SANTA BARBARA COUNTY SUBSTANCE ABUSE TREATMENT COURT PROCESS EVALUATION

June 2016

Santa Barbara Substance Abuse Treatment Court (SATC)

The UCSB Evaluation Team conducted a process evaluation of the Santa Barbara County Substance Abuse Treatment Court in Santa Barbara from January through April of 2016. Team meeting observations, court session observations, stakeholder surveys and interviews, a focus group, review of administrative data, consumer surveys, and treatment provider interviews and surveys were conducted. Results of this evaluation are presented and discussed.

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UCSB Evaluation Team

University of California, Santa Barbara
Department of Counseling, Clinical, and School Psychology
Santa Barbara, CA 93106-9490

Kayleigh L. Hunnicutt, MA, MEd
kwelsh@education.ucsb.edu

Luke Janes, MA, MEd
ljanes@education.ucsb.edu

Ari Goldstein, MEd
agoldstein@education.ucsb.wdu

Kendall Testa
kendall.testa@gmail.com

Matias Eusterbrock
matias@umail.ucsb.edu

Mercedes Gomez
mercedesgomez@umail.ucsb.edu

Lauren Reed, PhD
lreed@education.ucsb.edu

Merith Cosden, PhD
cosden@education.ucsb.edu

Jill Sharkey, PhD
jsharkey@education.ucsb.edu

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Executive Summary

SUMMARY OF FINDINGS

This SATC process evaluation addressed elements of known best practices, and found that most were practiced by the team. Areas for improvement were also identified and are discussed below.

SATC Relationships

Relationships within the SATC team, between the court and the clients, the court and the treatment providers, and the treatment providers and the clients, were all found to be mostly positive, with a few directions for growth. The SATC exhibited cohesion, teamwork, open communication, and cooperation in finding solutions together. Areas for growth included that not all providers attend staffing, the need for more defined roles, and the need for increased training for some team members.

The majority of team members reported treatment and court staff work well together; however, feedback was mixed. Finding ways to strengthen the relationship between the SATC team and the treatment providers, such as attending trainings or workgroups together, may be beneficial. The relationship between the treatment providers and the clients was noted as generally positive. All treatment counselors agreed or strongly agreed that they have a good therapeutic relationship with SATC clients at their program. Almost all clients reported feeling respected by their treatment program and that their treatment program wants to help them do well, is concerned about them as a person, and believes that they can change for the better.

Courtroom Processes

Santa Barbara SATC mostly aligned with best practices in the domain of courtroom processes, including team meetings, status review hearings, sanctions and incentives, and preparations for program completion, with some noted exceptions. Clients and team members reported that team members were respectful, cooperative and worked well as a team, although neither the program coordinator nor community law enforcement were active parts of the team. The Judge served as a leader and consensus facilitator for the team, and had positive, direct, specific, encouraging, and rapport building interactions with clients. Clients participated in their hearings, although the time spent with most clients was less than the recommended three minutes. The SATC shared the court time with another program calendar with more clients, and this may have contributed to having less than three minutes for most SATC client hearings.

Most of the court's practices in using sanctions and incentives were aligned with best practices. Clients reported that they felt sanctions and rewards were distributed fairly. Jail was largely implemented appropriately, and only as a last resort when other sanctions proved ineffective. However, when the team was unable to secure detoxification for a client through other services due to availability or financial limitations, jail was occasionally used for up to 21 days to achieve client detoxification. This practice is not aligned with best practices in the field. With regards to policies and procedures for phase advancement of the clients towards graduation, the SATC was largely aligned with best practices. The SATC was fully in alignment with best practices for graduation and termination guidelines.

Stakeholder Roles

In general, members of the SATC team indicated that they felt they understood each other's roles on the team. The judge was perceived as being the leader of the court, the facilitator of the team, and responsible for setting the tone of the SATC for the client. The judge has an indefinite term, allowing for clients to have a stable figure in the judge. The team members identified the role of the district attorney and the public defender as key team members having both non-traditional and traditional roles. County mental health and psychiatrists/psychologists were seen as supporting SATC when needed, especially for clients with mental health or medication needs. The coordinator, bailiff, and law enforcement were not seen as active team members, though best practices recommend they be functioning team members. Probation officers were seen as key team members primarily being responsible for assessing suitability, monitoring clients in the community, and as integral team members providing information and recommendations. Substance abuse treatment providers were viewed similarly to Probation in that they serve multiple roles from treatment to drug testing with clients, providing extensive information about the client to the court. However, there was some indication of dual roles of the treatment provider; some team members, counselors, and clients perceived the treatment provider as being the leader of the team. This is in conflict with best practices, which reserves the team leader position to the judge and recommends clearly defined and differentiated roles. There was also a wide variation in participation levels between different treatment providers, with the majority of clients assigned to only one program. The team may wish to consider whether they want to use one treatment provider or multiple, and SATC may benefit from the creation of a formalized and objective referral process to avoid a conflict of interest with treatment providers deciding treatment placements.

Team member training in preparation for member's roles on the team was variable; given that the team has some turnover, formalizing a training and orientation process for new members may be beneficial. Treatment counselor training was also variable and generally included formal degrees or certifications, in addition to other formal and informal trainings pertaining to working with substance abuse issues and populations. However, treatment counselors rarely reported training pertaining specifically to participating in treatment courts, and may benefit from further education.

Treatment

Treatment related aspects of SATC (i.e., client treatment plans, diversity options in treatment, and specific treatment agency practices) were found to work well and largely be aligned with established best practices, with some areas for growth. SATC has access to a wide range of resources to provide a continuum of care for SATC clients, though it may benefit from more residential and vocational/educational training programs. Treatment was found to be flexible, individualized, and responsive to both validated assessments and evolving client behaviors. Clients reported that they feel they are treated fairly.

Team member opinions varied regarding the presence or need for gender-specific and culturally sensitive practices, and counselors were unaware of how clients might access such programming. Thus, SATC might benefit from assessing (formally or informally) how client cultural needs might impact treatment needs, providing trainings to team members and counselors on cultural sensitivity, increasing gender-specific and culturally sensitive programming, and educating providers in how to implement them.

Treatment agency practices were largely aligned with best practices. Areas for growth in this domain include assigning clients to groups based on evidence-based criteria, referring clients to physicians and psychiatrists with a specialty in substance abuse treatment, and following up with clients after they have completed SATC in order to minimize chance of relapse.

SATC Perceptions

Team members generally shared that SATC functions well and is doing good work with regards to teamwork, interactions with clients, and client treatment. Suggestions for growth included having more time in the day for proceedings, finding a more convenient court time for working clients, ensuring all treatment providers attend staffing and court, and increasing resources for the program–especially residential options.

Treatment counselors were also largely positive about the SATC, citing increased motivation, access, and duration of treatment realized by clients participating in SATC. Most counselors stated that they did not perceive disadvantages for their clients participating in SATC. Their suggestions for improvement included having more treatment programs and treatment providers attend proceedings and trainings, improving the referral system to achieve a higher caseload, referring clients to the program able to serve them most quickly, maintaining 12-18 months of treatment by not accelerating phasing, hiring counselors with clinical degrees, and performing mental health screening for all SATC clients at program entry.

Program Entry

Program entry processes for the SATC, i.e., defining the target population, case referral process, and determining eligibility/suitability, were identified as areas that worked well but could also benefit from some improvement. Most clients accepted into the program were appropriately high-risk and high-need; however, some clients were low-risk and may not benefit. Treatment programs utilized by the SATC did not distinguish between high- or low-risk clients in their placement into groups, which has been shown to be potentially iatrogenic. The referral process was seen as functioning efficiently, and team members appreciated the prioritization of getting clients into treatment quickly, possibly even before they signed the contract. Waiting for clients to attain sustained sobriety before signing the SATC contract provided challenges and it may be beneficial to allow clients to sign the contract before attaining sustained sobriety as long as they are not under the influence at the time of signing. Lastly, treatment providers had positive feedback with regard to the SATC, particularly appreciating the SATC assistance in motivating treatment, as well as its requirement for a long duration of treatment that allowed counselors to assist clients to develop and integrate sustainable positive habits. Counselors noted that sometimes this increased depth of treatment allowed them to discover previously undiagnosed mental health issues, and they recommended that the SATC screen for mental health issues at program intake to achieve the most appropriate referrals. Not all treatment providers were familiar with the SATC; more interaction between SATC and counselors would likely be beneficial.

Non-traditional Characteristics

The majority of team members reported that traditional adversarial roles (e.g., between the district attorney and public defender) were set aside in SATC and that both treatment and court goals were addressed. Counselors identified key personal qualities for a well-functioning treatment court as flexibility, empathy, compassion, beliefs that people can change and that change happens slowly, and that managing expectations avoids burnout. They expressed mixed opinions about whether they felt that Santa Barbara SATC exhibited those qualities.

Team members indicated that they believed community and media support was present, but the team expressed more neutral opinions about whether the SATC uses the media effectively to garner community support. Team members indicated that more support could be achieved by publicizing positive messages and information about the SATC to the community, by publicizing graduations, and by encouraging the community to provide tangible rewards for clients that help clients meet their goals. Others noted that there are several limitations in being able to increase community support, such as limited funding, a limited number of clients in SATC, and that clients are reluctant to publicly share their story.

Administrative Processes

In line with best practices, the incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to both clients and team members. In spite of this, treatment counselors did not feel that they were well informed about SATC practices. Team members also indicated that conducting an external evaluation of the program was a strength. However,

some team members were not aware of existing yearly outcome and demographic evaluations that are conducted for all Santa Barbara County Drug Courts, and these evaluations could be expanded to address more areas of best practices.

RECOMMENDATIONS

1. While the team reports formally targeting high-risk and high-need offenders, there seemed to be mixed feedback regarding the SATC offenders' actual risk and need levels, as well as differences in team perceptions of the ideal SATC population. In some cases low-risk clients were served by the SATC; research suggests it could be iatrogenic to provide intensive services to offenders who require a lower level of care than is offered by Drug Courts, and that iatrogenic effects are also observed when mixing risk levels of participants in treatment groups. Accepting only high-risk clients into the program, or providing separate tracks and treatments for low-risk clients, would address best practices in the areas of Program Entry, SATC Perceptions, and Stakeholder Roles.

2. Treatment counselors were unfamiliar with the differences between treatment courts. Differences between the target populations of SATC and other treatment courts appeared to not be clearly defined. The team might benefit from operationally defining the target population and eligibility criteria for each court and making that available to team members of each court. The team could create a document outlining the differences between SATC, DDX, and MHTC if one does not exist. This would enable the team to interface with other treatment courts as needed, in order to accurately place clients into the most appropriate treatment court program (per assessed risk and needs).

3. While the team assessed client drug treatment needs at program entry, no evidence-based assessment for mental health needs was utilized. Treatment providers reported that mental health issues are sometimes encountered through the course of treatment, which might have been caught at program entry. Screening for mental health, trauma history, and PTSD is a best practice for SATC in order to determine appropriate treatment and the need for more in-depth clinical assessments (NADCP, 2013; NADCP, 2015). Use of an evidence-based mental health screening tool at program entry would address best practices in the areas of Program Entry and Stakeholder Roles. The NADCP provides links to ten mental health screens and seven trauma and PTSD scales that are used for SATC populations (NADCP, 2015).

4. The SATC and Clean and Sober program have different designs and intents, yet clients were intermixed in staffing, hearings, treatment programs, and treatment groups. When asked about the differences between the two programs, most treatment counselors did not distinguish between the two programs except by stating that SATC is longer in duration. As most of the clients seen on the calendar were from Clean and Sober, this appeared to create challenges for the SATC; for instance, the expected court session duration was sometimes exceeded, and having both programs within a limited time frame may have placed a time challenge on the SATC to achieve the best practice of at least three minutes spent with each SATC client during status review hearings. The team might consider securing separate calendars for the SATC and Clean and Sober. This could be achieved either by having independent calendar dates and times, or by including the SATC with treatment court calendars instead. This would address best practices in the areas of Program Entry, SATC Perceptions, and Courtroom Processes.

5. There were varying levels of engagement and leadership noted in the proceedings. The literature suggests that team meetings are a critical venue for sharing and discussing client information and making decisions about client behavior; thus, it is important that all team members participate and share space for others to participate. The team might facilitate discussions on team member roles and boundaries of roles in order to minimize conflicts of interest and maximize participation from all team members, refining and employing the *SATC Orientation Manual* for this purpose. This would allow the team to clarify team member responsibilities and functions, the important role of the judge, and who completes assessments of client suitability and eligibility. This would address best practices in the areas of Stakeholder Roles and SATC Relationships.

