DOUGLAS COUNTY DRUG COURT PROCESS EVALUATION

Prepared for

Douglas County Trial Court
Administrator's Office
Roseburg, Oregon

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Douglas County Drug Court Process Evaluation
Final Report

EXECUTIVE SUMMARY

Douglas County began planning in 1995 for the development of a drug court. In 1996, the Douglas County Drug Court (DCDC) took in its first clients. During its first 3½ years of operation, DCDC has changed the policies and procedures for dealing with adult offenders in Douglas County who are impacted by drugs, as well as made an impact on the lives of participants and their families.

Several key issue areas emerged during this process evaluation that have implications for the future of the DCDC as well as for those jurisdictions that are planning and implementing their own drug courts. The details of these areas vary greatly between jurisdictions, but need to be considered as part of planning and implementation.

- **Funding**: Douglas County Drug Court is an example of a drug court that operates successfully on very little money, but this lack of funds produced some limitations that suggest that there are advantages to having supplemental funding.

Recommendations:

  - ❖ Seek continuation funding to retain a drug court coordinator position. The person in this position would be responsible for developing an information-sharing plan, helping to facilitate the plan, and providing overall coordination of DCDC activities.

  - ❖ Seek supplemental funding, in the form of business community support and/or grants, to continue to offer program enhancements, such as linking program graduates with job opportunities.

  - ❖ Reserve funding to support innovative or individualized treatment modalities so that clients will receive the services they need, even if their health plan does not cover this care (e.g., residential treatment or acupuncture).

  - ❖ Continue to seek small monetary or in-kind donations to provide food or other small benefits for Alumni Group meetings.

- **Communication and Information Sharing**: Drug courts are a collaborative endeavor, and communication between members of the team is crucial. Douglas County Drug Court has faced challenges in communication and information sharing.

Recommendations:

- ❖ Plan a meeting with the DCDC Team to discuss and itemize information needs. This meeting would be a time for parties to talk about the information they have, the information they want, and when they need it during the process. It might be helpful to have this meeting facilitated by a person not directly involved with the drug court. The goal of the meeting would be to create an information-sharing plan. This meeting would also be a good time to discuss the database system, to see what is needed to help it meet the team's information needs.

- ❖ Plan an orientation for staff involved in the DCDC that includes an overview of how the pieces of the program work together. The orientation would provide information about the substance abuse treatment and court services clients receive, so that staff in either corrections or treatment will see their connection to the entire system.

- ❖ Designate a person whose job it is to gather and share information, or whose job it is to facilitate the implementation of the information-sharing plan, if another strategy of information sharing is preferred.

- ❖ Continue to hold DCDC Team staffing meetings before drug court sessions for addressing client-specific issues.

- ❖ Hold monthly Team meetings to address organizational or system-level issues.

- **Substance Abuse Treatment Services**: The placement of treatment services and procedures for accessing it affect the entire system, including mechanisms for information sharing and perceptions of the participants. Douglas County Drug Court began by using a community provider for substance abuse treatment services. At the time of this evaluation, it was considering moving treatment services to the corrections department.

Recommendations:

- ❖ Carefully consider the implications related to the location of treatment services in making the decision of whether to have a local provider or whether to bring treatment into the corrections department.

- ❖ Seek out and encourage legislative support for treatment funding.

- **Client Eligibility**: Each drug court must decide which offenders will participate. The criteria for determining eligibility affect the judicial system (procedures, caseloads, etc.), the treatment provider, and potentially participant outcomes. Douglas County Drug Court began by accepting only new arrestees and later moved to permitting probationers with the recommendation of a probation officer. Now that the DCDC has operated for several years, it is important to look at the outcomes of the participants, both completers and non-completers, to determine the efficacy of the program.

Recommendations:

- ❖ Set up the DCDC database to answer the following questions:
  1. What are the common characteristics of offenders in this population?
  2. What is the profile (or characteristics) of participants who successfully complete (and the profile of those who do not)?
  3. What is the profile of clients who are eligible but who do not enter drug court?

- ❖ Conduct an outcome study to look at these questions, to provide information about program modifications, such as eligibility guidelines, or changes in service offerings, for different groups of offenders. This study could provide information about the characteristics that make some offenders better candidates for drug court.

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Introduction

In spring 1999, the Douglas County Drug Court (DCDC) hired Northwest Professional Consortium, Inc. (NPC) to conduct a process evaluation. The following report describes the data collection procedures, documents the findings, and provides observations and recommendations that emerged as a result of this process evaluation. The report contains a brief historical overview of the DCDC, followed by information related to the policy and procedural areas that were the primary focus of the evaluation. In addition to descriptive information, this section provides "Issues" and "Observations" for each area. "Issues" are points of concern or interest raised by *key individuals* involved in the DCDC who were interviewed for this evaluation. "Observations" are points of concern or interest raised by *NPC staff* during the evaluation.

Information was also gathered from a focus group with DCDC participants and through study of the program's database. Findings from these sources are also presented. A summary at the end of the report includes the issues raised, observations made, conclusions drawn, and recommendations for the DCDC to consider as it continues toward its mission of decreasing drug offender recidivism and increasing the number of offenders who become healthy, productive citizens.

SECTION I: History

In 1995, the Douglas County Court Administrator decided to pursue the creation of a drug court program for Douglas County after attending a drug court conference in Portland. He had been involved with drug cases and had witnessed the hopelessness in these clients. The DCDC Program lead judge, Judge Millikan, agreed that the drug court was a good idea and advocated for the establishment of the program. A group of community members and key agency administrators began meeting weekly to analyze the possibilities of a drug court and to set up protocols. They received information from their prosecutor, who had clerked for Judge Haas' drug court in Portland, and collected resources from many agencies. A drug court team was established that included the District Attorney (DA), Defense Attorney/Public Defender, Treatment Provider, Judge, Probation Officer, and at a later point, the DCDC Coordinator.

The Team met weekly for 8 months to determine what to include in the petitions, what rights participants would have to waive, and which days to hold drug court. Judge Millikan decided to hold the first Douglas County Drug Court (DCDC) on January 15, 1996. Initially the drug court did not run smoothly. The court had not been able to fill an important clerical staffing position and as a result the DCDC staff did not have anyone to do paper work and to get orders to the jail and elsewhere.

The District Attorney (DA) worked cooperatively with the DCDC team and, to a degree, controlled the cases. The drug court originally had one track in which new arrestees entered the program and probationers were not allowed. This criterion changed after a short time and probationers were allowed into the program after April 1996.

Two defense lawyers have been involved with DCDC. One of them quit in response to the policy that the participants of drug court would have to give up their right to a trial.

Initially, not all parties were convinced of the benefits of a drug court. Some believed it would be too easy for the participants. The DCDC is now recognized as a tough program, with more monitoring than a usual drug treatment and/or probationary protocol.

In the DCDC, the judge chose to use drug court as a sanction for people who were not succeeding in traditional treatment programs by placing them in drug court as a condition of probation. From an offender's perspective, authority figures are typically negative, but in drug court, the judge's role is seen as a positive authority figure. The judge sets the tone for the DCDC. For example, the judge applauds offenders when they are successful and holds them accountable for their actions. It is valuable to the participants to receive this positive reinforcement.

Judge Millikan believes the best treatment program the county has to offer is drug court. This program has the most intensive supervision and monitoring, the most frequent urinalyses (UAs), the most treatment, and extensive judicial oversight. He believes that it should be an option for those offenders who need it.

The original DCDC Team composition remained constant until 1998, about 1 year before this evaluation. At that time there was some staff movement and some new staff joined the team. Changes in treatment provision, a topic under consideration at the time of this evaluation, would again alter the DCDC Team composition. Staff at the corrections department is discussing where treatment services will be located and who will be providing them. One option many staff have considered is to shift treatment from ADAPT, the current treatment provider, to parole and probation (corrections).

Initial planning of the DCDC did not take into account the varying rate of referrals from the drug court to the treatment provider. Therefore, the treatment provider has faced challenges predicting the number of clients they need to serve and adapting to the clients' different levels of need.

The established purpose of this program is to help participants recover from substance abuse and addiction and to teach participants to help themselves. Currently, the question exists as to whether the maintenance of cooperation and trust with the drug court participants will occur if treatment is placed in a correctional setting. This period of change is forcing all agencies involved to reach a higher standard, in both their services to participants and their communication with each other.

The Team concept and the strong leadership from the judge are vital to the success of the DCDC. The DCDC Team holds meetings prior to each Drug Court session. At the meetings, they discuss, or "staff," each client. Discussions may include areas such as problems, who will be attending the day's session, and successes. It is in these meetings that the DCDC Team does a great deal of communicating about participants and tries to discuss each participant coming in that day.

There is currently a draft policy and procedures manual for the drug court. The law enforcement piece will be integrated into the manual after this draft is approved. The manual will also include the new education and work programs that are under development.

