

SAN JOAQUIN COUNTY, CA DUI MONITORING COURT PROGRAM *PROCESS EVALUATION REPORT*

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Submitted by

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BACKGROUND

The San Joaquin DUI Monitoring Court (SJDMC) was established in 2008 to deal with the large number of impaired driving fatalities in the county. The number of impaired driving fatalities in San Joaquin roughly equaled the number of homicide victims in the state. In 2013, in California, there were 1,745 homicides¹ and 2,089 alcohol and drug involved crash fatalities².

This multi-track DUI court program was designed with the intention to achieve the maximum possible decrease in fatalities and injuries caused by impaired driving by targeting repeat offenders. Repeat offenders constitute 1.43% of California's drivers, but are involved in roughly 60% of California's injuries and fatalities from impaired driving. Repeat offenders also have demonstrated a need for intervention as they have been convicted at least once before, yet still engaged in the same dangerous behavior after that conviction. At the time of the implementation of the multi-track program, San Joaquin County had approximately 500 repeat DUI offenders per year.

In 2008, San Joaquin County implemented a change to their court system where all repeat DUI offenders (those with their second or higher DUI) are required to participate in the local DUI monitoring court program. Many of these repeat DUI offenders do not have a substance use disorder and do not score as high-need on traditional assessment tools. Those who are low-need do not need intensive drug and alcohol or mental health treatment and those who score low-risk do not need the same kind of supervision or other services appropriate for high-risk offenders.

For this reason, Judge Richard Vlavianos developed a DUI monitoring court program with two tracks, a DUI

court track for high-risk/high-need repeat DUI offenders designed to follow the drug court model as described in the 10 Key Components of Drug Court and the 10 Guiding Principles of DWI Courts and a "monitoring" track for those at other risk and need levels. Both tracks are designed to take a minimum of 1 year to complete. Track 1 participants (in the "monitoring" track), those who score low-risk and/or low-need on the DUI-Risk and Need Triage (DUI-RANT) tool, are under intensive alcohol monitoring for 1 year, which consists of several different alcohol monitoring methods according to each participant's work schedule and ability to pay. These methods include some combination of interlock devices installed in the participants' vehicle, transdermal monitoring (SCRAM bracelet), remote testing (a portable breath testing device), daily testing, and urine EtG testing. Track 1 participants attend court hearings at program entry (for orientation from the judge), and then at 1 month, 6 months and 1 year to report to the judge on their progress with their Department of Motor Vehicles requirements, monitoring device, license status, jail sentence/alternative work program, and other probation conditional requirements. If all requirements are met and other challenges with the participants have not occurred, after 12 months, Track 1 participants are graduated and are released from court supervision. Track 2 participants consist of those who score as both high-risk and high-need on the DUI-RANT or who originally scored as lower risk or lower need and were assigned to Track 1 but demonstrate through their behavior that they are unable to comply with Track 1 requirements.

¹ Homicide in California (2013)

² Annual Report of the California DUI Management Information System (2015)

Participants in Track 2 are given full risk and need assessments and are assigned to treatment and supervision requirements according to the assessment results. Other factors may also result in participants being assigned to Track 2 such as an offender having a very high BAC, receiving his/her third or fourth DUI offense while in Track 1, being involved in a collision or injury, or other mitigating factors that show the need for additional supervision and treatment during their intake assessment. Track 2 participants are on continuous alcohol monitoring for 1 year, attend court weekly at the beginning of the program, and are assigned to treatment and supervision requirements according to assessed need. These program requirements gradually decrease over time if participants adhere to program requirements. If all requirements are met, participants can complete the program in 1 year, though most participants in Track 2 take several months longer. As of April 2018, 4,359 repeat DUI offenders had entered the DUI court (since implementation in 2008) and 3,066 (82%) have successfully completed the program requirements and graduated. As of July 2018, 479 active participants were in active in the DUI court; 293 were in Track 1, and 186 were in Track 2.