6. There was no clearly defined procedure for assessing and deciding the most appropriate treatment agency for each client. In addition, most SATC clients were referred to one treatment agency. This could create a conflict of interest on the team if a treatment provider is responsible for selecting a treatment program. The team could decide if the SATC will exclusively refer to one treatment agency or engage multiple treatment agencies. If the team decides to use more than one, the team could formalize a treatment referral process based on client need and objective dissemination criteria, thereby addressing best practices in the areas of SATC Relationships, Stakeholder Roles, SATC Perceptions, and Program Entry.

7. While team members appreciated prioritizing getting the client into treatment even before the contract was signed, some shared that waiting for the client to sign the contract created a period where SATC had no jurisdiction over the client. It may be beneficial to allow clients to sign the SATC contract before a prolonged period of sobriety has been established, as long as the client is not under the influence at the time of program intake. In general, formalizing and standardizing the program entry process into the SATC would assist the team to address best practices in the area of Program Entry and SATC Perceptions.

8. Although the Department of Behavioral Wellness and UCSB generate an annual report evaluating the outcomes and demographics of Santa Barbara County treatment courts including Santa Barbara SATC, the team was largely unaware of them possibly due to team turnover. Further, Santa Barbara Probation is interested in expanding these reports to evaluate

more areas of best practices with regards to outcomes. This is an opportunity for growth and collaboration, both by expanding the existing evaluations, and by more closely integrating evaluation results into team decision making and orientation for new team members.

Introduction

WHAT ARE DRUG COURTS?

The revolving door of arrest and recidivism for offenders with drug abuse problems stimulated the criminal justice system to become involved in the treatment, as well as punishment, of these offenders. Drug treatment courts are a major form of this 'therapeutic jurisprudence' (Hora, 2002). Drug treatment courts are designed to reduce drug use and related criminal activity by offering drug offenders the opportunity for court-supervised, community-based drug and alcohol treatment in lieu of incarceration. Since their inception in Florida in 1989, Drug Courts have expanded to over 1,000 courts nationally with representation in every state, while similar programs have emerged in other countries.

SANTA BARBARA COUNTY DRUG COURT

The Santa Barbara County Substance Abuse Treatment Court (SATC) was among the first 200 Drug Courts implemented in the United States and has served over 1,000 participants since its inception in 1993. The SATC was designed to follow the 10 Key Components established by the National Association of Drug Court Professionals (NADCP; see Table 1). A Policy Council, with voting members comprised of the Presiding Judge and two other judges, the District Attorney, the Public Defender, the Chief Probation Officer, the Sherriff, and the Department of Behavioral Health, meets bi-annually to develop and oversee SATC operations, determining eligibility criteria, treatment requirements, and graduation policies.

The SATC is a pre-plea program for adults charged with a misdemeanor or felony who demonstrate a need for substance abuse treatment. Offenders are generally ineligible if they have been charged with a violent crime, the distribution of drugs, or a sex crime, although there is some room for professional discretion in determining eligibility. In addition to meeting eligibility criteria, participants must be determined suitable by the treatment team, which includes the judge, prosecutor, defense attorney, probation officer, and treatment provider. High-risk (for criminal activity) and high-need (for substance abuse) offenders are the target population.

Programs in North and South Santa Barbara County (Santa Maria and Santa Barbara) follow similar treatment protocols. These protocols include case management, relapse prevention groups, drug treatment groups with the MATRIX, educational and vocational assessment and training, drug testing, and, in some cases, mental health treatment. In addition, participants have regular court supervision and meetings with their probation officer. The program is approximately 12 to 18 months long with five phases of treatment graded in intensity.

Phase 1: Stabilization and Assimilation
Phase 2: Recovery Plan Development
Phase 3: Reality and Life Skills Development
Phase 4: Ongoing treatment
Phase 5: Expanded Life Skills and Graduation Preparation

Participants successfully complete the program when they have met their treatment goals and tested negative for substances for six months.

BEST PRACTICES OF DRUG COURTS

Drug Courts were developed prior to research to support their effectiveness. When the 10 Key Components were articulated, they were based on observations of Drug Court practices that appeared to work. Research has subsequently studied these practices and empirically determined their effectiveness. Carey, Mackin, and Finigan (2012) provided the first holistic view of best practices in Drug Courts in their meta-analysis of 69 Drug Court evaluations. They indicated whether or not each Drug Court engaged in practices that were related to each of the 10 Key Components and compared recidivism for Drug Courts that did and did not employ that practice. A Drug Court practice was considered best practice if there were 40 or more Drug Courts that employed that practice and the practice yielded significant reductions in recidivism. Significant reductions in recidivism were related to 28 Drug Court practices, each associated with one of the Key Components. In July of 2013, the NADCP released a comprehensive review of the literature on best practices within Drug Courts. The extent to which Santa Barbara's SATC adheres to these best practices is evaluated and embedded throughout the report.

10 KEY COMPONENTS OF DRUG COURTS

The 10 Key Components of Drug Courts were established in 1997 in order to help inform the growing number of drug treatment courts in a uniform direction (The National Association of Drug Court Professionals, 1997). At the time they were established, the key components were not evidence-based but were theoretically and anecdotally driven. However, since their establishment, various aspects of the 10 Key Components have received validation through mounting research that has been conducted on drug treatment courts in the last two decades (see NADCP [2013, 2015] for an overview of the latest volumes of established best practices). A

description of the 10 Key Components of Drug Courts can be found below, as well as examples of activities the key component document outlines as being prescriptive of each component. Note that the table below does not provide an exhaustive list of all possible examples that exemplify each key component.

Table 1. *10 Key Components of Drug Courts (The National Association of Drug Court Professionals, 1997)*

Component	Description[1]	Examples of Activities
1	Drug Courts integrate alcohol and other drug treatment services with justice system case processing.	• Ongoing collaboration with multiple agencies • Creation of formal program documentation • Specific and measurable benchmarks utilized to track client progress • Frequent communication between team members and agencies • Judge as an active leader of the team • Trainings are provided for team members to ensure everyone is on the same page
2	Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' rehabilitation needs.	• Judge, prosecutor, and defense attorney placed on the team for a prolonged period of time • The prosecutor takes a non-adversarial, treatment-based approach with clients • The prosecutor determines client eligibility • The defense attorney explains program aspects to the client • The defense attorney encourages clients toward honesty in their court interactions
3	Eligible participants are identified early and promptly placed in the Drug Court program.	• Creation of written eligibility criteria • Potential participants are identified quickly and informed of the program • Potential participants are screened for suitability • Suitability is completed by trained professionals • New participants are brought before the Drug Court team soon after arrest
4	Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.	• Clients are matched to treatment services based on needs • Client needs are re-assessed throughout time in Drug Court to ensure their needs are continually being met • Treatment services for different need levels are made available to participants • Clients should have access to a wide array of treatment services • Fee payments (e.g., treatment, fines, restitution) are addressed in the program • The Drug Court and the different treatment providers establish agreements on intent to treat Drug Court participants • Participants with special needs (e.g., disability, English as a second language, child care needs, limited literacy) are accommodated in order to access treatment • Treatment agencies have licensed/certified staff • Treatment agencies provide training and supervision to staff • Treatment agencies communicate with the team about client progress
5	Abstinence is monitored by frequent alcohol and other drug testing.	• Drug testing occurs no less than two times a week during the initial phase • Multiple drugs are tested for, regardless of drug of choice • Validated and reliable drug testing standards are abided by in sample collection and in analysis • Drug test results are immediately communicated to the team • Participants must be abstinent in order to graduate the program
6	A coordinated strategy governs Drug Court responses to participants' compliance.	• Treatment programs and the team communicate frequently about client progress • Participants are provided information on (non)compliance initially and on an ongoing basis • There is a range of rewards and sanctions the court utilizes
7	Ongoing judicial interaction with each Drug Court participant is essential.	• Participants regularly attend status review hearings • The frequency of status review hearings may be adjusted due to participant (non)compliance • The severity of rewards/sanctions is commiserate with the participant's behavior
8	Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.	• Specific and measurable goals for the Drug Court should be established • Program monitoring and evaluation should be completed using program data • Program leaders should frequently review monitoring reports • Process evaluations should be conducted • Participants are contacted six months after leaving the program for follow-up data
9	Continuing interdisciplinary education promotes effective Drug Court planning, implementation, and operations.	• All Drug Court team members attend regular trainings/continuing education • The Drug Court's policies and procedures are outlined in written documentation
10	Forging partnerships among Drug Courts, public agencies, and community-based organizations generates local support and enhances Drug Court effectiveness.	• The team meets regularly with various other stakeholders to connect with and inform the Drug Court program • A partnership is fostered between the team and local law enforcement • A steering committee has formalized the method of participation of the court with various treatment agencies • The program is sensitive to the populations being served

[1] Office of Justice Programs (1997/2004).

Purpose

The purpose of this report was to describe the adherence of the Santa Barbara SATC to the known best practices and the 10 Key Components for Drug Courts. The evaluation format first presents the research available on each topic area, which explains the importance for investigation in that area, and then identifies the extent to which the SATC exemplifies the desired characteristics.

Methods

DATA COLLECTION

Data were collected in nine ways: 1) observations of team staffings on clients; 2) observations of corresponding courtroom proceedings; 3) interviews with SATC team members; 4) survey responses from SATC team members; 5) a focus group of team members regarding SATC adherence to guiding principles; 6) a review of SATC administrative documents and data; 7) consumer surveys with SATC clients; 8) interviews completed by counselors at treatment agencies serving SATC clients; and 9) survey responses from counselors at treatment agencies serving SATC clients. Two types of instruments were used: observation measures (of team staffings and status review hearings) and self-report instruments (a structured survey and a semi-structured interview for SATC team members and treatment counselors, a structured survey for SATC participants, a structured focus group questionnaire to assess adherence to best practices). In addition, some administrative documentation was obtained by the evaluators in instances where such documentation was thought to aid in the interpretation of the existing observation and self-report data. By obtaining information from multiple sources we were able to provide stronger documentation of program activities.

MEASURES

Measurement tools were used to systematically observe team meetings and courtroom hearings and to obtain open-ended and survey information from stakeholders. Instruments were adapted from various studies and existing measures, and were developed to meet the goals of the current process evaluation report. Specifically, the measures were chosen and modified with the intention of providing multiple sources of information on the extent to which the program adhered to guiding principles and best practices in Drug Court research.

Team Meeting Observations

Standardized observations of the SATC team's staffing were conducted by the program evaluators in order to describe the staffing process. Data points collected included the amount of time spent talking about each of the participants, the topics discussed, and observer perceptions of team cohesion.

Instrument

An instrument was adapted from several sources in the treatment court literature (e.g., Drug Court; Carey, Mackin, & Finigan, 2012; Cumming & Wong, 2008; Giacomazzi & Bell, 2007; Rossman, Roman, Zweig, Rempel, & Lindquist, 2011; Salvatore, Henderson, Hiller, White, & Samuelson, 2010). The instrument was used to assess time spent discussing each case, as well as the content of the discussions; evaluators noted whether or not the team talked about client progress in various areas of functioning, case management, vocational and educational goals, drug urine analyses (negative and positive), sanctions, and incentives. Researchers also coded who made final team decisions, as well as perceptions of team cohesion.

Data Collection

Data were collected over six days at the Santa Barbara Courthouse. Three researchers attended each staffing. Researchers remained as inconspicuous as possible during their observations. Team meetings typically ran from 1:30 p.m. until 2:30 p.m.

During the observed team meetings, SATC cases were interspersed with those of other courts, especially the Clean and Sober program. Team members attempted to group SATC clients together, and on several observation days asked the researchers to leave the courtroom once the SATC clients had been discussed. On other days team members observed the entire team meeting. Data obtained on participants from courts other than SATC were not recorded or reported.

On one observation day the SATC judge was absent due to unforeseen circumstances; on this day SATC occurred in a different courtroom and with a different judge.

Courtroom Observations

Standardized observations of the courtroom process were conducted by the program evaluators in order to describe the status review process. Information was recorded on time spent on each participant; participant characteristics; judicial interactions with participants; and the use of sanctions, recognition, and incentives with participants.

Instrument

One instrument was used to capture information on the court proceedings. This instrument was adapted from the literature on best practices in Drug Courts (Carey, Mackin, & Finigan, 2012; Cumming & Wong; 2008; Rossman et al., 2011a; Rossman et al., 2011b; Satel, 1998), with one instrument used to record information for each participant. Variables recorded included time spent on each case, case characteristics, participating team members, judicial interactions with the participant, participant behavior in court, recognition of participant noncompliance and compliance, and the use of sanctions and incentives.