SECTION II: Policy and Procedural Areas

RESEARCH AREAS

Comprising the primary component of the DCDC process evaluation, interview questions that addressed the following policy and procedural areas were formulated that would encourage the free flow of information about the DCDC program process. Interviews of staff and stakeholders focused on the following:

1. Screening criteria used to determine eligibility and acceptance into the DCDC Program.

2. The point in the criminal justice process where the program intervenes (e.g., pre-trial, post-conviction).

3. Description of intake and assessment procedures and screening instruments for identifying offenders who are appropriate for the drug court program (e.g., Addiction Severity Index).

4. Detailed description of the type of program established, its distinguishing structural features and the services provided.

5. Program response to relapses, what interventions are used when relapses occur, and what incentives for progress are offered.

6. Case management and monitoring procedures to ensure that each defendant is monitored closely, and a description of the drug court caseload's impact on the rest of the court system.

7. Description of the discharge and referral procedures used when a participant has completed the program (or failed to complete the program).

8. Description of the roles of the judge, prosecutor, and defense attorney and how their roles in the drug court program vary from roles in other courts in the judicial system.

9. Description of the type of coordination and cooperation that is required with other linkages in the system and what information is routinely available to judges/program participants.

10. Impact of the program on the community provider service system.

11. Impact of the program at the county and state levels.

12. Public policy issues that significantly affect the drug court program.

13. Effectiveness of the operation of the DCDC system and components or factors that make it effective or ineffective.

14. Barriers to the drug court operating effectively.

METHODS

In order to develop a comprehensive understanding of the Douglas County Drug Court Program, personal interviews were conducted with 23 key stakeholders involved in the development, implementation, and/or operation of the Program. At a DCDC Team meeting, team members identified other key individuals that they felt should be interviewed. Five NPC staff members conducted open-ended interviews with these individuals on June 15 and 16, 1999.

NARRATIVE DESCRIPTION OF POLICY AND PROCEDURAL AREAS: RESPONSES AND RELATED ISSUES

Screening Criteria

Screening criteria used to determine eligibility and acceptance into the DCDC Program.

The critical characteristics that determine eligibility for the DCDC Program include:

- The individual's arrest charge, specifically, possession of a controlled substance; endangering the welfare of a minor; frequenting a place where controlled substances are used, kept, or sold; and tampering with drug records.
- Whether or not the individual has previously participated in the drug court program.
- Whether or not the individual will be able to manage transportation, work, family, etc., in order to consistently attend the program.

The District Attorney (DA) ultimately determines an individual's drug court eligibility.

Individuals can become involved with DCDC either because of a new arrest or through the recommendation of a probation officer (PO). Regardless of how they enter the DCDC, they have the same treatment requirements and the same expectations for completion.

Probationers: Probationers who are convicted of crimes against a person are not eligible for drug court. In order to be involved in the drug court program, a probationer must be referred by his/her PO, and then the DA has a theoretical veto. If something occurs that triggers the PO to be concerned about a probationer's treatment, for example, a dirty UA, the PO presents the probationer with an option. The option may be to attend the drug court program or to have some other sanction. It is the drug court team's hope that only people who want to participate in drug court choose it as a mode of treatment. Because the suggestion comes from their PO (a person who has some control over them), they may view the suggestion more as a requirement. In addition, the probationer is often given the alternative of incarceration.

Issues:

1. Key stakeholders reported that there is a coercive element to probationers becoming participants in the drug court.
2. Due to the large caseloads of probation officers, individuals who may be eligible for drug court are not being screened because of time restraints.

Once an individual is in drug court, probation is primarily supervised by Judge Millikan. If an individual has a negative attitude, the PO will not allow her/him to attend the program.

New Arrests: For new arrests, law enforcement officers create a probable cause affidavit or a police report. The DA reviews each report, as well as cases from the Douglas County Interagency Narcotic Team, and then decides whether to allow the option of drug court. The DA assesses what occurred in a particular instance and determines the charge. The DA tries to make the charges realistic so as not to overcharge, and it is acknowledged that sometimes they undercharge individuals in order to direct them into drug court. Where it is appropriate, the goal is to get individuals into and through treatment.

Observation:

It is possible that drug courts redirect the charges for arrestees so that they can be made eligible for drug court, changing the flow of individuals through their system.

Other Charges Pending: All other charges associated with the drug charge must be resolved. For example, if a law enforcement officer arrests a shoplifter and finds her or him in possession of drugs, the shoplifter would be charged with possession of a controlled substance and theft. In order to be eligible for DCDC, he/she must plead guilty to theft and agree to restitution. The drug court deals with a driving under the influence (DUI) charge by plea or separate diversion.

Regular Diversion Cases: Regular diversion cases may be included in DCDC if, 1) the individual did not previously participate in drug court, 2) it is appropriate for her/him to receive treatment at that time, and 3) he/she does not have person crimes in her/his background.

Other Offenders: The DA does not want to allow Level 8 (e.g., growing marijuana) drug offenders to be eligible for drug court because this charge has a presumptive prison sentencing. Instead of eliminating their eligibility altogether, the judge may include drug court in their sentencing.

Defendants can also petition to enter the drug court program.

Neither sex offenders, nor offenders with assault/weapons charges are eligible for the program, due to requirements from a federal grant. Individuals who have some sexual offenses in their background are eligible as long as the current charge is not a sexual offense.

If it is an individual's first offense, there is not as much of an incentive to go to drug court. This lack of incentive is because the individual can take the probation option and have the charges wiped from their record. Drug court is a better option for repeat offenders, especially if the offenders would like to stop their drug use.

> **Observation:**
> Drug Courts have often been seen as primarily designed for first time offenders. However, in practice this perception may not be accurate. In the DCDC, it appears that first time offenders would be less likely to go to drug court.

Eligible defendants visit drug court to observe the DCDC proceedings. They meet with a public defender to learn about their rights and have 14 days to decide if they want to participate. The court files a petition and defendants are arraigned by the judge. If they decide not to take the drug court option, they are then indicted for their offense(s).

If they choose to enter drug court, clients then receive an assessment through the treatment provider. At the time of this report, the treatment provider was ADAPT. ADAPT uses the biopsychosocial model used by the State of Oregon.

Intervention Point

The point in the criminal justice process where the program intervenes (e.g., pre-trial, post-conviction).

The DCDC program may intervene in two places depending on the status of the defendant, at the time of a new arrest or during probation. For new arrests, the

DCDC intervenes pre-indictment. After an individual is arrested, the DA reviews the record, the individual is arraigned, and the DA writes a report. If a defendant decides to participate, he or she pleads guilty to the pending charges and enters the DCDC Program. Defendants who choose not to participate are then indicted for their offense(s).

Probationers who participate in the DCDC must be referred by their PO and approved by the DA. These participants enter the program post conviction.

Intake and Assessment Procedures

Description of intake and assessment procedures and screening instruments for identifying offenders who are appropriate for the drug court program (e.g., Addiction Severity Index).

Early in the process of entering the DCDC, the Public Defender (PD) has a primary role. The PD describes the program to prospective participants and explains the rights they forfeit by entering the program, including the rights to a jury trial and to file a motion to suppress evidence obtained from them. The PD explains the advantages and disadvantages to participation in the DCDC. Participation includes the following advantages: 1) the case will be dismissed if drug court is successfully completed, 2) the record of the arrest is expunged upon successful completion, and 3) if prospective participants have one prior conviction and enter the drug court program, they have an opportunity to get the previous conviction expunged.

The PD helps the defendant decide whether the drug court program is a good alternative for the individual given his or her circumstances. The PD assesses defendants' work situations, where they live, and whether they have transportation. These are important considerations because if they do not have transportation and they live far from the court then they face additional challenges attending the many meetings and court dates required. It is also important for the individual to balance work, family, and other responsibilities with the DCDC requirements.

An important element for a prospective participant to consider is that in the DCDC the DA can file a failure to appear in court charge (a felony). While the DA does have the ability to lower the charge to a misdemeanor, this aspect can be risky for the participant. So, if the PD is concerned the client may not make court due to transportation or other problems and/or an inability to follow through, then the PD considers these factors very carefully in deciding whether to recommend drug court for the client. The PD also screens mental health problems (e.g., memory lapses, etc.) that would be a barrier to a client's success in the DCDC Program.

Issues:

1. Several key informants reported that it was very difficult for a drug court participant to work/have a job in the current DCDC program. This issue is an important consideration, especially for participants with children or other responsibilities.
2. Potential drug court participants without transportation may not be able to participate due to the number of required meetings.

Observation:

The possibility of a failure to appear charge, paired with the large number of required meetings, at various times and places, could limit the type of client that can participate in the DCDC Program. It is important to consider the implications of this limitation, including 1) the original target population compared to the population actually served, 2) the need to revise the target population to include clients for whom drug court seems to be most effective, and 3) the possible elimination of services to a group of clients who might benefit from drug court due to the requirements of the Program (such as having a flexible work schedule, transportation, etc.).

For some individuals, entering the DCDC could pose more risks then benefits. However, for many defendants, the advantages and potential benefits far outweigh the disadvantages. If the defendant has a history of multiple felony convictions and a persistent drug problem, the DCDC is viewed as a positive alternative to probation. A different type of intervention, such as drug court, may be more effective for this individual than would the traditional probationary track, given her or his past experiences with that track. A drug court program may provide the additional incentive to get treatment for her/his drug problem.