In November 2017, The San Joaquin County DUI Monitoring Court (SJDMC) contracted with NPC Research to perform a process, outcome, and cost evaluation of the multi-track DUI court program and to develop a “how-to” manual. The how-to manual will provide a detailed description of the program and the steps involved with creating a multi-track DUI court so that it can be replicated elsewhere. NPC Research performed a previous process and outcome evaluation of this program in 2012. The 2012 process evaluation resulted in recommendations for program improvements, many of which have since been implemented. Most notably, the implementation of risk and need screening prior to participant placement in Tracks 1 or 2. Before the 2012 evaluation, the program used a “behavioral triage” approach where most

participants were placed in Track 1 at program entry (without assessment) and then, if they demonstrated through their behavior that they were unable to adhere to Track 1 requirements, were moved to Track 2 and given full risk and need assessment for placement in appropriate services. The 2012 process evaluation includes a detailed description of the program as it operated at that time, most of which is still accurate. A link to the 2012 process evaluation report can be found later in this section.

The 2012 outcome evaluation compared participants who entered the program between 2008 and 2011 to repeat DUI offenders (those on their second or higher DUI) before the program was implemented. Findings demonstrated that the program participants had significantly lower recidivism than the comparison group. Specifically, results showed that in the 18 months following their index DUI and subsequent entry into the SJDMC program, DUI Monitoring Court Participants:

- Had significantly fewer new DUI convictions;
- Had significantly fewer crashes, including those related to drug and alcohol consumption and those resulting in injury;
- Were significantly more likely to comply with court, probation and DMV requirements; and
- Were significantly more likely to regain their driver’s licenses.

The 2012 process and outcomes evaluation report can be found at [http://npcresearch.com/wp-content/uploads/San Joaquin DUI Court Evaluatio](http://npcresearch.com/wp-content/uploads/San_Joaquin_DUI_Court_Evaluatio)



[n_0912.pdf](#). The study has also been published in the journal *Alcoholism Treatment Quarterly*.³

The current outcome study will examine longer term outcomes for the original sample from the 2012 study (up to 10 years from program entry) and will also look at recidivism and costs in more recent participant and comparison groups, after the implementation of the risk and need screening and assessment tools. The outcome report for the historical sample is scheduled to be completed in 2019 and the contemporary outcome and cost report will be completed in 2020.

This document contains the updated process review which includes a brief description of some specific program processes and commendations and recommendations related to NADCP's Best Practice Standards (2013, 2015) and the 10 Key Components of Drug Courts and 10 Guiding Principles of DUI Courts. The report focuses on the current program process (as of 2018) and any new recommendations for continued program enhancement.

The process review began by administering NPC's DUI Court Best Practices Assessment tool. This tool asks the DUI court team for basic, objective information about procedures and practices in their program and translates this information into measures of the court's fidelity to research-based best practices. When the DUI court completed the online assessment, NPC created a brief summary list

detailing the court's level of adherence to a variety of best practices. This assessment and summary report provided a broad understanding of how the SJDMC operates, and was used to guide activities and interviews during a February 2018 site visit conducted by NPC staff. During the visit, NPC observed SJDMC team staffing meetings and court sessions, interviewed all key team members, and conducted focus groups with program participants in Track 1 and Track 2.

Individual interviews were conducted with the judge, program coordinator, defense attorney supervisor, owner/operator of alcohol monitoring company, treatment provider, transitional housing owner/operator, two probation officers, two law enforcement officers, and multiple court administration staff members. Two separate focus groups (one for each track) were completed on site, composed of 8-10 program participants in each group, and included a mix of men and women. Participants had been in the program for various lengths of time (ranging from 3 months to 3 years), with one participant who had graduated from Track 2.

³ Carey, S. M., Herrera Allen, T., Einspruch, E. L., Mackin, J. R., & Marlowe, D. (2015). Using behavioral triage in court-supervised treatment of DUI offenders. *Alcoholism Treatment Quarterly*, 33(1), 44–63.



PROGRAM COMMENDATIONS/ INNOVATIVE PRACTICES

Overall, the program has implemented many best practices, along with several other innovative practices to address the needs of repeat DUI offenders. In particular, the SJDMC is commended for establishing and implementing the outstanding practices below.