Data Collection

Data were collected over six days of status review hearings for the SATC in Santa Barbara. Court hearings ran from 2:30 p.m. to 3:30 p.m., though sometimes they finished as late as 4:30 p.m. if the calendar was particularly full. SATC cases were interspersed with other court cases; team members attempted to call SATC cases early on the calendar though this was not always possible if the client was late, in custody, or if the lawyer was not yet present. Similar to the team meeting observations, only SATC cases were recorded and reported.

Interviews & Surveys

The UCSB Evaluation Team studied the SATC team members' perceptions of the SATC team and the SATC process in Santa Barbara. In order to capture this information, an interview protocol and survey were adapted. Interviews and/or surveys were conducted with Drug Court team members, treatment counselors, and Drug Court participants.

Drug Court Team Members

A semi-structured interview of the SATC process was conducted with each team member, with each team member also completing a corresponding survey. Across these measures, respondents were asked about the role of each team member and about how well different aspects of the court process function. They were also asked about the strengths of the program and areas they would like to see improved.

Interview questions were derived from two sources; some items were adapted from NPC Research (2006) interview protocols designed for Drug Court process evaluations, and other items were created for the purpose of evaluating local treatment court processes within Santa Barbara County. The adapted protocol contained 22 questions on team members' perceptions of the SATC, roles of the different team members, how well different aspects of the SATC process functioned, and suggestions for program improvement.

A total of 6 collaborative court team members of the Santa Barbara SATC were interviewed for this report. A majority of the interviews were conducted in the offices of the team members at times convenient to them in March - April 2016, prior to the team focus group in mid-April 2016. Research assistants obtained informed consent from each team member and attempted to conduct the interviews in private locations. Interviews ranged from 20 to 60 minutes in length.

A survey protocol was adapted from three scales by Hiller and colleagues (Hiller, Unpublished; Hiller et al., 2010; NPC Research, 2006). In order to assess various aspects of the SATC process and team effectiveness, several questions in the surveys created from Hiller and colleagues were modified to reflect the SATC model. In addition, several questions were created for the purpose of this evaluation in order to assess adherence to aims, scopes, and purposes of the SATC model. The adapted survey contained 37 questions. Each question solicited agreement ranging from *1= Strongly Disagree* to *5= Strongly Agree.* Team members completed the survey before or after the in-person interviews with the research team.

A total of 6 team members involved in the SATC completed the survey. Surveys were distributed to the team members via email or in paper form prior to the in-person interviews, and were completed at various times before and after the in-person interviews took place, but within the same two-week period as the interviews were conducted. Research assistants obtained informed consent prior to surveying each team member and made every attempt to facilitate the team members completing the surveys in private locations.

Treatment Counselors

Semi-structured interviews assessing treatment counselors' perceptions of the SATC process were conducted with treatment counselors who worked with SATC clients. Treatment counselors also completed a corresponding structured survey. Respondents were asked about aspects of the court process, aspects of their treatment agency's protocols with SATC clients, and their perceptions of how SATC benefits their clients. They were also asked about the strengths of the program and areas they would like to see improved.

The interview protocol was created for the purpose of the present evaluation, and consisted of 16 questions. The survey was constructed from various different sources (Blandford, Fader-Towe, Ferreira, & Greene, 2105; Hiller et al., 2010; National Association of Drug Court Professionals, 2013) and tapped into perceptions of the SATC program and structure, specific treatment practices, and attitudes toward SATC clients. Supporting quotes were not provided in the analysis of interview question themes for treatment counselor interview responses in order to maintain the anonymity of treatment counselors, due to the low number of

respondents. The survey consisted of 55 questions. Forty-eight questions solicited agreement ranging from *1= Strongly Disagree* to *5= Strongly Agree,* with 39 of these containing an option for *DK= Don't Know.* Seven questions solicited answers of *True* or *False*.

A total of 5 treatment counselors serving clients in the Santa Barbara SATC were interviewed for this report. All of the interviews were conducted in person in a private location, mostly in the offices of the counselors. Interviews ranged from 25 to 75 minutes in length. All 5 counselors also completed the surveys at the time of the interview. Research assistants obtained informed consent from each treatment counselor prior to conducting the interview and distributing the survey. It is important to note that, while 5 counselors were surveyed and interviewed, not all counselors answered every question (i.e., there are not 5 responses for every question).

Consumer Surveys

Data were collected from the Drug Court participants relative to their perceptions regarding the quality of their interactions with team members, communication between themselves and the SATC team, fairness and equality in treatment and consequences, their understanding of the process, and the participation of various team members in hearings. SATC participants were surveyed as part of their Probation check-in procedures at the kiosks in the Probation Department. Participants' responses reflected in the current report were collected by Probation during March through April 2016.

The consumer survey instrument was adapted from NADCP's (2013) best practices document, in order to address adherence to specific best practices that are best addressed by the participants themselves (e.g., perceptions of judicial interactions). The instrument also included questions for the purposes of the evaluating client perceptions of SATC functioning, satisfaction with court proceedings, SATC assistance in preparing the client for program completion, and perceived relationship with the MHTC team and treatment program.

Responses were available for 11 SATC participants in Santa Barbara's program. The ethnic breakdown of the participants was 55% White, 18% Asian, 9% Hispanic, and 18% multiethnic. This was the first time going through the SATC program for all participants. Most participants (64%) had been in the program for over six months. It is important to note that, while 11 clients were surveyed, not all clients answered every question (i.e., there are not 11 responses for every question).

Focus Group

A structured focus group was conducted with all members of the SATC team in order to assess the team's adherence to guiding principles in the field and best practices identified for treatment courts more broadly. Each of these principles was discussed and adherence evaluated based on the team's responses. Some questions were created for the purpose of the present evaluation, while other questions were derived from documents on known best practices in Drug Courts (i.e., Carey, Mackin, & Finigan, 2012; National Association of Drug Court Professionals, 2013).

One team member was unable to attend the focus group. A follow-up phone conversation was conducted with this team member using a subsection of the focus group questions which were either particularly relevant to that team member. In addition, one person was interviewed as a treatment counselor, and also attended the focus group as a team member.

Program Entry

This section focuses on examining the quality of functioning of the program entry processes within the Santa Barbara SATC: this includes identifying and serving the appropriate target population, the case referral process, and participant eligibility and suitability.

TARGET POPULATION

The NADCP established the target population for Drug Courts to be high-risk and high-need adults (NADCP, 2013). High-need refers to individuals' severity of addiction to illicit drugs or alcohol; with high-risk referring to "at substantial risk for reoffending or failing to complete a less intensive disposition" (NADCP, 2013). Studies have shown that when Drug Courts target this population they reduce crime by twice as much as other courts that serve less serious offenders (Cissner et al., 2013; Fielding et al., 2002; Lowenkamp et al., 2005). Furthermore, NADCP recommends that low-risk and low-need offenders be kept separate from other high-risk and high-need participants (NADCP, 2013); research has shown that mixing participants with differing levels of risk or need can result in worse outcomes for the low-risk and low-need participants by interfering with their participation in productive activities or by introducing them to antisocial peers (DeMatteo et al., 2006; Lowenkamp & Latessa, 2004; McCord, 2003; Petrosino et al., 2000). Additionally, iatrogenic effects (i.e., harmful treatment effects) have been found for placing non-addicted substance abusers into treatment; research has suggested that such individuals are at a greater risk for becoming addicted or reoffending if they are provided with substance abuse treatment (Lovins et al., 2007; Lowenkamp & Latessa, 2005; Szalavitz, 2010; Wexler et al., 2004).

It is also recommended that the target population for a SATC be clearly differentiated from other related treatment courts that may serve similar or overlapping populations. For example, due to the high rate of co-occurring disorders (CODs) within the serious mental illness population, SATCs have been found to serve similar populations as MHTCs (The Council of State Governments, 2005); however, it has been noted that, despite the "similarities, the two types of courts have important differences. While serious mental illness and drug addiction can both lead to criminal justice system involvement, they are different types of disorders with distinct treatment methods and relationships to the criminal justice system" (Council of State Governments, 2005, p.6). The Council of State Governments (2005) went on to provide specific examples of how these treatment courts differ, found below in Table 1. Furthermore, it has been demonstrated within the research that treatment that is inappropriately targeted or evaluated for use with a specific population can have inadvertent negative impacts (i.e., iatrogenic effects; for more information see: Marlowe, 2006; McCord, 2003; Petrosino, Turpin-Petrosino, & Finckenauer, 2000). It is imperative that SATCs have clearly operationally defined target populations to avoid these confusions between treatment courts, as well as any unintended negative treatment impacts.

Table 1. *Key differences between Drug Courts and mental health courts*. (Adapted from the Council of State Governments, 2005)

Component	Drug Courts	Mental Health Courts
Charges accepted	Drug- or alcohol-motivated crimes	Include a wider array of charges because mental illness itself is not a crime
Monitoring	Rely on urinalysis of other types of drug testing to monitor adherence	Do not have an equivalent test available to determine whether a person with a mental illness is adhering to treatment conditions
Response to Violations	Apply behavior management grid that includes incentives and sanctions for compliance/noncompliance. Graduated sanctions culminate in brief jail sentences	Adjust treatment plans and apply sanctions in response to non-adherence; rely more heavily on incentives; use jail less frequently
Service delivery	Often establish independent treatment programs for their participants	Usually contract with community agencies; require more resources to coordinate services for participants
Expectations of participants	Require sobriety, education, employment, self-sufficiency, payment of court fees, and stabilization of co-occurring disorders; some charge participation fees	Recognize that even in recovery, participants are often unable to work or take classes and require ongoing case management and multiple supports; few charge a fee for participation

In Santa Barbara, there are three different treatment courts that serve similar or overlapping populations (i.e., Mental Health Treatment Court [MHTC], Dual Diagnosis Court [DDX], Substance Abuse Treatment Court [SATC]). In addition, there is another court calendar that is not a treatment court but serves similar populations, called Clean and Sober. Clean and Sober also appears during the same calendar as SATC, and consists of the same treatment court team. The presence of more than two related treatment courts and a similarly positioned non-treatment court calendar would likely require a clear and concise understanding of what designates a SATC eligible participant and crime from the other court calendars. The purpose of the lines of inquiry in this section are intended to examine the extent to which this designation is apparent in Santa Barbara's SATC.

Focus Group

Team members were asked to describe high-risk and high-need offenders (see Table 2). The team responded that "high-risk" pertained to recidivism and was mainly assessed utilizing age and prior criminal record, whereas "high-need" referred to a need for substance use prevention treatment.

Table 2. Open-ended questions asked during the team focus group regarding high-risk and high-need offenders.

Open-ended Questions
What are high-risk/high-need offenders?

In order to ascertain adherence to best practices in this area, team members were asked to collaborate on responses to questions about targeting high-risk and high-need clients for SATC (see Table 3). For the most part, SATC successfully targets and admits high-risk/high-need clients. However, in some cases clients may be lower risk (i.e. first offense). There are not currently separate tracks for clients of differing risk/need, and clients in the same treatment program attend the same groups together. However, outpatient drug treatment is adjusted to the needs of the clients in both duration and dosage. Furthermore, residential treatment serves mainly high-need patients (though they may not be high-risk).

Table 3. Focus group collaborative responses to questions regarding SATC target and actual population.

High-risk and High-need Participants	True/False
The Drug Court targets offenders for admissions who are high-risk and high-need offenders (i.e., are addicted to illicit drugs or alcohol and are at substantial risk for reoffending or failing to complete a less intensive disposition, such as standard probation or pretrial supervision).	False
The Drug Court population primarily consists of high-risk and high-need offenders.	True
If a Drug Court is unable to target only high-risk and high-need offenders, the program develops alternative tracks with services that are modified to meet the risk and need levels of its participants (i.e., lower intensity of supervision, substance abuse treatment, or both; otherwise the program is wasting its resources or making outcomes worse for some participants).	False
If a Drug Court develops alternative tracks, it does not mix participants with different risk or need levels in the same counseling groups, residential treatment milieu, or housing unit.	True/False

Lastly, team members were asked to collaborate on four open-ended questions regarding the difference between SATC and the program that it shares its calendar with, Clean and Sober (see Table 4). Clean and Sober is related to SATC in that staffing and court appearances are intermingled, and most clients of both programs receive drug treatment at the same treatment program. Additionally, clients of both programs may attend groups together at the treatment program. However, there are important differences between the programs regarding intent, dosage, duration, requirements, and support. Specifically, SATC is pre-plea and voluntary while Clean and Sober is a term of the client's probation. Furthermore the programs have different phasing – Clean and Sober is designed to be about 6 months in duration while SATC is designed to be 12-18 months. The different intent and design of the two programs means it is important for team members and treatment providers to be able to distinguish the programs from one another.