Once the defendant has agreed to participate, the PD files a petition on behalf of the defendant that includes the police report and a copy of the UA lab report. The defendant then receives a full psychological assessment from the treatment provider and begins attending required treatment groups and making court appearances.

Prior to November 1998, the treatment coordinator used DSM IV criteria for assessments. At that time, the main focus was the client's current addiction needs. All areas of community services were accessed, including 12 step programs, tribal activities/Native American treatments or methods, Adult and Family Services (AFS), the Jobs Plus program, GED preparation, college enrollment, dental care, child care services, Confidence Clinic (a 10-week course for women), and psychiatric care if needed.

The current interview process utilizes an assessment tool called AMASS. This 15-page assessment takes approximately two hours. Assessments are conducted by the treatment provider counselor at the corrections department.

The residential treatment provider indicated that it uses ASAM criteria and a comprehensive biopsychosocial assessment using DSM IV criteria.

> **Observation:**
> Treatment provider activities and court activities are quite distinct. There is limited information sharing, especially related to details of drug court participants' program activities.

Program Description

Detailed description of the type of program established, its distinguishing structural features and the services provided.

The DCDC treatment model is a 4-phase program with frequent meetings, and the option of short-term residential stays. There are two types of participants, regular voluntary clients and mandatory out-of-probation clients.

> **Observation:**
> An outcome study would be useful to see if the two groups of participants (regular voluntary clients and mandatory out-of-probation clients) experience the DCDC differently, and if they have different outcomes. Also, the residential treatment drug court participants have a different experience in drug court than other participants and should be looked at separately.

Administrative and Budgetary Elements: The DCDC program started without designated funding. In order to begin operating in 1996, the initial team members gathered resources from all involved agencies by shifting funds within each agency and changing the ways staff members performed their duties. Some money for treatment was obtained from corrections, because some drug court participants would have been on probation and would have been attending the corrections treatment program but were instead at the drug court treatment provider.

In 1998, the DCDC received an enhancement grant for $64,179 from federal and local sources. This money was used for technology. The DCDC also received $1,000 per month for 18 months from the county commissioners' office to support acupuncture treatment. This money was received 2 years into the program and is now spent. More recently, the DCDC received $500 from the Oregon Narcotics Enforcement Agency (ONEA) and $75 from a local church, which the drug court used to fund drug court alumni events. While at this gathering the alumni were asked if they would be willing speak locally, mentor adults and youth, and testify before the legislature to encourage future legislation to fund treatment.

Observation:
Though it is possible to begin a drug court on a very low budget, there are drawbacks. The treatment provider staff faced budgetary constraints that impacted their ability to provide optimal services. For example, there were staff cuts and some of the line staff had offices that were in need of updating to meet code requirements. In addition, larger numbers of clients were referred from the drug court than the provider had anticipated. The providers' physical facilities were often not large enough to accommodate these numbers.

When the treatment services shifted from a fee-for-service model to a capitated HMO model there were some problems. About 1/3 of drug court participants are parole and probation/corrections referred, which means money for these clients comes from a different source than for other DCDC clients. Furthermore, some clients have insurance while others do not. The treatment provider initially received $300 per client and currently receives $400 per client, which still does not cover the cost of services provided.

Issues:

1. The Drug Court clients at the treatment provider have been a resource drain. Because of the shift in funding structure from fee-for-service to managed care, there has been a shift in treatment. The treatment provider has been working to gain the drug court's acceptance of the new treatment modification.
2. There are limited resources and agencies drawing funding from the same pool, which creates a difficult policy decision regarding which component of drug court treatment is more important (that is, substance abuse treatment staff/facilities vs. corrections staff/facilities). Any service reductions directly disadvantage drug court participants.
3. Some key respondents claim that they are spending less time and fewer resources on drug court cases, while others claim they are spending more time and more resources. This discrepancy may be a result of shifts in how each party began operating to accommodate the drug court or due to changes the agencies have faced regarding personnel, staff sizes, and client flow.

Observations:

1. If money for treatment is received through a managed care system, then it may cause a financial drain on the treatment provider. This issue is important to address so that the drug court system is sustainable, with sufficient treatment funding.

2. For future drug courts, pre-planning is needed to discuss expectations and limitations of the court, the treatment provider(s), and the corrections department.
3. While it is true that a drug court can be created and can succeed on a shoestring, problems may develop due to lack of resources, facilities, and/or staff. In the DCDC, each agency is absorbing the cost of its participating staff's time and resources as well as their drug court association dues.

Personnel and Time Allocation: The position of treatment coordinator, as it is currently structured, is more than a 40 hour per week job. This perception seems to be the consensus from those key stakeholder interviews in which it was mentioned.

Observation:
Due to the time intensive nature of the DCDC treatment coordinator role, it appears that there may be a need for two positions to share the expected duties, to prevent burnout, and to create a sustainable support base for the drug court.

Issue:
When POs are assigned such heavy caseloads, the level of supervision of DCDC participants decreases and there is not enough time for the POs to assess and identify potential DCDC participants.

Supervision may be provided by either Parole and Probation (Corrections) or the treatment provider, or both, depending on the participant. The probation group (participants who have a PO) and non-probation group are both supervised by the treatment provider and by the judge. Supervision is more intensive for probationers. It has been necessary to find creative ways of monitoring the non-probationers. Prior to November 1998, the treatment coordinator made surprise home visits and attended local events, citing participants on the spot for behavior inconsistent with their drug court agreement (such as drinking alcohol). The DCDC program has a good network of community resources to assist staff.

Level of supervision also depends on whether the participant is attending a treatment group. If participants are attending 12-step meetings they must write a summary of each 12-step meeting and how the meeting topic relates to them. During Phase I, the judge sees participants once a week in court. If the client is having trouble, the judge may see her/him twice a week. Phase 2 clients see the judge every 2 weeks and Phase 3 clients see the judge every 3 weeks. Phase 4 clients see the judge once a month. If the client is having difficulty, then the judge may see her/him more often. If the client produces a dirty UA or misses a group, he/she must go to court on the next court date.

The average length of participation in the DCDC program is approximately 12 months. Some participants complete the program sooner and some may take up to 2 years. Graduation ceremonies are held every 2 to 3 months. These ceremonies include a certificate presented to the participant from the judge.

Observations:

1. Because the length of treatment and level of supervision vary for each participant, there may be a hidden cost issue, particularly if the characteristics of drug court clients change over time. A cost analysis would augment the understanding of the impact of the DCDC program on the local social service system.
2. The differences in levels of supervision and monitoring between probationers and voluntary participants affect clients' experiences and may affect outcomes. An outcome evaluation comparing these two groups would augment understanding of the characteristics that contribute to successful completion of drug court.

The DCDC team is attempting to devise an awareness program for law enforcement, so officers may better identify drug court participants and can help monitor them while in the community. (For example, if an officer walks into a bar and sees a drug court participant there drinking, the officer could make a report to the court. Also, if the officer knows someone in the drug court program and sees them behaving appropriately in the community, the officer could approach the person and compliment her/him on how well he/she is doing.) There are conflicting views about this involvement of law enforcement. While some staff members support it, others believe it would add an inappropriate and uncomfortable level of oversight of the participants' personal business.

Observation:

One issue to consider related to an awareness program for law enforcement is the issue of confidentiality. The DCDC Team needs to decide if broadening the lines of communication between law enforcement and the drug court in this manner inappropriately violate the privacy of program participants.

Features of Treatment: In November 1998,the treatment coordinator at ADAPT changed. In order to gain a full picture of what substance abuse treatment has involved over the life of the DCDC Program, the time period prior to November 1998 has been described separately from the period from November 1998 to August 1999.

- Prior to November 1998: In Phase 1, the participant enrolled in treatment and attended court once a week. This phase lasted for approximately 30 days.

The participants began group treatment in Phase 2, which lasted approximately 12 to13 weeks, depending on the individual's competency levels. There was a case-by-case assessment and the team would decide whether to move the participant to the next phase.

Phase 3 moved the participant into relapse-prevention mode. In this transitional phase, participants were taught coping strategies on how to stay clean and sober long term. They were assisted, at this point, with the permanent changes sobriety would have on their lives, for example, related to their personal relationships. This phase lasted approximately 12 weeks.

Finally, Phase 4 was a maintenance phase where the individual would attend court two times a month. Treatment continued through group meetings. If a participant came close to having a relapse, or began using again, staff would bring her/him back into more intensive treatment, and if appropriate back into Phase 2.

- After November 1998: In Phase 1, participants attend educational group meetings, and are taught compliance stabilization to provide hope that they can succeed. The treatment provider indicated that the only times a client would not go into Phase 1 would be for demographic reasons such as living too far to feasibly participate in treatment at ADAPT. Phase 1 has so many group members it has been difficult for the treatment provider to provide much interaction. In Phases 1 and 2, residential treatment is offered and recommended for those clients who need it.