1) **The program has established effective assessment and program entry protocols.**

The SJDMC has made an extensive system change so that all repeat offenders in the jurisdiction are mandated to the SJDMC program as a condition of probation. The program has several team members designated to quickly identify and screen potential participants. This includes multiple case managers and a compliance officer assigned to assess offenders. These team members attend regular court proceedings, such as parole violations and arraignments, where individuals are pleading to DUI charges. DUI RANT assessments are conducted on all these individuals, along with an ASAM⁴ criteria assessment and intake questionnaire. These assessments help determine what level of treatment a participant will receive and which track they will be assigned to in DUI court. Once they are referred to treatment they typically receive a full Addiction Severity Index (ASI) assessment. The program has gone to great lengths to ensure individuals

Focus group quotes describing Judge Vlavianos

"I like the judge. He's very patient and very sweet."

"I like the way the judge runs the courtroom. He gives you reasons. He'll explain it to you. If you are offering suggestions, he doesn't just shut it down. He explains to us. He humanizes the process a lot better. If you violate, people have the tendency to dehumanize. And we have to do all these things to make it right. And the way he runs the courtroom, it makes you feel proud about yourself when you're doing the right thing."

"Awesome. Concerned."

"Involved. Caring. He does a lot outside of court too."

⁴ American Society of Addiction Medicine

with repeat DUI charges are identified, assessed, and referred to the program as soon as possible.

It is an impressive feat for such a large jurisdiction, and underscores the hard work it took to have this level of support and coordination in place in San Joaquin County.

2) Judge shows outstanding support and encouragement in his interactions with the participants in court.

The judge provides abundant encouragement, support, and praise in court. He has pleasant interactions with the participants, and voices excitement and happiness for participants' success. He is warm and expresses more positivity than most drug court judges. He maintains eye contact with every participant and ensures that he shakes everyone's hand, along with giving hugs and/or placing his hands on their shoulders for reassurance. The judge also prompts various team members to report out on individuals when needed and engages with participant family members/significant others who are in courtroom. He talks about the differences and changes he sees in participants. He mentioned how much he sees the participants smiling more, consistently tells them he is proud of them, and works to instill confidence in each of the participants. He is clearly devoted to the DUI court program, but it really stands out how much he is invested in participants' individual happiness and success.

3) Program has strong law enforcement representatives on the team.

One of the recommendations from the 2012 evaluation was to add a law enforcement representative to the team. Not only did the program address this recommendation, they have turned it into a tremendous strength of the program. The program currently enjoys

participation from two different law enforcement agencies, the California Highway Patrol (CHP) and the Stockton Police Department (SPD). Both individuals representing these agencies are fully engaged with the program and perform duties critical to the supervision and overall effectiveness of the program. In particular, the officer from the Stockton Police Department is able to do home checks with participants, and also seek out individuals that are on warrant status. The officer has been assigned solely to the collaborative courts in San Joaquin County since August 2017, and has a background in DUI enforcement, which greatly informs and aids him when interacting with participants. The officer attends staffing and court sessions every week and that has helped him to develop a rapport with many of the participants. The CHP representative provides regular training and outreach to the community regarding DUI enforcement and the DUI court program. He expressed interest in engaging in more work for the DUI court, but is constrained by time limits. The DUI court should consider any options to enhance the role of the CHP representative, as he is a significant asset to the supervision and case management of participants.

Both officers exhibit great compassion, and their personalities are an excellent match for the program and its intended goals. They are very impressive in fulfilling their roles and duties (especially since neither has attended any formal training on drug or DUI courts). With time and training, they will continue to develop their understanding of the model and become even more critical to the success of the program.

4) Program uses devices to continuously monitor alcohol use (e.g., SCRAM).

The SJDMC requires continuous monitoring for alcohol use for 1 year in both Track 1 and Track 2. The full year of monitoring is another innovative practice and may be one of the key reasons for the success in decreasing DUI recidivism that the program has demonstrated so far. In the focus group, participants stated that they disliked both the inconvenience and cost of the various monitoring practices required by the program, but that this monitoring for a full year forced them to find new activities and new ways to cope with life stressors. They stated that this length of time was long enough for these new ways of coping to become normalized, so they could see the benefits of going without alcohol and did not need to go back to drinking as soon as the monitoring was removed.