The team was first asked to describe the difference between SATC and Clean and Sober. The team response was to the effect that SATC is more of an intensive recovery process in exchange for the client receiving a dismissal – treatment is longer and more intense, supervision is greater and staffing is more thorough. Additionally, the team reported that SATC utilizes Probation for suitability assessments and supervision while this is not necessarily the case for Clean and Sober.

The second open-ended question the team was asked related to how the calendars are handled differently and similarly between the two programs. The team response was that the calendars are generally handled similarly, but that SATC gets more attention and time, and also that decision-making is more distributed through the entire SATC team. The team also stated that Clean and Sober has slightly more technical issues and procedures as a post-judgment process, and the treatment provider tends to play a stronger role in the courtroom for Clean and Sober clients.

The third open-ended question the team was asked regarded how the clients in the courts are different and similar. The team response was that both groups are similar in that they each need help with substance abuse issues, but that Clean and Sober clients tend to have a longer list of priors and a more established relationship with drug addiction, (e.g. multiple driving under the influence charges or histories of domestic violence). The team stated that clients with multiple felonies may be less motivated to go through the more intense treatment program of SATC to get a dismissal for their current offense. Additionally, SATC clients tend to be a more diverse in terms of gender, ethnicity, and severity of drug use than Clean and Sober participants.

The fourth open-ended question the team was asked addressed client crossover between the two courts. The response was that this very rarely occurs, and when it does, it is generally from Clean and Sober to SATC – clients may have a more serious offense and go to SATC, or in rare cases may be allowed to undo their plea and enter SATC.

Table 4. Open-ended questions asked during the team focus group regarding client differences.

Open-ended Questions
1. What is the difference between SATC and Clean and Sober?
2. How are the SATC and Clean and Sober calendars handled differently? How are they handled similarly?
3. How are the clients in SATC and Clean and Sober different? How are they the same?
4. How often do clients cross over between Clean and Sober and SATC?

Feedback: Treatment Counselors

Treatment counselors were interviewed regarding their knowledge of the intended target population for SATC by asking them "What is the target population for SATC?" Qualitiative responses to this question were brief and somewhat vague so they were not coded. In general, most treatment providers (three out of five) did not know what the target population was, though some mentioned them being high-risk, non-violent, or having drug charges.

Treatment counselors were also asked "What is the difference between SATC, DDX, and MHTC treatment courts?" Responses to this question were similar to the above question, with most counselors expressing that they understood the concepts of substance abuse treatment, mental health treatment, and dual diagnosis treatment, but not how the different treatment courts operated or what that meant for the clients. However, some of the differences that were mentioned included: whether the program focuses on substance abuse or mental health (or both), that SATC receives more drug testing, and that DDX clients require a higher level of care than SATC participants.

Lastly, treatment counselors were interviewed regarding "What is the difference between SATC and Clean and Sober?" Most counselors were not able to distinguish between the intent of SATC and Clean and Sober. The most commonly stated difference was that SATC is longer, with some believing that this is due to a more serious offense. One counselor stated that the greater length of treatment allowed for a more sustained and full recovery. Other differences noted by counselors included that SATC clients are more invested due to the program being voluntary, that SATC clients get no charge on their record if they succeed, that SATC clients receive more scholarships to aid with the cost of treatment, that Clean and Sober often has clients with multiple offenses and diagnosed mental health issues, and SATC clients may have undiagnosed mental health issues that sometimes reveal themselves through the course of treatment. Most of these distinctions were made by one counselor, however, and generally counselors did not note differences between the two beyond SATC being longer in duration.

Administrative Documents

Neither the *SATC Standards and Practices Manual* nor the *SATC Orientation Manual* for Santa Barbara County mention "high-risk" or "high-need," nor do they differentiate between SATC and Clean and Sober, DDX, or MHTC. However, *the Standards and Practices Manual* does provide an itemized list of objective criteria about what offenses make a client eligible or ineligible for Drug Court, as well as the extent to which the district attorney is allowed discretion.

CASE REFERRAL PROCESS

Research on Mental Health Treatment Courts offers guiding practices that may also be applicable to the SATC case referral process. Chief among these, MHTC teams are recommended to identify potential clients as quickly as possible (Thompson et al., 2007). Thompson et al. (2007) recommend that to achieve this goal referrals are to be allowed from various sources, including "law enforcement officers, jail and pretrial services staff, defense counsel, judges, and family members" (p. 3). The primary emphasis here is establishing a wide-ranging and quick referral process that rapidly connects clients with treatment. SATCs might also consider pretrial programs as a source of program referrals, if applicable. Furthermore, SATCs should promote their cause and criteria through education of these referral sources in order to capture their intended population quickly and efficiently.

Sections below outline stakeholder perceptions on the case referral process in three different ways; (1) general perceptions of the case referral process, (2) perceptions of the referral process from arrest to SATC program entry, and (3) perceptions of the referral process from SATC program entry to treatment entry.

Arrest to SATC and Treatment Entry

Feedback: SATC Team

During the team member interviews, stakeholders were asked how well the case referral process works, particularly the time from offender arrest to SATC program entry, and also the time from SATC entry to treatment entry. One distinction stakeholders made is that the order does not always proceed from arrest to program entry to treatment entry -- sometimes clients begin treatment before they have signed the SATC contract in order to get sober before signing. As such, the answers to both of these questions are combined (see Table 5). Some stakeholders stated that having treatment before contract signing is good because time to treatment is prioritized, while others saw this as complicating the process in that clients may take a long time to get sober and during this period SATC has no jurisdiction over them.

In general, the stakeholders reported inconsistencies in their perceptions of how well the referral process from arrest to SATC entry works. Some stakeholders felt the process was quick and efficient, while others indicated that the process can be slow and indirect,

citing transferring from another department, private counsel, suitability assessment, and waiting for the client to get sober as sources of delay. Additionally, some stakeholders mentioned that sometimes clients aren't referred to the most appropriate program, and that private counsel is not always very familiar with SATC.

Table 5. SATC team qualitative responses to the questions, "How well do the following processes work… The case referral process (time from arrest to program entry)?" and "The case referral process (time from program entry to treatment)?"

Response Categories	Descriptions
Varying opinions	▪ Non-direct process ▪ Has improved ▪ Works well ▪ Slow process
Treatment referral	▪ Sometimes the client is not referred to the most appropriate program
Time to program	▪ Taking a case from another department can take 1-2 weeks ▪ Suitability assessment takes one week ▪ Acceptance of clients into program is slow ▪ Offender has to be clean before contract signing (slows the process down) ▪ No jurisdiction over client before contract is signed creates difficulty
Time to treatment	▪ Treatment can occur before contract signing ▪ Time to treatment is fast and high priority, even if there is no contract yet ▪ Time to treatment can be inefficient ▪ Clients are not always referred to treatment right away
Private counsel	▪ Private counsel might slow down the process ▪ Private counsel is not always aware of SATC
Don't know	▪ Don't know

Feedback: Treatment Counselors

Lastly, treatment counselors were interviewed regarding how quickly clients get referred to treatment by asking "How well does the process work of clients getting quickly and efficiently referred to treatment services (substance use or mental health)?" In general, the counselors stated that this process is not within their purview and they are unaware of how well it works, so their responses were not coded. One counselor stated that sometimes clients share that they spent a long time waiting for treatment in jail. Another counselor stated that having more treatment providers involved in the referral process may help SATC refer clients to the most appropriate program. Due to general unfamiliarity with this important part of the program, it may be beneficial for counselors to be better educated and more involved in the process.

Focus Group

Team members were asked to collaborate on responses to questions about how referrals to specific treatment agencies are made (see Table 6). Team member responses indicated if a client has a dual-diagnosis issue they are referred to Sanctuary, and otherwise they are sent to Project Recovery. There is no standardized method in determining dual diagnosis clients or appropriate treatment placement, and the team makes the decision together. If a client needs residential placement, treatment programs are limited and decisions are usually based on bed availability. However there are a couple programs that are tailored to dual-diagnosis patients if needed (and can be afforded).

Table 6. Question asked during the team focus group regarding treatment plan adjustments.

Focus Group Questions
1. How are clients referred to different treatment agencies?
2. Is there a standardized assessment procedure that dictates which agency the clients will attend?

ELIGIBILITY AND SUITABILITY

Eligibility and suitability have been focal points for treatment courts, in that researchers and government agencies have continuously recommended that both be documented, outlined clearly and understandably (e.g., with MHCs; Thompson et al., 2007), and adhered to in order to promote positive outcomes for participants (e.g., with SATCs; NADCP, 2013). Furthermore, researchers have posited that the high degree of overlap that is likely to be found across similar treatment courts demands that clinical eligibility be differentiated well (Thompson et al., 2007). For this reason, it is also suggested that the various treatment courts coordinate between one another to ensure a clear understanding of one another's eligibility and suitability and how to remain separate entities. It is also recommended that the ultimate decision regarding a potential client's eligibility should be made with all team input (Thompson et al., 2007; The Council of State Governments, 2005).

The NADCP outlines explicit eligibility and suitability criteria for SATCs in accordance with established best practices in the field (NADCP, 2013). It is recommended that objective and evidence-based eligibility and exclusionary criteria should be established, specified in writing, and communicated to referral sources (NADCP, 2013). Regarding exclusionary criteria, if appropriate treatment is available, participants should not be denied access to the Drug Court because of any co-occurring mental health or medical condition. Additionally, they should not be disqualified from participation based on having been legally prescribed psychotropic or

additional medication (NADCP, 2013). Furthermore, with the exception of legal prohibitions, offenders who have a history of drug dealing or violence should not be automatically prohibited from participation. However, if empirical evidence suggests that offenders with specific current or prior offenses cannot be safely or effectively treated within the SATC, then they may be disqualified from participation (NADCP, 2013).

One of the most important areas for SATCs to consider in regards to eligibility and suitability is the use of validated eligibility assessments. These risk- and clinical-assessment tools should: (1) have been empirically shown to predict criminal recidivism or failure on community supervision, (2) predict equally across gender and ethnicity specific to the area served by the SATC, (3) evaluate the formal diagnostic symptoms of substance dependence or addiction, and (4) be administered by trained evaluators who are proficient in their administration and interpretation (NADCP, 2013). While most assessment tools used in SATCs are usually validated, it is especially important to consider the specific population that the SATC typically serves, as a measure's validation may not generalize to some minority groups. Therefore, SATCs should evaluate the appropriateness of their current assessment tools based on this important consideration.

Feedback: SATC Team

Team members were surveyed about the extent to which they felt prosecution and defense worked together to identify eligible clients, and whether clients had to meet distinct criteria to qualify for the program (see Table 7). The majority of team members reported that prosecution and defense work together to identify eligibility. Whereas the majority agreed that treatment criteria for eligibility are distinct, the majority of team members were neutral as to whether *legal* criteria are distinct. This may be due to the fact that there is some flexibility allowed in determining legal eligibility, as some team members mentioned in the focus group or during individual interviews.

Table 7. SATC team perceptions of the eligibility process.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Prosecution and defense work together to identify who is eligible for court.	0%	17%	17%	50%	17%
A participant must meet explicit legal criteria to be eligible for the program.	0%	0%	67%	17%	17%
A potential participant must meet distinct treatment criteria to be eligible for the program.	0%	17%	17%	50%	17%

During the team member interviews, stakeholders were asked how well the participant eligibility/exclusionary process works (see Table 7). Most of the stakeholders felt the process works well and that team is on the same page. Some team members felt that they didn't know how the process worked or would like to see more of the team involved in eligibility determinations. The process of eligibility determination was described as mainly about subjective information gathering rather than a formalized process. One challenge is that it can take a long time in order for drug-using offenders to be clean to sign the contract.

Table 8. SATC team qualitative responses to the question, "How well do the following processes work… Determination of participant eligibility/exclusion?"

Response Categories	Descriptions
Works Well	▪ Works well ▪ Team on the same page
Don't Know	▪ Don't know
Offender Clean Time	▪ If the offender is using it's slow
Subjective	▪ The process is subjective
Team Input	▪ Team input is not always solicited for eligibility

Team members were also interviewed regarding how well the process of determining participant suitability works (see Table 9). Although there was some confusion about the difference between suitability and eligibility, most team members stated that suitability is the responsibility of Probation. Most also agreed that the process works well, with one team member adding that it takes about a week and is generally efficiently done. The team reported that Probation utilizes a screening tool to assess risk and needs, though the findings of Probation can be overridden by information from the team. Lastly, there was different opinions about whether the criteria currently accepts most clients already, or whether it might be better to expand criteria in order to serve a wider diversity of clients (lower-risk and lower-need clients).