  In Phase 2, the participants are in the process of stabilization. The participants work on complying with the DCDC Program requirements; including attending treatment group sessions, attending Alcoholics Anonymous (AA) meetings, and achieving clean UAs. In this phase, clients are given tools to stay clean. The group meets twice a week, with a focus on the interaction between group members.

  Phase 3 is a relapse prevention period. The participants are given handouts and workbooks that teach them how to identify environmental cues which trigger their substance use. In this phase, clients are assisted in becoming more in touch with their lives. For example, they become more aware of their relationships with family members, spouses, etc. In some cases, participants receive couples counseling or extra groups for additional care.

  Phase 4 involves reintegration and reconnection with the community. Participants must be working, on SSI, or a homemaker. In this phase, they attend 12 step meetings and can articulate their own program of recovery.

Issue:
When the participants move into a different phase they change counselors, which is disruptive for them. Clients have to spend time developing trust and a relationship with a new counselor. The transition may also be disruptive if they are changing counselors due to a new treatment provider.

Observations:
1. Changes in treatment cause disruption to both clients and staff. This disruption affects treatment consistency and may slow the client's recovery.
3. Currently, interaction between Phase 1 clients is very limited (due to the limited space and funding). This limitation may affect the length of time that a client is involved with the DCDC Program and, if so, then it also affects all program and agency resources.

Treatment Options/Support Services: At one point, treatment was offered in the form of acupuncture, but due to the loss in funding it is not currently offered.

A "Women's Program" meets four times a week for 2 ½ hours a day with daycare provided when possible. There is a co-ed Intensive Outpatient (IOP) group (2 times per week) through ADAPT and Corrections IOP groups. There is a family component to Corrections IOP programs.

There are DUI-specific groups, with one major difference in treatment between DUI DCDC participants and regular DUI clients. There is not a requirement for regular DUI clients to attend DUI group meetings, whereas DCDC DUI clients are sanctioned if not in attendance.

Random Urinalyses (UAs): There was variation in descriptions of the use of UAs and whether they are random. Of the interviews and focus groups conducted, some individuals said that the UAs are random and that they are requested on a day-to-day basis at the discretion of the individual treatment counselor and/or PO. POs are authorized to perform home visits of probationers and can ask for an on-the-spot UA. Others involved with the DCDC Program believe that the UAs are not random because the individuals who would order the UAs are too busy. They described UAs being conducted on a regular, predictable schedule.

The treatment providers request UAs throughout the treatment process. As the participant moves through the program they have fewer and fewer UAs. During the first two phases, they are given UAs at least twice a week. If they have relapses, they may move down a level, though usually they are maintained in their current level if they admit in court that they used. Also, the judge might

decide during a court meeting to ask a client to provide a sample after the session that day.

Staff disagreements were identified surrounding abnormal or dilute UAs and relapse. The treatment provider (ADAPT) and some other staff wanted to call dilute or abnormal UAs positive due to herbal treatments ("Herbal Clean – Quick Flush") that are now available for cleaning drugs out of a person's system quickly. However, the judge made the decision not to call the abnormal or diluted UAs positive. Also, the judge and some staff have embraced the idea that relapse is part of recovery, while others feel that an expectation to relapse will result in relapse.

> **Issue:**
> The problem with not having random UAs is that participants may manipulate the system. For example, one participant, who confessed to having used, had been having UAs at the same time every week. He figured out when he could use alcohol and drugs while keeping his UAs clean.

Some staff members feel strongly about the need for specific action to be taken when a participant has an altered or abnormal/dilute UA. These staff members differentiated these UA results from relapse. They feel that these participants undermine the program and upset the process integrity. They believe that these participants should receive heavy sanctions or should be kicked out of the program.

Residential Program: Crossroads residential treatment is a Level 3 program. It is a community adult intensive residential program. The education standards are a bit higher than the typical residential treatment facility. They prepare individualized treatment plans and generally have 20 clients in the facility at one time, though they can accommodate up to 30 clients. Over 6 months, the staff does a complete biopsychosocial treatment. Clients are assigned to counselors, who become their case managers. The staff members who work at Crossroads have varied backgrounds, which has been intentional so they may deal with all issues that arise.

Even though some Crossroads clients are participants of the drug court program, they do not attend court or make visits to the judge. They receive an "excused absence" from drug court.

> **Observation:**
> Residential clients do not have to attend the court sessions of the DCDC program. Therefore, they are missing out on this important part of the treatment. A future evaluation would be useful to investigate the impact of drug court of residential clients.

Responses To Relapses

Program response to relapses, what interventions are used when relapses occur, and what incentives for progress are offered.

The response of the program to relapses depends on how one defines relapse. If the client is participating in Phases 1 or 2, periodic substance use is not considered a relapse; it is called a "use episode." Disclosures of use are encouraged, though they must be reported to the court. If the person freely discloses, the sanction is lighter. There are degrees of honesty within the disclosure. The degrees are as follows, free disclosure, disclosure before the UA comes back, admitting it after the UA comes back, and denial of use even after a dirty UA comes back. Each level of disclosure receives different sanctions.

If the participant has a relapse, the team discusses the case including how many "use episodes" or relapses the client has had and the situation that caused this relapse. Then the Judge determines sanctions. The sanctions depend on the number of times the person relapses, spacing of relapses, and the person's attitude towards the relapse (e.g., honesty, concern). The Team determines what response will most likely work for a specific individual. Using their combined information on each individual, the Team decides what will make a difference to the client's behavior, that is, a sanction or service.

When relapses occur, the DA does not always argue for a sanction. Due to the Team approach, the DA has a different role in the participant's treatment process. The court session operates as usual, where the Judge asks for a recommendation, and the DA offers one. However, sometimes the DA will recommend no sanction if he/she feels it would be better for the client. The Team believes there is utility to the courtroom process, but has added flexibility to incorporate a model of individualized treatment to fit each client's needs.

Interventions for relapse cases may include sanctions, such as time working on the landscape crew or work crew. Jail is sometimes used as a place for detoxification. Participants are sometimes required to see their AA sponsors more and/or increase the level of treatment. They may also have to sit in the jury box for the day in regular court, or submit to a polygraph test. Relapse prevention is a part of Phase III. The Judge sees clients every third week, but if they have a relapse he sees them more often. The participants do not necessarily revert to a previous phase if they relapse.

If a participant continues to have use episodes, the DCDC Team may add more intensive programs. When true relapses occur (Phase 3 and 4) staff talk about it within the treatment provider (e.g., ADAPT) and with the drug court team. The level of care changes, including increased contact with the treatment provider and with the judge.

Incentives for progress are offered. After each phase completion the participants receive certificates. They also receive certificates and ADAPT coins for graduation. If clients advance quickly they can come to group and court less often. The faster they complete treatment, the faster they can graduate. Also, if they are on probation and complete the program quickly, often the DA will release them from probation. Other incentives include, 1) avoiding incarceration, 2) being able to retain custody of children, 3) receiving kind words from the judge and 4) being part of an alumni group. Others may receive letters of reference and support for jobs, schools, and/or child custody cases. Of course the biggest incentive for some participants is to get their charges expunged.

> **Issue:**
> There appears to be general agreement that relapses are a part of recovery, but when the participants have altered or diluted UAs, the judge and the prosecutor do not typically agree regarding when sanctions or even termination of participation are appropriate.

Staff members in the residential program try to refer clients to another program once they feel they have done all they can for them. Sometimes the staff tries to re-stabilize participants, for example, for 10 to14 days clients are placed into safe housing in the community. During the last 2 weeks of treatment, clients participate in outpatient treatment and in a transitional process to the community. Completion rates have increased due to this transitional process focus.

Most clients respond well to the structure provided in the residential program. Staff did not think they had any drug court participants who returned. Generally, the clients who return are referred from elsewhere and tend to return multiple times.

Case Management and Monitoring Procedures

Case management and monitoring procedures to ensure that each defendant is monitored closely, and a description of the drug court caseload's impact on the rest of the court system.

Supervision mainly occurs through the treatment provider, with the judge also providing oversight. Client who are on probation have both a treatment counselor and a PO. Staff members believe that the case management and monitoring procedures have been effective. The DCDC Team is trying to determine if it is a cost-effective program and is having difficulty doing this.

The goal of the monitoring procedures is to hold participants accountable. The DCDC has a wide network in the community, which helps staff keep track of participants. On occasion, the DCDC uses polygraph test with clients. Non-probation monitoring is more difficult and staff members need to be more creative with these clients. They use group meetings, call employers, and ask other drug

court participants. Staff found that one of the most successful ways of gathering information was through spouses also participating in the DCDC.

A lot of time and effort are spent on these cases, from team meetings to meetings with participants. These clients use more court time than other offenders, but significantly less time than if they were on probation or went to trial.

The caseload for the Judge has been impacted immensely because 95% of drug cases, most of which he takes, do not go to trial. Initially drug court overloaded the docket, which led to the decision to hold drug court only on Mondays and Thursdays.