Additional Best Practices

The SJDMC is also commended for following many other research-based best practices including the following list and others in the DWI Court Best Practices by Key Component table that has been attached to this report.

- The program has a written policy and procedure manual.
- A defense attorney attends pre-court team meetings (staffings) and court sessions (status review hearings).
- The program accepts offenders who are using medications to treat a substance use disorder.
- Participants are given a participant handbook upon entering the program.
- The program uses validated, standardized assessment tool(s) to determine level or type of services needed.
- The typical length of jail sanctions is 6 days or less.
- In addition to substance use treatment, the program offers or makes referrals to mental health treatment, family/domestic relations counseling, health care, anger management classes, housing assistance, trauma-related services and criminal thinking intervention.
- The results of program evaluations have led to modifications in program operations.
- Review of program data and/or regular reporting of program statistics has led to modifications in program operations.
- The program maintains data that are critical to monitoring and evaluation in an electronic database (rather than paper files).

PRIORITY RECOMMENDATIONS

NPC Research used the information gathered through interviews, observations, participant focus groups and document review to analyze the program in relation to the DWI Court Guidelines and the Best Practice Standards. Extensive research has demonstrated that certain program practices are linked to the positive outcomes of increased retention in treatment court, lower recidivism, and cost savings to the taxpayers compared to “business as usual.” Analysis of SJDMC has resulted in recommendations (some of which were also mentioned in NPC’s previous evaluation findings) that the program should consider to enhance their current practices.

- 1) The SJDMC should work toward contracting with no more than two primary treatment agencies, or have one agency that coordinates and provides oversight of treatment for participants at all treatment agencies. When possible, the program should also perform an audit/quality assessment of existing treatment providers.**

The program reports that they utilize 6-10 substance abuse agencies and 3-5 mental health agencies. Information gathered from interviews, observations and the focus group provided a reasonable and informative view of the treatment provided to the SJDMC participants.

All treatment providers are required by contract to have evidence-based curriculum (as well as treatment plans), which is then verified by the probation department. However, it appears

from site visit activities that some of the providers are not utilizing evidence-based practices with fidelity to the model. It was reported that some agencies complete initial ASAM assessments on participants, while others may not. Some agencies create and maintain treatment plans, while others do not. Some agencies are using in-house curriculum (rather than an established evidence-based curriculum). There are partial modules of various treatment models being used by some providers (i.e., they do not follow manuals for the specific modalities they utilize and instead use it in pieces or as a general guide). Agencies vary greatly on what areas they address or services they provide, with some agencies providing substance abuse interventions with no ability to address trauma or criminal thinking.

Also, the dosage of treatment does not appear to be sufficient to meet the needs of participants, especially those with high needs. Understanding and providing appropriate treatment dosage (hours of treatment) and modality, behavior modification principles, homework assignments, and working on proximal/distal goals varied greatly among providers.

In terms of sharing participant information with the team, all of the treatment providers communicate with the team either by email, text, or phone calls. However, this is not consistent, as team members noted variations in the level and amount of communication from

the different treatment agencies. It was reported that some agencies do not send updates (even if reminded by the team), others must be prompted multiple times or are difficult to receive information from, and many only provide updates that indicate whether or not a participant attended treatment sessions. Overall, there is no standard process for providing specific updates or receiving narrative descriptions of the participants' progress. It was observed that the updates varied widely, from the program receiving verbal updates from an agency (only a couple of agencies are present to report in the staffing/court sessions) to frequent scrambling/problem-solving when it comes to getting updates on participants that are struggling.

Regular email reporting, updates on absences/challenges/concerns, and the rapid flow of relevant information between supervision personnel and treatment is crucial. Drug test results, observations, changes in behavior (good and bad) need to be communicated quickly, and programs need this information in real time. Creating a standard for communication (clearly outlining who will communicate, what they will communicate and when) will save time for team members and help mitigate instances of manipulation or triangulation of the team by participants. In addition, standard staffing report forms should be created with specific information required from the treatment providers. This information should include (for each participant) ASAM level of care results, treatment goals, progress on treatment goals, attendance and engagement in treatment sessions, current challenges and successes and drug test results.