Table 9. SATC team qualitative responses to the question, " How well do the following processes work… Determination of participant suitability?"

Response Categories	Descriptions
Works Well	▪ Works well ▪ Efficient ▪ Takes one week
Probation is Responsible	▪ Probation makes the report
Assessment Criteria	▪ A screening tool is used ▪ Based on risk and needs ▪ Risk and needs assessment can be overridden by information from team
Varying Perceptions of Inclusivity	▪ Most clients are found suitable ▪ Criteria are too exclusive

Feedback: Treatment Counselors

Treatment counselors were surveyed about the extent to which they felt prosecution and defense worked together to identify eligible clients, and that clients had to meet distinct criteria for the program (see Table 10). The majority of counselors reported that these processes occurred; however, between 50-60% of treatment counselors reported being either neutral or not knowing the answer to all three questions.

Table 10. Treatment counselor perceptions of the eligibility process.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
Prosecution and defense work together to identify who is eligible for court.	0%	0%	50 %	50%	0%	0%
An offender must meet explicit legal criteria to be eligible for the program.	0%	0%	0%	0%	50%	50%
An offender must meet distinct treatment criteria to be eligible for the program.	0%	0%	20%	20%	20%	40%

Focus Group

Open- and closed-ended questions were asked in order to assess team adherence to best practices in the eligibility and suitability process. First, team members were asked to collaborate on responses to questions about eligibility and suitability criteria for SATC clients (see Tables 10-12).

The first set of open-ended questions to the focus group (Table 11) revealed that suitability is determined by Probation utilizing the Texas Christian University Drug Screen (TCUDS 2) and the Correctional Offender Management Profiling for Alterative Sanctions (COMPAS) assessments. Information about SATC is usually communicated to clients from their defense attorney as a potential option, yet some clients might hear about SATC from treatment providers, judges in other courts, or other clients themselves. If the client has a co-occurring disorder and no private psychologist then they may be sent to a treatment program more suited for dual co-occurring diagnoses; otherwise most clients are sent to one primary treatment program. Regardless of which treatment program is assigned, client progress is reported back to the team by a counselor or liaison from the treatment program. The team does not generally send clients to other courts if they are found eligible and suitable for SATC.

Table 11. Open-ended questions asked during the team focus group regarding the eligbility and suitability process in SATC.

Open-ended Questions
1. How is client suitability determined?
2. How is information on SATC communicated to potential referral sources?
3. How are clients who present with co-occurring disorders handled in the Drug Court system?
4. When does the Drug Court refer clients with co-occurring disorders to other treatment courts or to other outside venues?

Focus group responses to questions regarding objective eligibility and exclusionary criteria (Table 12) indicated endorsement of adherence to evidence-based practices in this domain. However, the team noted that, while the eligibility and exclusionary criteria are communicated to some potential referral sources, it would be beneficial if more potential sources were familiar with SATC eligibility criteria. Additionally, the team agreed that evidence-based practices were used to design the eligibility criteria; however, the team appeared unsure of how the criteria were specifically derived. Finally, as clarification of two questions in this group: offenders charged with drug dealing must be shown to be dealing in order to support their own habit, and offenders with charges involving violence can be automatically excluded; however the district attorney has the discretion to overrule this exclusion.

Table 12. Focus group collaborative responses to questions regarding eligibility and suitability, and exclusionary criteria.

Objective Eligibility and Exclusion Criteria	True/False
Eligibility and exclusion criteria are: a. - defined objectively, b. - specified in writing, and c. - communicated to potential referral sources (including judges, law enforcement, defense attorneys, prosecutors, treatment professionals, and community supervision officers).*	a. True b. True c. True
The SATC team does not apply subjective criteria or personal impressions to determine participants' suitability for the program.	True
Evidence-based practices were used to design eligibility criteria.	True
Current or prior offenses may disqualify candidates from participation in the Drug Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Drug Court.	True
Barring legal prohibitions, offenders charged with drug dealing are not excluded automatically from participation in the Drug Court (provided they have a drug addiction problem).	True
Barring legal prohibitions, offenders with histories of violence are not excluded automatically from participation in the Drug Court (provided they have a drug addiction problem).	False
If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health conditions.*	True
If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring medical conditions.	True
Candidates are not disqualified from participation in the Drug Court because they have been legally prescribed psychotropic medication.	True
Candidates are not disqualified from participation in the Drug Court because they have been legally prescribed addiction medication.	True

* This evidence-based practice was assessed using open-ended questions.

Next, in order to ascertain the extent to which the eligibility assessments utilized for program entry into SATC were validated for use with various populations, team members were asked to collaborate about questions regarding these assessments (see Table 13). The team reported that the probation officer is trained to use the TCUDS 2 in order to assess drug treatment needs. Probation also uses the COMPAS to assess risk level. Evaluators used this information to answer related questions regarding the team's adherence to best practices in Drug Courts (see Table 14).

TCUDS is a public domain screening tool that may be integrated into an in-person interview or reliably self-administered. The TCUDS utilizes formal clinical and diagnostic evaluation criteria from the American Psychiatric Association (APA) and National Institute of Mental Health (NIMH) to assess offenders' substance dependence, addiction, and treatment needs (IBR, 2007; Knight, Simpson, Morey 2002). The TCUDS has been found to be accurate, reliable, and specific, with nearly identical results across race and gender subgroups (Knight, Hiller, Broome, & Simpson 2000; Peters, et. al 2000).

COMPAS (Northpointe Institute for Public Management, 1996) is decision-support software that combines risk and needs assessment with other case management, sentencing, and recidivism data. The COMPAS has demonstrated promise in past reliability and validity studies. Brennen, Dieterich, and Ehret (2009) found that COMPAS scales generally have good internal reliability with ten of the fifteen scales having alpha scores of .70 or greater and the other five between .59 and .70. Likewise, Farabee, Zhang, and Yang (2011) found the test-retest reliability of COMPAS to be .66 overall. Moreover, multiple studies have found the predictive accuracy of COMPAS in predicting recidivism to be similar to or better than other correctional needs assessments (Brennen, Dieterich & Ehret, 2009; Fass, Heilbrun, Dematteo & Fretz, 2008). A meta-analysis found that the COMPAS performs adequately at predicting recidivism for female offenders (Geraghty & Woodhams, 2015). However, independent findings regarding use of the COMPAS within criminal justice populations have been limited.

Taken together, it appears that the team utilizes validated clinical and risk assessment tools.

Table 143. Open-ended questions asked during the team focus group regarding the use of validated assessments in SATC.

Open-ended Questions
1. What risk and needs assessments are used?
2. Who administers the risk and needs assessments? What training do they have in the use of these assessment tools?

Table 14. Ascertation of best practice adherence based on focus group responses to questions regarding validated eligibility assessments.

Validated Eligibility Assessments	True/False
Candidates for the SATC are assessed for eligibility using validated risk-assessment and clinical-assessment tools.	True
Eligibility assessments are made on both risk (to determine supervision level) and needs (to determine need of treatment services).	True
The risk-assessment tool has been demonstrated empirically to predict criminal recidivism or failure on community supervision	True
The risk-assessment tool is equivalently predictive for women and racial or ethnic minority groups that are	True

represented in the local arrestee population.	
a. The assessment tools that are used to determine candidates' eligibility for the Drug Court are valid for use with members of historically disadvantaged groups (e.g., minorities, females) represented in the respective arrestee population. -or- b. If such tools do not exist, then at a minimum the Drug Court should elicit feedback from the participants about the clarity, relevance, and cultural sensitivity of the tools it is using.	a. True b. N/A
The clinical-assessment tool evaluates the formal diagnostic symptoms of substance dependence or addiction.	True

Administrative Review

SATC documentation was consulted to assist in evaluating the team's adherence to best practices within the Drug Court field, utilizing the *SATC Standards and Practices Manual,* the *SATC Orientation Manual,* the *SATC Contract,* and the *SATC Non-Compliant Behavior* for Santa Barbara County. Review of the materials supported the answers of the focus group to the questions regarding exclusionary criteria (Table 15). In the case of clients taking legally prescribed psychotropic or addiction medication, the documentation provides some discretion for the team to either allow it or to remove the client from the program should they refuse or be unable to transition to a non-addictive or non-psychotropic medication.

Table 15. Administrative review of SATC exclusionary criteria.

Exclusionary Criteria	True/False
Barring legal prohibitions, offenders charged with drug dealing are not excluded automatically from participation in the Drug Court (provided they have a drug addiction problem).	True
Barring legal prohibitions, offenders with histories of violence are not excluded automatically from participation in the Drug Court (provided they have a drug addiction problem).	False
If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health conditions.	True
Candidates are not disqualified from participation in the Drug Court because they have been legally prescribed psychotropic medication.	True
Candidates are not disqualified from participation in the Drug Court because they have been legally prescribed addiction medication.	True

SUGGESTIONS FOR IMPROVEMENT

Team members and treatment providers were solicited to provide feedback on how any of these processes could be improved upon (i.e., case referral process, eligibility, suitability). Their suggestions are outlined below.

Feedback: SATC Team

During the team interview, stakeholders were asked to provide suggestions for improving any of the following processes: case referral, determination of participant eligibility/exclusion, and determination of participant suitability. Their answers are summarized in Table 16. Although some team members saw no potential improvements, others reported a variety of ways in which these processes could be improved upon. Suggestions made by the team included providing more trainings, working only with pre-plea, decreasing the caseload or increasing court/staffing time, and expanding eligibility to include tracks for lower risk and lower need clients. Team members had varying opinions about the time to program entry, either stating that the time getting the client enrolled in SATC needs to be shortened, or holding that the current method works well, where treatment is prioritized and clients don't necessarily sign the contract until they are able to become sober.

Table 16. SATC team responses to the question, "How could these processes be improved?"

Response Categories	Descriptions
Works Well	▪ Works well ▪ Not sure if it can be improved
Training	▪ Training
Caseload	▪ Reduced caseload ▪ More time for court/staffing
Time to Program Entry	▪ Less time to get into SATC ▪ Treatment first, contract later works well
Pre-Plea vs. Post-Plea	▪ Work with pre-plea ▪ No post-plea SATC
Expand Eligibility	▪ Take low-risk low-need clients ▪ Create a separate track for low-risk low-need ▪ Different length of time for different offenders

SUMMARY

In general, feedback from stakeholders and treatment counselors revealed that many areas worked well and were within best practices. Criteria for client eligibility was largely within best practices, with clearly defined legal eligibility that didn't automatically exclude clients with co-occurring mental health needs, clients who had legal prescriptions for addictive or psychotropic medication, or clients who had been caught drug dealing in order to support their habit. Clients could automatically be excluded from participation if they had a history of violence, which is contrary to best practices. However, the district attorney had the power to overrule this exclusion if the client didn't presently pose a threat. For clients who had prescriptions for addictive or psychotropic medication, the team might benefit from working directly with the primary care physician to determine what is in the best interests of the client. Determining client suitability was also largely seen as effective and within best practices by team members. However, there was some confusion on the team between eligibility and suitability.

As a result of these processes, SATC generally successfully targeted and admitted high-risk and high-need clients, and prosecution and defense were seen to work well together to determine eligibility. However, in some cases clients were lower risk (i.e. first offense). In addition, while residential programs generally targeted clients at the same level of need, there were not separate tracks for high or low-risk/need clients in the outpatient treatment programs, and clients attended the same groups together.

The team largely reported that the time from referral to program entry and treatment was efficient and functioned well. The team noted that in some cases the process could be delayed by private counsel, transferring the client from another department, or waiting for the client to get sober to sign the contract; these are potential areas for improvement.

Treatment providers generally had positive feedback about the SATC. In particular, counselors appreciated that the SATC provided motivation and incentives for clients to attend treatment who might not otherwise do so, and that the SATC provided a longer duration of substance abuse treatment than most other programs, allowing for more thorough treatment and establishment of healthy habits. Counselors also shared that this longer duration often allowed counselors to uncover previously undiagnosed mental health issues in their clients. Screening for mental health needs in order to determine appropriate treatment is an SATC best practice, and the SATC may benefit from mental health screening at program intake. In addition, counselors indicated that there was a lack of knowledge of SATC goals, clients, policies or procedures, and were largely unable to clearly distinguish SATC from other court-related programs. Treatment programs might benefit from increased training about the SATC.

Treatment

Treatment is a critical component of the SATC process. For this reason, it is important to review the way treatment agencies and the SATC make client treatment determinations and treatment plans, prioritize cultural and gender sensitive treatment, and establish specific treatment agency practices. NADCP (2013) recommends a wide range of treatment services and resources be available to SATC. These services should exist across a continuum of available substance abuse treatments (i.e., detox, residential, sober living, day treatment, outpatient, intensive outpatient program (IOP), mental health services, parenting classes, family or domestic relations counseling). Finally, Drug Court clients should be able to participate in educational and vocational assessment and training.

