deviation	Very Difficult	Difficult	Somewhat Hard	Easy	Very Easy
1. Making it to court appearances	22	0	2.50	1.01	4.5%	9.1%	31.8%	40.9%	13.6%
2. Attending mental health treatment services	11	11	2.45	.93	9.1%	18.2%	18.2%	54.5%	9.1%
3. Cooperating with mental health treatment program	11	10	2.18	.87	0%	9.1%	18.2%	54.5%	9.1%
4. Taking medication regularly	8	15	2.63	.74	0%	12.5%	37.5%	50.0%	0%
5. Attending SA treatment services	20	3	2.60	.94	5.0%	10.0%	30.0%	50.0%	5.0%
6. Cooperating with SA treatment services	21	2	2.43	.93	4.8%	4.8%	28.7%	57.1%	4.8%
7. Attending other services	16	7	2.81	1.28	12.5%	18.8%	18.8%	37.5%	12.5%
8. Going to drug testing	21	2	2.14	.91	4.8%	0%	19.0%	57.1%	19.0%
9. Cooperating with drug testing	20	1	1.90	.85	0%	5.0%	15.0%	45.0%	35.0%
10. Attending meetings with probation officer	21	1	2.05	.80	0%	4.8%	19.0%	52.4%	23.8%
11. Attending meetings with case manager	23	0	2.48	1.08	8.7%	4.4%	26.1%	47.8%	13.0%
12. Attending AA/NA meetings	23	0	2.91	1.47	21.7%	13.0%	21.7%	21.7%	21.7%
13. Participating in AA/NA meetings	23	0	2.78	1.24	13.0%	13.0%	26.1%	34.8%	13.0%
14. Paying court fees	23	0	3.00	1.09	8.7%	21.7%	39.1%	21.7%	8.7%
15. Paying court fines	20	2	3.25	1.21	15.0%	30.0%	30.0%	15.0%	10.0%
16. Staying away from bad influences	21	1	2.14	.85	0%	4.8%	28.6%	42.9%	23.8%
17. Staying clean and sober	22	1	2.45	1.01	4.5%	9.1%	27.3%	45.5%	13.6%
18. Staying crime-free	22	1	1.91	.92	0%	9.1%	9.1%	45.5%	36.4%

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%.**