Finally, it is recommended that the court issue an RFP for dedicated DUI court treatment

providers. In the RFP, the SJDMC should require that treatment is assessment driven, evidence-based, culturally proficient and comprehensive, and should specify what information will be shared with the team and when. Consolidating treatment vendors would allow for the development of a continuum of care that meets national best practices standards via the National Registry of Evidence-based Programs and Practices (NREPP). The National Drug Court Institute has published an excellent guideline for this process, titled "Request for Proposals– Questions for Drug Court Treatment Providers." It has been attached to this report for the court's consideration.

Team member feedback indicated an interest in establishing fewer, dedicated treatment providers for the program, but several obstacles make the task difficult. This includes variations in whether the treatment agency accepts Medi-Cal coverage or provides Spanish-speaking services, as well as issues around location (some surrounding cities/areas in the county have only one provider available). Funding for treatment is also split between the San Joaquin Superior Court, San Joaquin County Probation Department, and San Joaquin Behavioral Health Services. This requires the program to collaborate with some of the county's biggest agencies, and overhaul a process that is not only amenable to all involved, but is still considerate of the different missions/goals that exist. However, team members acknowledged the need and importance to work with partners to improve the accessibility, accountability, and overall quality of treatment services in the county.

2) Explore options as soon as possible for reducing the caseload of program case managers (such as hiring additional staff) and be mindful of best practices as the program expands. While the program has seen very positive outcomes since implementation (number of crashes, repeat DUIs, and fatalities are down across the board), team members are struggling to do their everyday duties. The case managers typically have (along with treatment providers) the most frequent contact with and know the most information regarding participants. This underscores the importance of case management in gathering the information needed to make good decisions in how to respond to participant behavior. Best practices related to caseload indicate a maximum caseload of 30 high-risk participants (50 if the caseload is a mix of high- and low-risk or if the case managers have no other duties). SJDMC case managers consistently have a caseload of approximately 100 participants (this does not include individuals on warrant status). This is an exceedingly high number and does not allow the ability to perform thorough case management. It is also not sustainable long-term without case manager burnout. It is likely this high of a caseload will not be replicable in other jurisdictions. The program has probation officers on the team, but their duties differ from that of the case managers and they carry high caseloads of their own. In other words, using probation officers to provide relief to the existing case managers is not an option.

The ability to perform quality case management begins to diminish once caseloads have exceeded the best practice standards. Team members noted many issues that arise due to the high caseloads. These include the inability to do case planning; working only with the participants that are most vocal about their

issues/needs; missing instances when participants are using; no time to address significant issues with many participants; no time to have conversations or develop rapport with participants; no communication with participants that are doing well in the program; and rushing through appointments.

Focus group quotes describing their program experiences

"I think the case managers have too much to do. I don't think they mean to ignore us, they just have too much on their plate."

"I've gotten mixed up for another participant more than once." (two different participants shared this)

"We all have monthly meetings with the case manager. But if I'm doing bad, she calls right away. Otherwise we never talk. Just during the court session."

Participants in the focus groups independently reported that they have observed these issues and, although they understood that this was due to high caseloads, were frustrated that their case managers were often not available or were unable to help them.

The program should continue to explore ways to reduce caseloads, including options for funding for additional case managers. Feelings of burnout or being overwhelmed will result in turnover in these positions, which would be a

big loss given the excellent fit of the case managers currently assigned to the program.

3) Establish orientation and training procedures for new team members.

The program should have a formal, documented policy on staff training requirements and continuing education for existing and new staff members. The program is highly encouraged to provide regular (at least yearly) training to team members on the DUI court model as well as provide training to new team members on their specific role in relation to the model as soon as possible after they join the team. It is also important that court staff participate in cultural competency training on an ongoing basis, as team members noted they would benefit from have more culturally specific treatment available to participants. Research has demonstrated that regular training for team members is related to greater reductions in recidivism and higher cost savings (e.g., Carey, et al., 2012⁵).

The Drug Court Judicial Benchbook, 10 Key Components of Drug Courts, Adult Best Practice Standards, and DWI Court Guiding Principles should be required reading for all new team members and treatment staff who provide services to SJDMC participants (even if they are not on the DUI court team). There are also a host of online webinars and trainings available through the National Association of Drug Court Professionals website (nadcp.org) and at treatmentcourts.org. The program should review what is available and select webinars/training modules/fact sheets that would be required of any new team members.