Drug Court has not adversely impacted the other judges. In fact, it may even have impacted them favorably. All drug court eligible cases are assigned to the drug court judge, so he has fewer other types of cases. So, even though he spends more time on drug court cases than he used to, his caseload is the same size. Other judges are satisfied with this system. The drug court caseload impacts the rest of the system by speeding up docketing. The drug court lessens the load because there are no motions to suppress with drug court participants. It lessens law enforcement court time and the trials are shorter even when the participant fails the program.

From the PO's perspective, drug court clients are less work because most clients complete the program. The DCDC has a good track record of participants not returning to the justice system. Drug court saves DA time, grand jury time, motion to suppress time, and trial time, but it is yet to be universally popular.

> **Observation:**
> It is unclear what the net effect of the drug court is on the time and other resources spent to operate it compared to justice system or court processing before the drug court. Future evaluations may want to document the costs and cost offsets to make a quantitative comparison.

Discharge and Referral Procedures

Description of the discharge and referral procedures used when a participant has completed the program (or failed to complete the program).

Drug court graduations are large and important celebrations. They are held in the courtroom during court. Family and friends are invited and coins and certificates are given to the graduating participants. Cake and punch are provided and pictures are taken with the judge. There is an alumni group that was formed and they hold reunions at the local pizza restaurant.

After program completion, the participant may contact the DA to ask for her/his charges to be expunged from the record.

It is the consensus of the DCDC Team and others involved with the drug court that participants only fail if they really do not want to be in the program. The judge will work with the participants as long as they are willing to put forth the effort. If a probationer opts out, then the judge holds a probation violation hearing and decides on sanctions. Sanctions may include jail time or being placed back on probation. If a new arrest participant opts out, he or she has a stipulated facts trial.

The judge has discretionary power to extend a participant's program, probation, or other drug court requirements. If the participant is non-compliant with drug court, a stipulated facts trial is held at which point the judge reads the police report and decides if the defendant is guilty or innocent. The defendant does not have the opportunity to testify. In most cases, the defendant is found guilty, though there have been a few cases where the defendant has been found not guilty. After the decision, the defendant is generally sentenced to probation for 6 months and is often required to attend mandatory treatment. In these cases, the participant attends treatment again (for example, at ADAPT), but not as a drug court client.

> **Issue:**
> There is some disagreement about how long the DCDC team should work with participants and when they should bring them back into the regular judicial system. The DA would rather not give multiple-relapse participants continued lenience, whereas the judge may allow them to stay in the program after a number of relapses.

Description of Roles

Description of the roles of the judge, prosecutor, and defense attorney and how their roles in the drug court program vary from roles in other courts in the judicial system.

The roles of the judge, prosecutor and defense attorney vary from roles in other courts in the system due to the drug court's team approach. Respondents agreed that there is more give and take and open communication among the parties involved. Decisions are made based on what is best for this person, not best for the state or the law.

Defense attorney/Public Defender's Role: At the beginning of an offender's exploration of drug court, the PD ensures that the facts support a defendant's guilt, that the defendant understands her/his rights, and that the defendant understands he/she has given up these rights. The PD makes it clear that if the defendant participates in the program, he/she is effectively pleading guilty. If the client does not complete the program and has a stipulated facts trial, he/she will

be found guilty. The PD is present at court appearances as the client's legal defense, and provides advocacy at pre-court sessions, attends meetings on behalf of the client, argues for lesser sanctions, and attends graduations. The PD's phase out over the course of a year and replace each other.

Judge's Role: The judge sees the client on a weekly basis and is the ultimate decision-maker. The drug court team defers to the judge. The judge's role differs from the role in other courts because drug court is a relaxed courtroom where the judge develops a relationship with the client and projects a more personable and human side. The judge speaks directly to the clients in drug court, whereas in regular court he would speak through the attorneys.

District Attorney's (DA) Role: Respondents agreed that the DA has a difficult role because usually he/she will be the most abrasive presence in the court, due to her/his responsibilities. The DA will advocate that the participant should go to jail or be sanctioned. In other courts in the system, the DA's role is to see that defendants are held accountable; in drug court this role is similar but there is more familiarity with the client. The DA has a lot of discretionary power. He/she knows that if there is an addiction it must be treated, but sees the criminality as overriding the addiction. In defending the interest of public safety, it is the DA's role to advocate that the defendant should go to jail. In drug court, however, the DA is more likely to advocate for the client than the law.

Coordination and Cooperation

Description of the type of coordination and cooperation that is required with other linkages in the system and what information is routinely available to judges/program participants

Respondents agreed that full cooperation is very important to the drug court program. While there is a great deal of coordination and cooperation, a large gap in communication continues to exist between the court, probation department and service provider.

Some staff attributed this communication gap to the transition from unnatural roles to a more natural team concept. Each party knows its own role but does not fully understand the roles of other parts of the system. There has been a level of unwillingness to accept and cooperate with the other parties' systems and ideologies. As a hypothetical example, treatment providers historically do not believe that sanctions work to change behavior and law enforcement agencies often do not understand treatment. The process of molding different ideologies into one has not been met with great enthusiasm from all individuals involved, yet changes are happening. The program is ever evolving, influencing both corrections and treatment staff. Law enforcement officers have the opportunity to see positive changes in the people they have arrested. In fact, the arresting officer attends the graduation of the participant.

There is a lack of communication between the court, probation department, and service provider regarding how many clients the treatment provider can treat. Improved cooperation and coordination with POs would help keep referrals to a manageable level. Another challenge is that probation officers are overwhelmed with cases, and even if a PO identifies people who would benefit from drug court, he/she often does not have time to follow through with the recommendation and referral process.

The DCDC Team is cooperative and trusting of each other and speaks freely about participants at staffings. The team members all agree that this open communication is the best for the client. The judge does not need to coordinate the communication, but he does need to be the center of the information loop and decision-making process, so that there is accountability. The more information available to the court, the more effective the treatment is going to be. The team hopes the legislature will fund a staff position that will be responsible for smoother communication and accountability among parties.

One primary asset of the DCDC program is the judge's commitment to build relationships with the clients. While he imposes sanctions when necessary, he encourages the participants to continue their good work. The judge communicates with clients on a personal level, asking them about their children, their relationships, and their lives. The judge gives concrete praise that is important to the participant's self-esteem and assists in her/his progress in the program. The judge might be the highest level of authority participants have ever encountered, and yet participants feel that this person cares about what is happening to them.

Staff members reported that the drug court still needs to develop greater linkages with education, employment, and other community services.

> **Issue:**
> Key stakeholders reported that there is a need for 1) greater public knowledge of and education about the drug court and 2) more financial help.

Information that is routinely available to judges and program participants:
There are many different levels of understanding of what information is routinely available to the judge and even how he receives it. Generally speaking, the judge receives verbal information from the treatment providers and he can access the treatment reports on the computer. The judge is kept abreast of progress and treatment through pre-court conferences (staffings) and written reports.

The DCDC Team used to talk about each participant at length, but is not able to do that anymore. Now the judge receives reports the night before, tries to read them, and asks about the clients who need attention. Then, in the pre-session

meeting the Team discusses sanctions, clients close to completion, and other large issues.

The judge does not receive the amount of information he needs from the treatment provider. Apparently, the reports have changed due to a new computer software program and the information is not only difficult to read but is in some cases inaccurate or missing. The new software also creates three times the paperwork. The input time has increased and the treatment provider (ADAPT) has a person who spends 1 or 2 days a week inputting reports. As the number of drug court clients has increased, the slower the court has been at getting people on the docket. When the person at the treatment provider (ADAPT) downloads the docket to see who the judge needs information on, the participants may not be there yet.

The treatment information then does not get to the judge and the Team tries to go by the treatment coordinator's notes to double-check the docket. Currently the treatment coordinator does not always include all details of treatment on the reports that go to the judge because of confidentiality issues. If the judge really needs to know she tells him in person.

> **Observation:**
> The expectations or requirements of certain roles or positions, regarding communication and information flow to other agencies and the judge, need to be clear when the individual begins working with the drug court.

The problems with inaccurate or missing information have been detrimental to the drug court process. Without access to information during staffings, the team cannot coordinate and negotiate sanctions and incentives as effectively. The judge does not like to hear about problems during the court session. The flow of accurate information is important for having adequate time to plan and for the judge's ability to control the drug court atmosphere.

> **Observation:**
> To increase communication, the DCDC could implement an orientation or training of agency and court staff involved with the drug court program. The training would educate existing staff and new employees about the expectations of the drug court program, agencies' objectives, agencies' and court limitations, and agencies' and court processes.

Program Impact on Provider System

The impact of the program on the community provider service system.

The treatment providers have shifted more of their services to help clients in the criminal justice system. The primary treatment provider had to broaden its

continuum of options because the participants were not getting the necessary treatment. Based on newspaper articles written about it, the drug court seems to be enjoying a positive public perception.

Program Impact on Douglas County and the State of Oregon
The impact of the program at the county and state levels.