TREATMENT AVAILABILITY

Feedback: SATC Team

In order to investigate the extent to which there were varied modalities of treatment for the offenders, stakeholders were surveyed about SATC clients' access to educational/vocational training and the court's network of treatment resources (see Table 17). The majority of team members reported neutrality to the idea that clients have access to educational and vocational assessment and training. Most team members felt that the treatment court had a wide range of treatment resources available to SATC clients.

Table 17. SATC team members' perceptions of client access to various treatment resources.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Clients can participate in educational and vocational assessment and training.	0%	0%	80%	20%	0%
The treatment court has a rich network of treatment resources.	0%	17%	0%	67%	17%

Feedback: Treatment Counselors

Treatment counselors were also surveyed regarding perceptions of SATC clients' access to educational/vocational training and the court's network of treatment resources (see Table 18). The majority of counselors reported being neutral or not knowing about whether clients can participate in educational or vocational assessment and training, and the rest thought that clients could participate. Similarly, most treatment counselors either didn't know or were neutral about whether there was a rich network of treatment resources, though the remaining counselor thought that SATC did not have a rich network.

Table 18. Treatment counselor perceptions of client access to various treatment resources.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
Clients can participate in educational and vocational assessment and training.	0%	0%	40%	20%	20%	20%
The treatment court has a rich network of treatment resources.	0%	25%	50%	0%	0%	25%

Focus Group

In order to ascertain adherence to best practices in the field team members were asked to collaborate on responses to questions about availability of treatment services (see Table 19). Team member responses indicated that Santa Barbara SATC currently offers all services in line with best practices.

Table 19. Focus group collaborative responses to adherence to best practices in availability of treatment services.

Treatment Availability	True/False
The Drug Court offers a continuum of care for substance abuse treatment including:	
a. - detoxification,	a. True
b. - residential,	b. True
c. - sober living,	c. True
d. - day treatment,	d. True
e. - intensive outpatient services, and	e. True
f. - outpatient services	f. True

TREATMENT DETERMINATIONS

This section describes perceptions regarding how SATC client treatment determinations are made in the program.

Feedback: SATC Team

The SATC team was surveyed about whether or not clients can be referred to a higher level of treatment if needed (see Table 20). The majority of participants reported that they strongly agree that clients can access a higher level of treatment when needed, and one member disagreed.

Table 20. SATC team members' perceptions of client access to various treatment resources.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
A participant may be referred to a higher level of treatment if needed.	0%	17%	0%	0%	83%

Feedback: Treatment Counselors

Treatment counselors were also surveyed about whether or not clients can be referred to a higher level of treatment if needed (see Table 21). The majority of counselors either agreed or strongly agreed that a higher level of treatment is available.

Table 21. Treatment counselor perceptions of client access to various treatment resources.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
A client may be referred to a higher level of treatment if needed.	0%	0%	25%	25%	50%

During interviews with treatment providers, they were asked "How are client treatment needs (i.e., dosage, duration) determined?" Treatment counselor responses indicated that whereas the treatment program is set by the court, and the phasing structure is set by the overall treatment program structure, treatment providers perform a needs-based assessment for each client to determine what is most helpful for each client to achieve the overarching goal of long-term abstinence. Beyond this initial assessment, client behavior also dictates treatment needs by revealing when the client might need more intense or different kinds of support.

Focus Group

Team members were asked to collaborate on a response to a question about determination of client treatment needs and the use of medication in client treatment regimens (see Table 22), in order to ascertain adherence to best practices in the field (see Table 23). Team member responses indicated that client treatment needs are ascertained by the treatment program, with one treatment program using the Addiction Severity Index (ASI) and the other using the ASI in addition to the American Society of Addiction Medicine (ASAM) Criteria. Team members shared that clients can receive psychotropic or addiction medication from doctors or psychiatrists. It appears that the team did not adhere to best practices (Table 23) because the doctors or psychiatrists of SATC clients may or may not have expertise in addiction medicine.

Table 22. Question asked during the team focus group regarding treatment determinations.

Focus Group Questions
1. How are client treatment needs determined?
2. Who can clients receive prescription medication from, that are psychotropic or addiction medications?

Table 23. Ascertation of best practices in treatment determinations, based on focus group feedback.

Treatment Determinations	True/False
Participants are prescribed psychotropic or addiction medications based on medical necessity as determined by a treating physician with expertise in addiction psychiatry, addiction medicine, or a closely related field.	False

TREATMENT PLANS

Treatment require
ments for SATC clients should be individualized to each participant and their specific needs (NADCP, 2013). Also, NADCP recommends that adjustments to clients' treatment plans be made as needed throughout the clients' time in the treatment court program. Specifically, if a participant is compliant with their treatment and supervision requirements but is not responding to the treatment interventions, punitive sanctions should not be administered. Rather, the individual should be reassessed and the treatment plan should be adjusted based on the recommendations of qualified treatment professionals.

Within treatment planning, the NADCP (2013) recommends that judges rely on the knowledge of appropriately trained clinicians when adjusting treatment conditions. In addition, one of the key recommendations outlined by the NADCP (2013) is for SATCs to "ordinarily adjust participants' treatment requirements in response to positive drug tests during the early phases of the program." The thought behind this best practice is that a Drug Court may run out of sanctions if they impose substantial sanctions for substance use early on in treatment. Research has shown that individuals suffering from symptoms of withdrawal are known to experience neurological or neurochemical impairment (Baler & Volkow, 2006; Dackis & O'Brien, 2005; NIDA, 2006). As such, SATCs need to plan for higher rates of substance use during the beginning of treatment. However, once a client has stabilized, best practice dictates that SATCs apply progressively escalating sanctions for positive drug tests (NADCP, 2013).

Feedback: SATC Team

Team members were surveyed about various aspects of client treatment plans (see Table 24). The majority of team members reported that client treatment plans are individualized. However, there was disagreement about whether treatment plans are similar for each client, and most team members disagreed that clients receive the same set of treatment services.

Table 24. Team member perceptions of SATC client treatment plans and services.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Treatment plans are individualized to the needs of each participant.	0%	0%	17%	33%	50%
Treatment plans are similar for each participant.	0%	33%	17%	33%	17%
All participants receive the same set of treatment services.	0%	67%	17%	17%	0%

Feedback: Treatment Counselors

Treatment providers were surveyed about the various aspects of SATC client treatment plans (see Table 25). The pattern of responses was similar to the team members for the first two questions, with treatment providers agreeing that treatment plans are individualized, and differing in their opinions about whether treatment plans are similar for each SATC client. Most treatment provider responses were neutral or they did not know if all clients receive the same set of services, reflecting the general trend that treatment counselors are not always aware of how the SATC functions.

Table 25. Treatment counselor perceptions of SATC treatment plans.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
Treatment plans are individualized to the needs of each client.	0%	0%	0%	40%	60%	0%
Treatment plans are similar for each SATC client.	40%	20%	0%	40%	0%	0%
All clients receive the same set of treatment services.	0%	0%	50%	0%	25%	25%

Treatment providers were also interviewed about how SATC clients' treatment plans differ from those of non-SATC clients (see Table 26). There were some differences in opinions reported across counselors in response to this question. Some treatment counselors reported that treatment plans for SATC clients were longer in duration. Other counselors indicated that there are not any differences in treatment plans and all clients are treated individually regardless of the referral source.

Table 26. Treatment counselors' qualitative responses to the question, "Is an SATC client's treatment plan different than non-SATC clients?"

Response Categories	Descriptions
Treatment is Individualized	▪ Treatment plans are individualized regardless of source of referral
No Difference	▪ No differences in treatment
Duration	▪ SATC clients get more time in treatment

Interviews with treatment counselors asked who SATC clients were grouped with (i.e., "When SATC clients are in groups, who are they with [e.g., other SATC clients, clients with substance abuse issues only, DDX clients, etc.]?") Treatment providers generally agreed that clients from all referral sources are mixed together in groups; however, they shared that there are some specific groups for different demographics of clients, such as a co-occurring group, a Spanish-only group, and a women's group.

Treatment counselors were also interviewed about whether SATC clients received individual counseling (i.e., "Do SATC clients receive individual counseling?"). The response of treatment providers was that alcohol and other drug (AOD) counselors in the program generally provide one to two individual counseling sessions a month to clients. Some mentioned that clients can receive more individual counseling sessions if they want it, while others shared that the individual counseling sessions are limited by Medi-Cal billing. Treatment providers shared that clients also have the option of pursuing individual counseling privately outside of the program.

Feedback: SATC Clients

SATC clients were surveyed about the individualization of treatment in SATC (see Table 27 and Table 28). Most clients agreed that they have the same treatment program as other SATC clients with the same needs as them, and also that most SATC clients get the same treatment regardless of their needs.

Table 27. SATC client perceptions of SATC treatment plans (1 of 2).

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I have the same treatment program as other people in Drug Court with the same types of needs as me.	9%	18%	9%	45%	18%

Table 28. SATC client perceptions of SATC treatment plans (2 of 2).

Question	Yes	No
Does everyone in Drug Court get the same treatment, no matter what their needs are?	73%	27%

Focus Group

Team members were asked to collaborate on responses to questions about how adjustments to clients' treatment plans are made (see Table 29), in order to ascertain adherence to best practices in the field (see Table 30). Team member responses indicated that adjustments to treatment plans can be made both in court and at the treatment program level, independent of phase structure, based on the behavior and needs of the client. It appears that the team is operating in line with best practices in this area.

Table 29. Question asked during the team focus group regarding treatment plan adjustments.

Focus Group Questions
1. How are adjustments to treatment plans made?

Table 30. Ascertation of best practices in adjusting client treatment plans, based on focus group feedback.

Treatment Plan Adjustments	True/False
Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the Drug Court's programmatic phase structure.	True
Adjustments to treatment plans are based on the recommendations of duly trained treatment professionals (e.g., to require medication, residential treatment, or motivational-enhancement therapy to improve their commitment to abstinence).	True

DIVERSITY IN TREATMENT

Treatment courts should address the unique needs of diverse populations (i.e., women, minorities) by way of offering services tailored to these populations (NADCP, 2013; Thompson et al., 2007). This topic is also the source of much attention in general in therapeutic communities. Suggestions for gender-specific practices have included trauma-informed services for women; for cultural-specific practices, provision of interpreters and peer counselors have been recommended (The Council of State Governments, 2005).

Feedback: Treatment Counselors

Treatment counselors were surveyed about the types of gender-specific treatment and culturally sensitive treatment interventions that are offered at their treatment programs (see sections below for review). Treatment counselors indicated they utilized some evidence-based treatments that are validated for minority and female populations (e.g. Seeking Safety), and others that are not evidence-based but common (e.g. 12-step programs). Thus the SATC was found to be within best practices in this domain (see Table 31).

Table 31. Ascertation of best practice adherence regarding the use of evidence-based treatments.

Impact of Eligibility Criteria	True/False
The Drug Court administers evidence-based treatments that are effective for use with members of historically disadvantaged groups (e.g., minorities and women) represented in the Drug Court population.	True

Gender-Specific Practices

Research has suggested that men and women involved in the criminal justice system have different needs, and that the different genders engage in criminal behavior and substance use for different reasons (see Covington, 1998 for a review of relevant literature). For these reasons, offering gender-specific treatment options have been emphasized in criminal justice arenas. A review of gender-specific treatment programs suggests that examples of gender-specific practices include gender-specific residential treatment, mentorship programs, parenting programs, trauma treatment, treatments emphasizing building trusting and safety in social relationships, and exploration of cultural differences (Covington, 1998). Much of the literature reviewed also seemed to suggest that female-specific programming for female offenders would likely benefit from simultaneously addressing multiple domains relevant to the lives of females, and should be conducted within the context of same-sex treatment programming.

Feedback: SATC Team

Team members were surveyed about the extent to which they felt clients had access to gender-specific treatment (see Table 32). The majority of team members were either neutral or felt that gender-specific treatment was available; however, there was some dissent regarding this question.

Table 32. SATC team perceptions of the availability of gender-specific treatment for SATC clients.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Gender-specific treatment is available to those who want it.	0%	20%	40%	40%	0%

Team members were also asked about gender-specific practices during individual interviews (Table 33). Some team members reported that there were no gender-specific practices, whereas others reported that there were gender-specific programs as well as gender-specific groups within the treatment programs. Additionally, there are some programs that specifically target the needs of pregnant or parenting mothers only.

Table 33. SATC team perceptions of the gender-specific practices of SATC and/or treatment, by answering the question, "What are the gender-specific practices of SATC or treatment?"