New team members should also review program documentation (e.g., the policy and procedures manual, the participant handbook, any program MOUs, handouts, published materials, etc.) to ensure they understand the intended DUI court model and their part in it. Having an orientation packet with these documents and suggested web resources would help facilitate new team member orientation and understanding of the treatment court model.

4) Have all team members participate in training on effective use of incentives and sanctions.

Team members (new and established) would also benefit from in-person training to gain a better understanding of the effective use of incentives and sanctions in behavior modification. Particularly, the training should focus on the need for reliable detection of participant behavior and outline the need for clear explanation when incentivizing good behavior as well as sanctioning and accountability for undesired behavior. The team does a good job with certain incentives, as participants are continuously praised for their good/desirable behavior and receive much encouragement from the judge. Participants also receive tangible incentives in the form of gift cards. The use of these incentives are commended, but during observations it was unclear why some participants were receiving tangible incentives and others were not. Most incentives were handed out without clear explanation or further detail as to the behavior that was rewarded.

⁵ Carey, S. M., Mackin, J. R., & Finigan, M. W. (2012). What Works? The 10 Key Components of Drug Courts: Research Based Best Practices. *Drug Court Review*, 8(1), 6-42.

Much like the incentives, it was often unclear when some participants were receiving a sanction and most were imposed without explanation of the specific behavior being sanctioned or further discussion as to the behavior and the court's response. The program would also benefit from identifying a broader range of lower and higher level sanctioning options.

5) Perform clinical needs assessment with high-need participants in Track 1 and refer to appropriate treatment services.

Track 1, for the most part, is intended to be a monitoring track, and the focus of the majority of services goes to the participants in Track 2 who are high-risk and high-need. However, participants who are low-risk but have substance use disorders in Track 1 would benefit from receiving a full clinical needs assessment and referral to appropriate substance use treatment. Treatment for these low-risk participants with high treatment needs may prevent them from becoming high-risk over time, and should lead to even more positive outcomes for the program overall. Team members noted that a small number of individuals fall into this category overall, and are typically ordered to receive an assessment (and placed into Track 2 if diagnosed with a substance use disorder). However, the team noted they can take steps to improve this process, by ensuring that the program is providing the referral to the participant (instead of just issuing the order) upon program entry.

6) Implement phases into Track 2 of the DUI court program.

The SJDMC would benefit greatly from implementing the 5-phase model developed by NADCP for Track 2 (high-risk/high-need)

participants. A phase model may not be necessary for Track 1 participants (who, based on their RANT scores, are mostly low need) or if phases are used, there would be different requirements.

The phases for high-risk/high-need participants are designed to address brain dysfunction, and to maximize easy achievements up front for participants. The human brain takes time to heal, and until that healing begins, Phase 1 should be a true stabilization phase and have the simple directive of "*Show up. Be honest. Try.*" The emphasis in Phase 1 is on meeting the proximal goals of attendance and efforts (but not expectations) to achieve abstinence.

All of the phases should have a minimum length of time required. However, phase advancement should not be based on time in the phase but on achieving clearly defined goals and activities (e.g., 30 days sober, 16 hours community service, housing obtained, employment obtained, phase advancement sheet submitted, etc.). Phase advancement criteria should be decided by the team and all relevant stakeholders and should be based on the clinically assessed need and risk of the program population as well as specific case plan goals. Phase advancement should also be recognized in court, with explicit acknowledgement from the judge and perhaps a certificate presented to the participant. This gives the court an opportunity to highlight progress and provide feedback to participants that they are making progress and their behaviors are leading to rewards and positive results. It also provides structure for the team in evaluating proximal and distal behaviors of the participants, and can help the court craft responses that correspond to these different expectations.

The 5-phase model and related information were provided to team members during the site visit for the program's consideration.

7) Implement best practices into the drug testing process including random testing for drugs in addition to alcohol.