The consensus of respondents is that the drug court has had a very positive impact. Not everyone believes that the impact has been felt so widely yet, but all believe that the possibilities of this program are immense. It has created better connections and new relationships between old roles (e.g., the DA and the public defender).

Most of the individuals involved with the program mentioned that the drug court has greatly impacted the families, and particularly the children, of the 80 or so graduates. There are now more than 80 taxpayers back in the community with families who are not using the resources of Services to Children and Families (SCF) or the sheriff's office.

Some respondents mentioned that the community crime rates are dropping due to imprisonment of drug manufacturers and the expansion of the drug court program. With this model, the justice system can target true criminals for prison and work to rehabilitate individuals who committed crimes because of drug or alcohol problems. Staff estimated that 90% of crime is drug-related.

Responses were mixed as to whether the DCDC has impacted the State. While they have not seen a real impact yet, a large percentage of the drugs in Douglas County come from all over the state. Getting the growers and buyers into the program cuts both export and import of drugs.

Some staff feel that the awareness of drug courts has increased at both the legislative and treatment provider levels. This increased awareness could translate in the future into increase support and funding for drug courts and substance abuse treatment.

Identification of Public Policy Issues
Public policy issues that significantly affect the drug court program.

One public policy issue that affects the drug court is the way Oregon funds treatment services. The funding tends to be fractured in that there is funding for a corrections individual and not for a non-corrections individual. The money is moving from pre-plea to corrections so the defendant will need to submit a plea in order to get into the drug court and treatment program. It is also difficult for social services to be vying for the same pool of money. For example, instead of having the needed number of probation officers and treatment staff, the drug

court has to decide between the two. Either way, needed services to clients are lost.

Some people believe that it is inappropriate for corrections to take on the role of treatment provider, due to the inherent conflicts between the corrections and treatment roles. Combining these roles may hinder the development of trust, the maintenance of confidentiality, and the feelings of safety that are needed for treatment to be effective.

Other public policy issues that may affect the drug court are the medical marijuana statute and the social pervasiveness of alcohol.

Effectiveness

Effectiveness of the operation of the DCDC system and components or factors that make it effective or ineffective.

When developing the drug court, the DCDC team modeled it after existing drug courts, then looked at the resources available to them and adapted to what was available. The consensus among respondents was that the drug court is a positive program and that the people involved in it must always be prepared to inform the community about its benefits.

The DCDC has the opportunity to have a broader societal impact if it can maintain its operational effectiveness, because almost all crimes are drug related, and most arrestees are eligible. The drug problem in Douglas County is actually increasing, so it may not look as if the drug court is making a difference. However, staff members are certain that they are making a difference in the lives of the participants and their families. The successful participants are not involved in additional crimes, which benefits the community as a whole.

Factors that make it effective or ineffective:

The drug court is only as strong as its team, so it is essential that each component be completely committed to the goals of drug court. A program like drug court needs the commitment of its partner agencies and departments, to training, the development of trust, and the maintenance of strong working relationships. The problems DCDC has faced have related to gaps in communication, lack of coordination and team building, confusing computer software, and incomplete information from the treatment provider.

Factors or characteristics that facilitate the DCDC's effectiveness include:

- Case dispositions where there is immediate action on a case and it is not waiting to go to court.
- Being able to see the end results.
- Law enforcement having input during the process.

- The structure of the program makes people more open to treatment. The drug court environment puts client in a treatment mind set and the court involvement provides participants with incentives to attend and complete treatment.

The drug court program is cost effective. Some people are arrested more than 30 times and are on probation over and over. It is hoped that the results of the drug court will show that participants become repeat offenders less often, and use fewer court and probation resources.

Factors or characteristics that hinder the DCDC's effectiveness include:

- Program needs more prior assessment for eligibility before taking people in.
- People who are not succeeding in the program should be cut out faster and the program should only keep those clients who really want to participate.
- Clients who cannot maintain employment, who do not have support systems, and who lack a stable home environment.

Additional strengths of the DCDC Program include the two-track system, the potential for good communication, lack of recidivism (at least anecdotally – an outcome evaluation could test this assertion), and the Alumni Association.

Weaknesses of the DCDC Program include lack of accountability, lack of shared information about the specifics of the treatment program, lack of recognition, the drug court not being taken into account in judges' caseloads, and the lack of communication between the treatment provider and the court.

Barriers

Barriers to the drug court operating effectively.

There are several barriers related to the quality and quantity of contributions from key players in the drug court system. A few key stakeholders reported that the quality of treatment has decreased, causing the program to become less effective overall. The treatment provider (ADAPT) feels stretched with too many participants and not enough funding for necessary programs. The DA has also been stretched and has been having trouble getting to staffing meetings. Also, the POs have heavy caseloads that do not allow for time to be spent identifying and referring clients to drug court. All of these constraints combine to create an atmosphere where communication and time are limited. Other barriers include personnel problems (staff members who are involved must be committed), a lack of communication, and a lack of understanding of other partner systems.

Another barrier to the future of the DCDC Program may include legal problems with probation supervising the treatment of drug court participants.

One area where local businesses and community perception could help with overcoming barriers is in the area of transition. Phase 4 of the DCDC Program provides a reintroduction into the community. By receiving support from the community, these individuals will be able to make the transition more successful. Participants must be able to support themselves and their families or else they may revert to criminal behavior.

SECTION III: Drug Court Participant Focus Group

BACKGROUND/METHODS

In order to obtain the client perspective on the DCDC, two focus groups were arranged, one with drug court graduates, and one with drug court participants who did not complete the program. Eighteen graduates and twenty non-completers were randomly selected and invited to participate in the focus groups.

Letters were sent to all 38 former drug court participants, inviting them to the focus groups. Phone contact was also attempted. Some individuals did not have phones, and many phones were disconnected or were now wrong numbers. Five graduates and two non-completers were successfully reached by phone. Two of the letters sent to the 18 graduates were returned and 9 of those sent to the 20 non-completers were returned. One non-completer was deceased.

Of the 18 graduates invited, 15 received a letter, and 4 came to the graduate focus group (27%). One additional graduate also attended because he was invited by another graduate who had been in the same treatment group. Of the 20 non-completers invited, 10 received a letter, and none came to the focus group (0%), though one person contacted by phone said he would come. The lack of attendance by non-completers may be, in part, because many of them had moved so our invitations did not reach them. This mobility may be an indication that non-completers are less stable than graduates, which would be expected. However, the changes of address may also be due to the dates when the non-completers left the program compared to when the graduates left the program. When these dates were examined it was found that the non-completer group had left the program an average of 7 months before the graduate group.

Fifteen additional former drug court participants were invited from the drug court alumni group. All 15 received letters and 9 were contacted by phone. Two of these people attended the graduate focus group (13%).

In all, there were 7 graduates who attended the focus group. The low attendance rate for the graduate group and lack of attendance in the non-completer group may have also been due to short notice, since many of the former drug court participants selected were informed of the focus groups less than a week in advance.

RESULTS

What the participants liked.

Participants reported that they were impressed with ADAPT counseling, that the counselors were there when they were needed, and that they liked having

different types of treatment available for those who required it (e.g., residential, intensive outpatient, etc.) The different phases helped the participants feel that they were making progress and gave them the incentive to keep doing what they needed to do to graduate. An additional incentive was the possibility of graduating early if they did well in each phase.

They found the group meetings at ADAPT very helpful. They felt they could be open during group; they could talk about how they felt about things and could say whatever they wanted. The group gave them the opportunity to "fess up" about relapses and then work it out. They appreciated the personal attention in the group and the one-on-one counseling, and also that they had a choice about how much one-on-one they received. (There was a certain amount required but the counselors were available for more if a client asked.) Group members helped each other "like a family." If participants stuck together with their treatment group, they had new friends from within the group who could help each other through the process.

The graduates found the courtroom sessions educational. These sessions helped the participants realize that the court was "playing hard ball." There were clear penalties and swift sanctions. The graduates also appreciated how the courts and the treatment provider worked together. If a participant was on the verge of relapse, the group knew about it. If the participant did relapse, the court held her/him accountable for it. Everyone worked together for the same cause.

Overall, this group of graduates felt that the drug court worked very well and that the drug court team worked very well together. They felt that the expectations and timelines were clear. The drug court program put a lot of responsibility on the clients and made them accountable for their actions. One participant said that the drug court forced him to stop using and once he stopped, he understood that he had a choice; that the opportunity was still there to "screw up," but that he did not have to take it. Another graduate voiced that the drug court gave her a better outlook on life and a realistic view of work. She now has job when she never did before the drug court program. The focus group participants agreed that the drug court gave them a chance to get smart and better themselves and gave them the tools to understand themselves better and to function better in society.

What the participants disliked.

The focus group participants had fewer dislikes than likes about the DCDC program and were more often divided about what they did not like. However, there was unanimous agreement on dislike of the urinalyses (UAs). The graduates found the UA process uncomfortable and degrading. If they were unwilling or unable to give a sample they were considered non-compliant. They were expected to give a UA sample at every group meeting though sometimes they would not be asked for a sample until the end of the session. This meant

that they had to hold it for the duration of the meeting if they wanted to be prepared to give a sample when asked.