Roles	Descriptions
None	▪ None ▪ Mixed gender in treatment programs and groups
Gender-Specific Treatment	▪ Residential programs are divided by gender ▪ Gender-specific groups in treatment ▪ Women's only treatment ▪ Men's only treatment
For Female Parents	▪ Programs for pregnant women ▪ Programs for women with children

Team members were asked to make suggestions regarding any changes or additions they would like to see in terms of gender-specific practices (Table 34). In all cases team members shared no suggested changes, citing either that they didn't know, that the current structure works well, or that dividing by gender wouldn't work due to the limited number of SATC clients.

Table 34. SATC team suggestions for gender specific practices by answering the question, "What would you like them to be?"

Roles	Descriptions
Nothing More Needed	▪ No more needed ▪ Currently works well ▪ Mixed is good too
Wouldn't Work	▪ Not enough clients to make it work.
Don't Know	▪ Don't know

Feedback: Treatment Counselors

Treatment counselors were surveyed about the extent to which gender-specific treatment was offered at their treatment program (see Table 35). Most of the treatment counselors stated that their treatment program offers gender-specific treatment though some did not know or stated that there were none.

Table 35. Treatment counselor perceptions of the avaiability of gender-specific treatment for SATC clients at their agency.

Question	True	False	Don't Know
My treatment program offers gender-specific treatment.	60%	20%	20%

Treatment counselors were also surveyed about the extent to which they felt clients had access to gender-specific treatment (see Table 36). The majority of treatment counselors reported that either they didn't know or were neutral about this question, and the remaining strongly agreed. If most counselors are unaware or unsure about whether there is gender-specific treatment at their site, then it is likely that the clients will also be unaware of how to access this service.

Table 36. Treatment counselor perceptions of the availability of gender-specific treatment for SATC clients.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
Gender-specific treatment is available to those who want it.	0%	0%	25%	0%	25%	50%

Culture-Specific Practices

In addition to gender-specific processes, treatment courts are advised to engage in culture-specific practices with the populations in which they serve. Culturally sensitive treatments have been emphasized in the literature on client treatment in recent years (see Herman et al., 2007 for a discussion on the importance of culturally sensitive health care treatments). Examples of cultural-specific practices include provision of interpreters, use of peer counselors (The Council of State Governments, 2005), culture-specific treatments (The Council of State Governments, 2012), and the provision of materials in clients' dominant languages (U.S. Department of Justice: Office of Justice Programs, 2003).

Feedback: SATC Team

Stakeholders were surveyed about the extent to which they felt clients had access to culturally sensitive treatment interventions (see Table 37). The majority of team members reported that they felt culturally sensitive treatment was available; however, there was some notable dissent and neutrality regarding this question.

Table 37. SATC team perceptions of client acces to culturally sensitive treatments.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Culturally-sensitive interventions are utilized.	0%	20%	20%	60%	0%

Team members were also interviewed regarding what they felt the culture-specific practices of SATC or treatment were (see Table 38). Their responses revealed varying opinions about whether or not they existed. Some were not aware of any, or believed that focusing on culture wouldn't work or wouldn't be useful since the team focuses on each client individually. Others reported that the team is or at least tries to be sensitive to cultural issues, for instance by discussing the religion of the client. Additionally, there are some specific options they consider for Native Americans, and there are Spanish-only groups in treatment programs.

Table 38. SATC team responses to the question "What are the culture-specific practices of SATC or treatment?"

Roles	Descriptions
Not Aware of Any	▪ None ▪ Don't know
De-emphasis of Cultural Treatment Options	▪ All clients are assigned to the same treatment program regardless ▪ Dividing by culture wouldn't work
Focus on Individual	▪ Team talks about individual over culture
Cultural Sensitivity and Responsivity	▪ Team is sensitive to cultural issues ▪ Try to be culturally sensitive ▪ Discuss religion in relation to client
Cultural Specific Treatment Options	▪ Some Native American specific options ▪ Spanish group in treatment program

Lastly, team members were interviewed regarding what culture-specific practices they would like to see (Table 39). Some team members had no suggestions or believed that cultural issues don't happen in SATC; others suggested cultural assessment of clients, and increased training, discussion, and awareness pertaining to cultural issues and the specific populations served by SATC.

Table 39. SATC team responses to the question "What would you like them to be?"

Roles	Descriptions
No Suggestions	▪ No suggestions ▪ Culture issues don't happen
Assessment, Attention, and Training on Culture	▪ Cultural evaluation and assessment of clients ▪ Be alert to cultural issues ▪ Training on populations served ▪ Discussions on populations served

Feedback: Treatment Counselors

Treatment counselors were surveyed about the extent to which culturally sensitive treatment interventions were offered at their treatment program (see Table 40). Most of the treatment counselors reported that there were not culturally sensitive interventions offered at their site.

Table 40. Treatment counselor perceptions of the availability of culturally sensitive treatments at their treatment programs.

Question	True	False	Don't Know
Culturally-sensitive interventions are utilized at my treatment program.	20%	60%	20%

TREATMENT AGENCY PRACTICES

The evaluation examined various practices the treatment agencies working with the SATC engaged in that could contribute to SATC client outcomes, based on the recommendations of best practices. The treatment agency practices that were of interest in the present evaluation included: the use of evidence-based treatment and agency assessment practices, supervision, and treatment fidelity. In addition, this section explores how treatment agencies addressed SATC best practices for establishing the appropriate continuum of care, treatment dosage and duration, treatment modality and continuing care.

Best practices in Drug Courts recommends numerous treatment agency practices be abided by in order to ensure the best outcomes for clients (see NADCP [2013] for a full explanation and review of why these practices are important, and see below for all of the recommended practices). Among these practices, the NADCP places emphasis on the use of standardized assessments within many of their recommendations. For example, NADCP recommends that participants should receive treatment based on a standardized

assessment of their individual treatment needs. In addition, the level of care that is provided to clients should be based on standardized placement criteria; research has shown that significantly better results occurred when a standardized assessment of treatment needs was used to determine level of care instead of relying solely on professional judgment (Andrews & Bonta, 2010; Babor & Del Boca, 2002; Karno & Longabaugh, 2007; Vieria et al., 2009). Furthermore, any adjustments to the level of care provided must be made based on each individual's response to treatment instead of the SATC's phase structure (NADCP, 2013). The literature also shows the strongest support for the use of the *American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders* (ASAM-PPC; Mee-Lee et al., 2001). When the ASAM-PPC was used to indicate level of care, patients had significantly higher rates of treatment completion and fewer instances of relapse than those who were provided lower levels of care than the ASAM-PPC recommended (De Leon et al., 2010; Gastfriend et al., 2000; Gregoire, 2000; Magura et al., 2003; Mee-Lee & Gastfriend, 2008). Additionally, NADCP asserts that evidence-based selection criteria should be used to screen clients for group suitability (NADCP, 2013). It is also important to note that research has found some individuals may not benefit from group counseling; interviews have identified one source of failure to complete the program as dissatisfaction with group services (Fulkerson et al., 2012). Therefore, SATCs should first consider if participants are appropriate for group services and work to prepare their expectations before they are assigned to an intervention (NADCP, 2013).

The NADCP also provides numerous guidelines for appropriate treatment dosage and duration. For example, the initial phase of treatment should involve six to ten hours of counseling each week, and a total of approximately 200 hours of counseling over the course of nine to twelve months (NADCP, 2013). These recommended hours outlined by the NADCP are well grounded in and supported by the literature (Peters et al., 2002; Huebner & Cobbina, 2007; Landenberger & Lipsey, 2005; Bourgon & Armstrong, 2005; Sperber et al., 2013).

NADCP also recommends that evidence-based manuals and interventions be utilized with Drug Court clients (NADCP, 2013). In addition, NADCP recommends that the final phase of treatment should focus on relapse prevention and continuing care. Unfortunately, research has shown that 40% to 60% of treatment graduates are expected to relapse one year after treatment (McLellan et al., 2000). As such, SATCs that included a formal phase of continuing care had significantly greater reductions in recidivism and more than three times greater cost-benefits than courts that offered minimal aftercare services (Carey et al., 2008). Moreover, participants who received continuing care were more likely than those who did not to have abstained from all drug use after six months from program competition (Brown et al., 2001). Therefore, it is important for SATCs to consider continuing care as a critical component of their treatment program.

Feedback: Treatment Counselors

Treatment counselors were surveyed about various practices at their respective treatment agencies (see Table 41 and Table 42). The majority of treatment counselors reported that their agencies utilized manualized and evidence-based treatments, supervision was routinely provided to ensure treatment fidelity, and clients are assessed for suitability for groups. Treatment counselors were more divided about whether clients are placed in groups by use of evidence-based selection criteria, with most reporting they are not. Confidentiality appears to be valued highly by treatment counselors.

Table 41. Treatment counselor perceptions of practices occurring at their treatment agency.

Question	True	False	Don't Know
My treatment agency administers behavioral or cognitive-behavioral treatments that are documented in manuals.	100%	0%	0%
Clients at my treatment agency receive evidence-based treatments.	80%	0%	20%
At my treatment agency, I received regular supervision to ensure continuous fidelity to evidence-based practices.	80%	20%	0%
Clients at my treatment program are screened for their suitability for group interventions.	60%	20%	20%
Clients at my treatment program are placed in groups based on evidence-based selection criteria (including clients' gender, trauma histories and co-occurring psychiatric symptoms).	40%	60%	0%

Table 42. Treatment counselor perceptions of the importance of confidentiality at the treatment agencies.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Confidentiality of clients is a priority at my treatment agency.	0%	0%	0%	40%	60%

Treatment providers were also interviewed regarding how SATC clients' graduation requirements are addressed in treatment (see Table 43). One counselor reported not being able to answer the question, instead generally focusing on sobriety and life skills development with the clients. Other treatment counselors indicated that many graduation requirements are treatment centered (90 days clean and sober, good attendance at treatment, making progress on treatment plan, and progressing through treatment phases). In addition, treatment is adjusted to meet client needs, and this can accelerate or delay client graduation depending on client behavior and needs. Gold Stars are a particular method of rewarding and keeping track of a client's success in treatment – clients are acknowledged for being in Gold Star status by being called at the beginning of the calendar and receiving applause from the entire courtroom. In addition, the judge may recognize the number of Gold Stars a client has received, and this may serve to accelerate transition to the next phase and ultimately to graduation.

Table 43. Treatment counselors' qualitative responses to the question, "How are the SATC clients' graduation requirements addressed in their treatment program?"

Response Categories	Descriptions
Specific Requirements	▪ 90 days clean and sober ▪ Good attendance ▪ Progress on treatment plan ▪ Progress through phases
Client-Centered Treatment Adjustments	▪ Gold Stars accelerate graduation ▪ Treatment is adjusted to meet client needs
Don't know	▪ Don't know

Focus Group

In order to assess adherence to best practice standards in Drug Courts on treatment dosage and duration team members were asked to collaborate on responses to questions about various treatment agency practices of programs serving SATC clients, (see Tables 44-45), treatment modalities (see Tables 46-47), peer support groups (see Table 48), and aftercare (see Table 49).

During the focus group, team members were asked various questions (see Table 44) about treatment dosage and duration, in order to ascertain team adherence to best practices in the field (see Table 45). Focus group responses indicated that hours per week of counseling differs by treatment program and ranges from 4.5 to 8 hours, plus possibly two additional hours of 12-step meetings. As such, hours of counseling during 12 months of treatment appears to be over 300 hours. Individual differences in response to treatment are accommodated, and individual sessions start weekly but can be decreased when the client is doing well. Thus, it appeared that the team adhered to most of the best practices on Table 45, save for the first, as clients might not receive at least 6 hours of counseling per week during the initial phase in at least one of the treatment programs.

Table 44. Question asked during the team focus group regarding treatment dosage and duration.

Focus Group Questions
1. How many hours a week of counseling do clients receive during the initial phase of treatment?
2. How many total hours of counseling do clients receive within the 12 months of their treatment in Drug Court?
3. The Drug Court allows for flexibility to accommodate individual differences in each participant's response to treatment. (True/False)
4. Participants meet with a treatment provider or clinical case manager for at least one individual session per week during the first phase of the program. (True/False)
5. The frequency of individual sessions may be reduced subsequently if doing so would be unlikely to precipitate a behavioral setback or relapse. (True/False)

Table 45. Ascertation of best practices in treatment dosage and duration, based on focus group feedback.