Currently, the SJDMC primarily relies on various alcohol monitoring devices (ignition interlock, SCRAM bracelets, hand held devices, etc.) to determine if participants are remaining abstinent. Participants are rarely drug tested outside of this, with multiple focus group participants noting they submit 1-2 tests per year on average.

Focus group quote speaking about urine drug testing

"I have been in since 2015 and I just got my first one."

Being a DUI court program, it is reasonable to expect that alcohol is the drug of choice for many participants. However, the program has participants who were arrested for driving under the influence of other substances and individuals with substance use disorders frequently will use replacement drugs when their chosen drug is not available. The program also noted in their online assessment that the majority of their participants (70%) are polysubstance users. When considering these factors, there is a substantial void in the current drug testing process of the SJDMC.

It is important that the program consider ways to perform additional drug testing, as the current system is likely not providing an

accurate picture of abstinence or drug use in the program other than alcohol. To be truly effective at detecting use, the program should be testing for amphetamines, barbiturates, benzodiazepines, marijuana, cocaine, opiates, and alcohol (specifically Etg tests). For at least Track 2 participants, the program should establish a call-in line and provide consistent, randomized, and witnessed urinalysis testing twice per week. Testing should occur on weekends and holidays as well, and the frequency of testing should remain the same throughout the duration of the program. Additionally, it is recommended that the window of time between call-in and drug test submission be a relatively short window (no more than 8 hours, starting early in the morning). The program must also develop guidelines so there is some level of consistency in addressing positive tests, sample tampering (specifically diluted tests), and missed UAs. Once agreed upon, these procedures should be documented in the program policy and procedure manual, participant handbook, and other relevant program materials.

8) Explore options for other funding to support the fees for continuous monitoring.

Participants in both tracks must have an interlock ignition device (IID) installed on their cars within 90 days of entering the program. Installation and monthly fees are in the hundreds of dollars. Participants who do not have cars must use a transdermal monitoring bracelet, In-Home Monitor, or Soberlink device, which have large daily fees. Many participants have more than one form of monitoring based on various DMV and court requirements. The case managers and the Alcohol Drug Monitoring representative do work with clients who cannot afford the fees, and the main monitoring

company sometimes charges less. However, fees for monitoring are typically in the thousands by the end of a year. This creates stress and anxiety for participants and creates a large burden on case managers who spend much of their time working with participants to determine the most effective form of monitoring based on each participant's circumstances (e.g., whether they have a car, where they work and live) while also determining the form of monitoring the participant can afford, and how they will find the funds to pay for it.

Although the SJDMC has several recommendations for program enhancements, good programs like the SJDMC are constantly striving to overcome barriers (such as lack of funding) to improve and follow the research. The SJDMC team is dedicated to making this program a success and prior outcome evaluations have demonstrated this success. Not only has this program reduced DUI recidivism for its participants, but the program has impacted the rate of DUIs in their jurisdiction (Stockton, California) as a whole and has increased San Joaquin County's safety ranking (measured by DUI-related crashes). DUI convictions in Stockton decreased from 3,300 in 2009 to 1,100 in 2016, and the county's safety ranking increased from 17 to 55 (with 58 being the highest rating). San Joaquin now has the fourth highest safety ranking in the state. The upcoming outcome evaluations will shed light on the potential long-term benefits of this program as well as the impact of some of the new practices (the addition of law enforcement and the use of screening tools before track placement) on participant outcomes.

Recommended Next Steps

The results of this report can be used for many purposes, including: 1) improving program structure and practices for better participant outcomes (the primary purpose); 2) submitting grant applications to demonstrate program needs or illustrate the program's capabilities; 3) requesting resources from boards of county commissioners or other local groups; and 4) requesting training and technical assistance from NDCI or other providers. Possible next steps for this report include:

- ❖ **Distribute copies of the report** to all members of your team, advisory group, and other key individuals involved with your program.
- ❖ **Set up a meeting** with your team and steering committee, etc., to discuss the report's findings and recommendations. Ask all members of the group to **read the report** prior to the meeting and **bring ideas and questions**. NPC staff is available upon request to **facilitate** the meeting to prioritize goals and learning strategies.
- ❖ During the meeting(s), **review each recommendation**, discuss any questions that arise from the group, and develop a Learning Plan and a schedule to review educational content and court data.