Some participants did not like seeing the judge every week. They believed the judge was “an awesome man with a big heart” but it was still difficult to stand in front of an authority figure every week.

One participant found the one-on-one treatment unhelpful. He felt that he had already said what he wanted to say during group so the one-on-one was a waste of time.

How participants perceived their treatment by the drug court staff and treatment providers.

These graduates reported that the drug court staff always treated them respectfully, though the drug court clients did not always treat the staff respectfully! The staff was professional and dispassionate with a lot of compassion for addicts. The graduates felt that they had a “great relationship” with the judge and that the drug court staff members were “great” people. They felt that they had gained the respect of the drug court staff by completing the program.

When asked about the treatment provider staff, the participants had less to say. The consensus was that their treatment by the provider staff improved over time, especially when the provider became linked to the court, and that they were treated better by the court.

Barriers to successful drug court completion.

Some barriers for these graduates to successfully completing the DCDC program were submitting to the program rules and coordinating their lives around the drug court process, though they admitted that this coordination was part of the treatment process that helped them get their lives in order. Others said these things were not so difficult. They all agreed that changing one’s life is difficult, for themselves and their children.

Suggestions for improving the drug court.

One suggestion for improving the DCDC program was to expand it by adding more judges, more treatment centers, and more court locations (so people would not have to travel so far to get to all their appointments). Another suggestion was that there should be more support at the end of the program, a continuing support network. The graduates felt that maintaining connections would be helpful, but that it must be a personal endeavor, not required by the court. Some participants felt that people should be able to go through the drug court again if an individual graduated and then relapsed.

There was strong agreement for the suggestions that the treatment provider avoid changing the treatment counselors during a phase and between phases because it is difficult to keep the trust and rebuild the rapport.

Other Comments.

One thing that stood out in their drug court experience for all the focus group participants was that people they did not expect to care about them really cared about them (e.g., the judge, SCF, AFS, parole officers, the DA, and other drug court clients in group). However, the participants believed that the court cannot make clients turn their lives around; it is up to the client. Those clients who did not complete the program just did not want to give up the lives that they were used to.

Other comments about the process of turning clean and sober was that it takes 8 or 9 months of being completely clean before the brain starts functioning again. At the beginning of the treatment process, the participants are resistant to it but it feels different after those months go by; there is a change of personality that takes place.

Finally, participants found that a lot about the drug court had changed since the beginning 3 years ago.

SECTION IV: Existing Database Analysis

The evaluation team obtained a copy of the existing DCDC program participant databases. The database program was extremely challenging to use and it became necessary to transfer the data into a different software program (SPSS 8.0 for Windows) in order to be able to manipulate the data and do any analyses.

There were several different database files with different kinds of information in each file, though there was some overlap. Types of information included in these files were demographics (e.g., name, sex, date of birth, native language, and education level), DCDC client urinalyses results, employment history, arrest charges, and drug use habits.

Unfortunately, most of this information was not what was needed or was not in a format that made it possible to answer the questions the evaluation team proposed. The information in these databases was on drug court participants only and did not include people potentially eligible for the drug court who did not participate. Also, the participant information provided did not allow the evaluation team to differentiate between participants who graduated and participants who did not. Much of the data in these files were coded and the definitions for those codes were not readily decipherable or were not available to the team. Finally, each database file had a different number of participants, which raises the question of whether these files are complete or if there were participants who were entered into a database file than once.

Observation:
The DCDC database system is not convenient to use and it is difficult to get any meaningful statistical information from it. Training for drug court staff and service providers on the database or consideration of a different system is recommended so that the DCDC can access and use its data.

SECTION V: Conclusions and Recommendations

CONCLUSIONS & RECOMMENDATIONS

Several key issue areas emerged during this p rocess evaluation that have implications for the future of the DCDC as well as for those jurisdictions that are planning and implementing their own drug courts. The details of these areas vary greatly between jurisdictions, but need to be considered as part of planning and implementation. The areas include funding, communication and information sharing, substance abuse treatment services, and client eligibility.

Funding

Drug courts can be operated on very little money, but there are some advantages to having supplemental funding.

> Douglas County Drug Court operates on a minimal budget and has been able to make both system- and individual-level changes. It has been successful in part because of the personal commitment and hard work of key members of the judicial, corrections, and treatment staff. Drug courts do not need to be viewed as an addition to the current system, but can be developed as a change in the way the judicial system operates. Though drug courts often increase the supervision time for each offender, they have the potential to decrease future contact (fewer subsequent offenses) with those participants. Because team approaches like drug courts require additional communication between professionals, resources to facilitate this process are recommended. However, if the drug court is effective, the decreased recidivism will lessen the future burden on these staff members.
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> In 1997, Caroline Cooper conducted a national survey of drug courts and compiled a report on drug court policies and procedures[1]. According to this report, over one-third of reporting programs received local funding to support their drug court. This funding was often provided by special appropriation of the local governments. About 25% of drug courts reported receiving federal funds and 25% reported receiving funds from a local law enforcement block grant. Other sources of funding were private foundations and asset forfeiture funds from the local police department. The Douglas County Drug Court has received very little of this kind of funding. Though their program has been extremely successful on a very small budget, additional funding would be useful.

[1] Cooper, C.S. (1997). 1997 Drug Court Survey Report. OJP Drug Court Clearinghouse and Technical Assistance Project, U.S. Department of Justice. [http://gurukul.ucc.American.edu/justice/exec1.htm]

When available, additional funding can be used to:

- Provide staff to assist with coordination and support communication between team members.
- Provide staff to decrease caseloads and increase the capacity for case management and supervision.
- Provide staff to create program enhancements, such as assistance for program participants with job training, educational development, parenting skills and family support or reunification.
- Provide augmented treatment services, such as additional sessions or services that are not paid for with existing health care coverage.
- Provide support for aftercare or continuing support services for graduates.

Recommendations:

- ❖ Seek continuation funding to retain a drug court coordinator position. The person in this position would be responsible for developing an information-sharing plan, helping to facilitate the plan, and providing overall coordination of DCDC activities.

- ❖ Seek supplemental funding, in the form of business community support and/or grants, to continue to offer program enhancements, such as linking program graduates with job opportunities.

- ❖ Reserve funding to support innovative or individualized treatment modalities so that clients will receive the services they need, even if their health plan does not cover this care (e.g., residential treatment or acupuncture).

- ❖ Continue to seek small monetary or in-kind donations to provide food for Alumni Group meetings.

Communication and Information Sharing

Drug courts are a collaborative endeavor, and communication between members of the team is crucial.

As with any organization or system, effective communication is important for successful outcomes. Communication can become even more challenging when the team includes members from different organizations with different backgrounds, professional languages, and objectives. Drug courts involve people who are experienced in the world of corrections and people who are involved in the world of addiction treatment. Often these two worlds have different goals and philosophies. By bringing them together, the clients are well served and have great potential for change.

However, this merging is a challenge and requires commitment and determination on the part of the professional staff involved.

In Coopers' 1997 National Survey, the most frequent problem encountered by drug courts was breaking down barriers among the coordinating agencies and the treatment providers. This problem was resolved by 1) ensuring continuing and consistent communication between the agencies and the providers, 2) providing education for those staff members outside the treatment provider on the nature of substance abuse and recovery, and 3) clarifying the procedures and policies of the drug court for all the agencies and providers involved.

The following tools can facilitate communication:

- *An information-sharing plan*. During planning or during times of change, it is important for the team members to be explicit about what information is needed or helpful for them to receive. If a team member is not satisfied with the type of information, it is important to resolve that issue and find out what information would be helpful to make the drug court more effective.

- *Reports*. The information-sharing plan may include key reports that are produced regularly for the Drug Court Team members. These reports need to be simple to produce and use. They should include all (and only) the information that is desired by the team. Most database systems have a report creation function.

- *A designated person whose job it is to gather and share information*. This role should be explicit and should be part of the person's job description, expectations, and compensation. There may be one person for the Drug Court Team or a person from each party who works on this task together.

- *Regular team meetings*. Even with an information contact person, the parties all need to meet regularly to share information about participants and about how the system is operating. DCDC does this by having team staffing meetings before every drug court session.

- *A shared database system*. In Cooper's national survey, the majority of drug courts reported that they were maintaining various pieces of evaluative information on participants. However, very few drug court programs indicated that the information they compiled was in a readily accessible format, or that it was being maintained on a systematic basis. One of the most effective ways to share information is to have all team members able to access a shared computer system. In order to work, all parties must know what the system can do and how to use

it. The system also needs to be easy and quick to use. Anyone who has information must consistently enter it and anyone who needs information must know where to look to get it. The system must have the capacity to generate usable reports, especially if not all team members are linked directly to the database.

Recommendations:

- Plan a meeting with the DCDC Team to discuss and itemize information needs. This meeting would be a time for parties to talk about the information they have, the information they want, and when they need it during the process. It might be helpful to have this meeting facilitated by a person not directly involved with the drug court. The goal of the meeting would be to create an information-sharing plan. This meeting would also be a good time to discuss the database system, to see what is needed to help it meet the team's information needs.

- Plan an orientation for staff involved in the DCDC that includes an overview of how the pieces of the program work together. The orientation would provide information about the substance abuse treatment and court services clients receive, so that staff either in corrections or at the treatment provider will see their connection to the entire system.

- Designate a person whose job it is to gather and share information, or whose job it is to facilitate the implementation of the information-sharing plan, if another strategy of information sharing is preferred.

- Continue to hold DCDC Team staffing meetings before drug court sessions for addressing client-specific issues.

- Hold monthly Team meetings to address organizational or system-level issues.

Substance Abuse Treatment Services

The placement of treatment services and procedures for accessing it affect the entire system, including mechanisms for information sharing and perceptions of the participants.

The availability of treatment services for alcohol or drug use and abuse is an important component of any drug court. The content and location of these services differ between jurisdictions and will need to be individually tailored to the needs of the local community. In making this decision, it is important to consider:

- *Funding sources to cover treatment*. Because treatment is so important to the drug court concept, treatment services need to be established so that they can be easily funded. Health insurance plans and public

health plans vary in their coverage and limitations, and may only cover services by certain providers. Covering treatment services can be expensive without these sources of funding.

Managed care can have a serious impact on the treatment providers' ability to deliver services. Those programs in Cooper's national survey who indicated that managed care had impacted their services reported problems such as limitations in the nature and extent of the services available, in the rates of reimbursement, and in the assessment process used to identify individuals in need of services. Nearly half of the drug court programs reported no impact from the changes in managed care. These programs were shielded from the impact by drawing on resources outside of the general treatment funding pool to pay for services. This finding has implications for how a program might decide on where to get its funding dollars.

- *The capacity and interest of community providers.* Drug courts offer a potentially new source of clients for providers. Providers may view the connection positively, as welcome new business and as involving clients who, due to the requirements and power of the court, are more likely to attend and complete treatment. Providers may also view the connection negatively, if they are already feeling burdened with the number of clients needing services (e.g., if they are contracted to serve all eligible clients with a fixed amount of funding) or if they are concerned about the level of difficulty they may face in dealing with a corrections population.

- *The capacity and expertise of corrections staff*. Having treatment services located within the corrections department means that existing or prospective staff members need to have treatment training and experience. In addition, there is a need for clinical supervision and support. It is important to consider the roles of staff (e.g., treatment, case management, supervision) and make sure that both staff and clients are clear about those roles.

- *The relationships (both existing and potential) between the providers and corrections department*. Some jurisdictions have established relationships between treatment providers and the judicial system. If relationships do not exist, energy must be devoted to developing them. It is important to consider the political environment and the needs of both parties. When creating linkages, it is essential that the court and treatment provider both be clear about their needs and expectations from the collaboration to ensure the collaboration can be successful. For example, if the court wants certain information that the provider is not willing or able to provide, negotiation needs to occur between these two parties during the planning process. There must also be a

mechanism, as described above, for communication and information sharing. One of the main goals of drug courts is quick and appropriate sanctions and rewards; therefore, the relationship between the treatment and judicial components needs to be able to support this goal.

- *The perceptions and needs of the clients*. Clients' relationships with treatment counselors and corrections staff have traditionally been very different. A clinical relationship is intended to be open, with the client developing trust and a level of comfort sharing deeply personal information. The relationship between the client and her/his probation officer, in contrast, has traditionally been more of a hierarchical one, with the PO stipulating or enforcing judicial requirements and with the power to impose sanctions. The merging of these roles – that is, having expectations for behavioral change while providing support for those changes – is possible, but must be undertaken carefully to ensure that clients are still willing to participate and able to meet these expectations successfully.

  Douglas County, at the time of this evaluation, was dealing with the issue of the optimal location of treatment services. While treatment services were originally located in a community treatment provider, outside of the judicial system, the DCDC was considering the option of moving them into the corrections department. The model Douglas County currently uses is not one of full collaboration. Though there is a team approach, the treatment provider and corrections department have not been consistently satisfied with the degree of information sharing. The judicial side of the DCDC had very little information about the treatment side of the DCDC, including details about the treatment model and specifics on individual clients. Efforts are underway to rebuild relationships and develop a more useful information sharing system.

  The majority of drug courts in Cooper's (1997) national survey reported using private treatment providers for their treatment services while only 9% used their probation department. Of the drug courts using private providers, two-thirds used a single treatment provider while one-third used between 2 and 10 providers. When considering the problem drug courts have had of maintaining communication between treatment services and the court, increasing the number of treatment providers would not appear to be a viable option.

<u>Recommendations</u>:

- ❖ Carefully consider the implications related to the location of treatment services in making the decision of whether to have a local provider or whether to bring treatment into the corrections department.
- ❖ Seek out and encourage legislative support for treatment funding.

Client Eligibility

Each drug court must decide which offenders will participate. The criteria for determining eligibility affect the judicial system (procedures, caseloads, etc.), the treatment provider, and potentially participant outcomes.

Depending on the supervision model of a particular jurisdiction, the creation or expansion of a drug court can increase the level of supervision participants will receive, and thus may increase the workload of probation or parole staff. Intensive judicial oversight also requires the time of one or more judges, which needs to be taken into account during planning. However, according to Cooper's national study, 53% of the drug courts reported a reduction of the drug caseload of other judges and 34% reported a reduction in the probation caseload, which allowed the probation department to focus its resources on other cases and defendants not amenable to drug court services.

The treatment provider staff members have extensive contact with drug court clients so the populations eligible for drug court affect them. For example, clients who are involved because of minor drug-related offenses may be different than clients who have more extensive correctional histories. In fact, providers may decide that different groups of clients need different services, or need to be in different treatment groups.

Clients with varying degrees of prior corrections involvement may also have different levels of success at completing drug court. When drug court is used for first-time offenders, for example, the recidivism is likely to be lower than when drug court is used as a last resort of intensive service provision for heavily criminally involved offenders.

Douglas County began its drug court with new arrestees and later added probationers as an eligible group for participation. DCDC does not permit clients with crimes against a person to participate. In Cooper's 1997 survey, 40% of the reporting drug court programs had made changes in their eligibility criteria since the program began. Most of these changes entailed expanding their eligibility criteria in regard to criminal history requirements or target offenses as well as adding the capability of accepting probationers into the program.

Recommendations:

- ❖ Set up the DCDC database to answer the following questions:

1. What are the common characteristics of offenders in this population?
2. What is the profile (or characteristics) of participants who successfully complete the program (and the profile of those who do not)?
3. What is the profile of clients who are eligible but who do not enter drug court?
4. What is the profile of new arrest offenders compared to probationers?

- Conduct an outcome study to look at these questions and to provide information about program modifications, such as eligibility guidelines or changes in service offerings. This study could provide information about the characteristics that make some offenders better candidates for drug court.

OTHER OBSERVATIONS

It appears that the drug court allocation of resources does not affect the rest of the court system in a negative way. Throughout our key stakeholder interviews, individuals indicated that they were unsure of any specific numbers of cases on caseloads. The drug court judge felt certain that though he had a very full docket with drug court, he would have had just as many cases with a regular court schedule. While the other judges take on additional non-drug court cases, the drug court judge takes all of the drug court cases, which results in a balancing of caseloads. The issue surrounding how much the DCDC Program affected the docket also relates to 1) other judicial processes these individuals would have needed if drug court were not available, and 2) the recidivism rate for different groups of offenders (e.g., drug court participants compared to other offenders).

In order to develop an accurate understanding of how the DCDC Program affects resources and caseloads of prisons, jails, probation and parole departments, and treatment and support service providers as a whole, it is necessary to look at the recidivism rates of drug court participants. Initial time spent on individuals to move them through treatment may be well spent if the participants are not returning.

Due to the extra time needed for monitoring and paperwork, additional staff time is necessary in order to make the drug court run effectively. For example, DCDC decided it was important to have a Drug Court Coordinator and Treatment Coordinator. It appears that due to limited resources there is burnout among some staff members, but the enthusiasm for the program and its possibilities far exceed the negative aspects for many of the key stakeholders interviewed.

The Douglas County Drug Court has successfully implemented changes in the adult corrections system in Douglas County with a very small amount of funding. The program is currently in transition, and important decisions are being made about how the Team would like the drug court to be structured in the future. Though NPC did not collect outcome data for this evaluation, the DCDC has

clearly had a positive impact on some of the participants, as reported by successful graduates. An outcome study would be useful, now that the program has been operating for over 3 years and involved a large number of participants, to look at the recidivism rates of completers, non-completers, and non-participants. Data on decreased recidivism rates would be helpful in promoting the drug court in the community and throughout the corrections system.

Once data are available to support the successful outcomes of the drug court, it is important that other judicial and corrections personnel become informed about the value of the program and become trained to maintain it. Though the individuals who are currently responsible for the operations of the drug court are enthusiastic and committed, a sustainable program must also have external supporters and people within the system who can take over if and when staff turnover occurs.