Treatment Dosage and Duration	True/False
Participants ordinarily receive six to ten hours of counseling per week during the initial phase of treatment.	False
Participants ordinarily receive approximately 200 hours of counseling over nine to twelve months.	True
The Drug Court allows for flexibility in treatment dosage and duration, to accommodate individual differences in each participant's response to treatment.	True
Participants meet with a treatment provider or clinical case manager for at least one individual session per week during the first phase of the program.	True
The frequency of individual sessions may be reduced subsequently if doing so would be unlikely to precipitate a behavioral setback or relapse.	True

Team members were also asked questions (see Table 46) about treatment modalities, in order to ascertain team adherence to best practices in the field (see Table 47). Focus group responses indicated that clients are screened subjectively based on clinical judgment and case history as to which group will serve them best, but that the criteria used are evidence-based and come from clinical education and experience. Groups have a maximum of 10-12 clients, and are facilitated by usually one, but sometimes two, group facilitators. Treatments are manualized and have been demonstrated to improve outcomes for addicted offenders. Thus, it appeared that the team adhered to all of the best practices in Table 47, except that groups are often facilitated by only one counselor.

Table 46. Question asked during the team focus group regarding treatment modalities.

Focus Group Questions
1. How are participants screened for their suitability for group interventions?
2. Group membership is guided by evidence-based selection criteria (including participants' gender, trauma histories and co-occurring psychiatric symptoms). (True/False)
3. How many participants are in groups?
4. How many group facilitators are there?
5. Treatment providers administer behavioral or cognitive-behavioral treatments that are: (a) documented in manuals, and (b) have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system. (True/False)

Table 47. Ascertation of best practices in treatment modalities, based on focus group feedback.

Treatment Modalities	True/False
Participants are screened for their suitability for group interventions.	True
Group membership is guided by evidence-based selection criteria (including participants' gender, trauma histories and co-occurring psychiatric symptoms).	True
Treatment groups ordinarily have no more than twelve participants	True
Treatment groups ordinarily have at least two leaders or facilitators.	False
Treatment providers administer behavioral or cognitive-behavioral treatments that a. are documented in manuals, and b. have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system.	a. True b. True

Next, team members were asked to collaborate on responses to questions about peer support groups in treatment, in order to determine team adherence to best practices in the field (see Table 48). Focus group responses indicated that clients are either required or encouraged to attend structured self-help groups depending on the treatment program, and that clients are prepared for these groups using evidence-based interventions. Thus, it appeared that the team did not fully adhere to evidence-based practices in that clients might not be required to attend self-help or peer support groups.

Table 48. Focus group reports of adherence to best practices in the area of peer support groups.

Peer Support Groups	True/False
Participants regularly attend self-help or peer support groups in addition to professional counseling.	False
The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models.	True
Before participants enter the peer support groups, treatment providers use an evidence-based preparatory intervention, such as 12-step facilitation therapy, to prepare the participants for what to expect in the groups and assist them to gain the most benefits from the groups.	True

Finally, team members were asked to collaborate on responses to questions about peer support groups in treatment, in order to determine team adherence to best practices in the field (see Table 49). Focus group responses indicated that clients complete a final relapse-prevention phase which involves fewer court appearances and less treatment but the same amount of drug testing. During this phase, clients complete a continuing care plan with their counselors to minimize risk of relapse. However, counselors do not check in with their clients after discharge. Thus, it appeared that the team adhered to most aspects of evidence-based practices in Table 49 but would need to formalize a plan to check on and support continued client progress after discharge.

Table 49. Focus group reports of adherence to best practices in the area of continuing care.

Continuing Care	True/False
Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care.	True
Participants prepare a continuing-care plan together with their counselor to ensure they continue to engage in prosocial activities and remain connected with a peer support group after their discharge from the Drug Court.	True
For at least the first ninety days after discharge from the Drug Court, treatment providers or clinical case managers attempt to contact previous participants periodically by telephone, mail, e-mail, or similar means to check on their progress, offer brief advice and encouragement, and provide referrals for additional treatment when indicated.	False

SUMMARY

In general, feedback indicated that treatment worked well and was in line with established best practices in treatment courts. The treatment team reported that SATC has access to a wide range of resources in order to provide clients with a continuum of care that matches client needs. This includes detoxification, residential treatment, sober living, day treatment, intensive outpatient, and outpatient services. Educational and vocational training was also available but the team indicated that there is room for improved services in this area.

Team members and treatment counselors also agreed that client treatment plans were individualized and based on client needs, and treatment plans were flexible to adjustment. Treatment providers are able to recommend rewards or adjustments to treatment that affect phasing and graduation. In addition, treatment providers reported that they use formalized assessment tools that are validated for the SATC population. Client surveys revealed that clients feel they are treated fairly.

There was disagreement as to whether gender-specific treatment and cultural-specific treatment options are available to SATC clients. While some gender-specific treatment options exist (especially for residential programs), treatment counselors generally were not aware of how clients can access gender-specific treatments. Similarly, while some team members reported the presence of cultural sensitivity and culturally specific programming, others suggested that cultural issues are not present, cultural programming is not feasible, and the focus on individuals precludes the need for cultural sensitivity. Most treatment counselors confirmed that culturally sensitive interventions are not utilized at the treatment program level.

Treatment counselors reported that their agencies utilized manualized and evidence-based treatments, supervision was routinely provided to ensure treatment fidelity, confidentiality was prioritized, and clients' graduation requirements were addressed in treatment. The focus group revealed that Individual counseling is offered once per week during the initial treatment phase,

treatment group sizes are 10-12 maximum, the duration of treatment across the year appears to be in line with best practices, and as the client progresses treatment is phased out but drug testing remains regular.

However, several sources of data collection revealed that SATC clients are often placed in treatment groups with other clients of differing risk and need levels, that 12-step meetings are encouraged but not always required, that doctors providing client prescriptions may not be specialists in substance abuse treatment, and that most groups do not have at least two facilitators. Lastly, the focus group revealed that while there is a relapse prevention phase that includes the creation of a relapse prevention plan, counselors do not necessarily follow up with clients after discharge to minimize chances of relapse.

Courtroom Processes

There are multiple aspects of the courtroom processes that are important in the functioning of Drug Courts. Of particular interest in the present report are aspects of team meetings, status review hearings, the administration of sanctions and incentives, supervision of treatment plans, and preparations for program completion. Among other areas of interest in courtroom processes, SATC researchers have asserted that a comprehensive array of team members should be assembled that are engaged in both staffing and courtroom processes (Carey et al., 2012).

TEAM MEETINGS

SATC and other treatment court experts assert that team meetings should be used as a time for sharing information and observations on participant progress and discussing the court's response to participant behavior (McPherson & Sauder, 2013; Thompson et al., 2007). The judge's role during these staff meetings is to ensure that the perspective of each team member is taken into consideration when important decisions are made (NADCP, 2013). Research has shown the largest reductions in recidivism and increases in cost savings occur in Drug Courts that involve all team members in staff meetings (Carey et al., 2012). Data were collected on various aspects of the team meetings, including the content and processes of the client case discussions, how decisions were made regarding client behavior, and perceptions of team functioning.

Observations

The following individuals were observed to be present during one or more of the team meetings observed: judge, public defender, prosecutor, probation officer, conflict attorney, private attorney for client, and multiple treatment agency staff. Observers also noted the presence and participation of various team members in terms of established best practices (see Table 50). The observations indicated that although the team regularly attend staffings to review client progress, the law enforcement and the program coordinator generally do not attend, and often not all treatment agencies are represented.

Table 50. Evaluation team ascertain of best practices, based on observations.

Team Member Attendance at Staffings	True/False
The judge regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the SATC team.	True
Judge, both attorneys, treatment, program coordinator, and Probation attend staffings.	False
Coordinator attends Drug Court team meetings.	False
Law enforcement attends Drug Court team meetings.	False

Case Discussions

Data collected in this section reflect the time spent during team staffings and the nature of staffing discussions.

Observations

Researchers coded all of the 46 SATC cases discussed during the formal staff meetings over six calendar days. Average time spent on each case was 3 minutes and 20 seconds, with a range from 20 seconds to 14 minutes and 15 seconds (see Table 51). Observers also noted that the caseload of SATC appeared to be well under the recommended number of 125 clients, which is in line with established best practices (see Table 52).

Table 51. Team staffing time-related statistics.

Observation	Time
Total staffing time coded	2 hr., 33 min.
Cases coded	46
Average time per case	3 min., 20 sec.
Range in time per case	20 seconds. – 14 min., 15 sec.

Table 52. Evaluation team ascertation of best practices, based on observations.

Program Caseload	True/False
Program caseload (number of individuals actually participating at any one time) is less than 125.	True

The most frequent topic of discussion was treatment progress (70% of cases[2]; see Table 53). Other frequent topics of discussion (i.e., discussed in over half of the cases) included: sanctions and incentives, probation supervision-related matters, and substance-use symptoms and progress. Observers anecdotally noted that there appeared to be varying levels of engagement in client discussions among team members.

[2] In 28% of cases, only general client progress was discussed without specific mention of treatment.

Table 53. Team staffing topics discussed.

Discussion Topics	% SATC cases
Treatment progress	70%
Substance use symptoms & progress	52%
Sanctions/incentives	59%
Sanctions	39%
Incentives	37%
Prior or pending charges**	32%
Probation supervision	61%
Housing	37%
Vocational activities*	24%
Family status and responsibilities**	27%
Mental health symptoms & progress	20%
Medical issues**	4%
Medication**	0%
Drug testing	33%
Positive test	13%
Negative test	17%
Failure to test	7%

*Includes vocational, employment, educational, and volunteering activities.
**These items were monitored for about half of the cases; the percentages are representative of the number of cases where the item was recorded divided by the number of cases where the item was monitored.

Decisions

Data were also examined in relation to how decisions on responses to client behavior were made during the team staffings. Data for this section were obtained through observations, feedback from the SATC team, and feedback from treatment counselors.

The NADCP clearly establishes that all final decisions should be made exclusively by the judge (NADCP, 2013). It is important for the full team to collaborate during this decision making process, however the judge should be called upon to make the final decision. This precedent is firmly rooted in the literature and is based on the judge's unique training, judicial ethics and due process (Meyer, 2011). Since judges do not have the clinical training to make treatment-related decisions, they often rely on the expert input from treatment professionals (NADCP, 2013). However, the input of the treatment professionals should only be considered advisory, as the final decision must be made independently by the judge. In this way the Drug Court's foundation of collaboration allows the judge to make rational and informed decisions based on the unique knowledge and expertise of the full SATC team (Hora & Stalcup, 2008). The data described in this section were examined in relation to how decisions on responses to client behavior were made during the team staffings. Data for this section were obtained through observations, feedback from the SATC team, and feedback from treatment counselors.

Observations

Researchers reported on who they observed making the final decision regarding a client's case during team meeting discussions. The observers indicated that 50% of the cases were decided by way of team consensus, 24% of cases were determined by the judge, and 15% of the cases seemed to be mainly decided by a different member of the team. In general it was difficult for the researchers to definitively determine who was the primary decision maker, and in 11% of cases the team did not reach a sufficient consensus (agreement by 2/3 researchers). The ambiguity of whether or not the judge made the final decision versus the team implies that a noticeable team effort had been made during the decision-making process in general. In addition, the observers noted that the judge seemed to operate as a facilitator for the team – guiding the relevant questions, seeking feedback from the expertise on the team, and ensuring that all team members are in agreement with the decision. Usually this consensus was successfully achieved, and when it was not the judge would make a decision based on what she had heard from the team. This appeared to suggest that the SATC did meet the best practice standards found in Table 54 regarding these aspects of team decision-making.

Table 54. Ascertation of best practice adherence regarding team decision making, based on observations.

Status Review Hearings	True/False
The judge is the ultimate arbiter of factual controversies and makes the final decision concerning the imposition of incentives or sanctions that affect a participant's legal status or liberty.	True
The judge makes these decisions after taking into consideration the input of other Drug Court team members and discussing the matter in court with the participant or the participant's legal representative.	True
The judge relies on the expert input of duly trained treatment professionals when imposing treatment-related conditions.	True

Feedback: SATC Team

Stakeholders were surveyed about the extent to which they felt that major decisions were made collaboratively by the team (see Table 55). The majority of participants reported that they felt major decisions were made collaboratively.

Table 55. SATC team perceptions of the decision making process.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Major decisions are made collaboratively by the SATC team.	0%	0%	33%	33%	33%

Feedback: Treatment Counselors

Treatment counselors were surveyed about the extent to which they felt that major decisions were made collaboratively by the team (see Table 56). Half of the counselors were neutral and the other half agreed that decisions were made collaboratively by the SATC team.

Table 56. Treatment counselor perceptions of the decision making process.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Major decisions are made collaboratively by the Drug Court team.	0%	0%	50%	25%	25%

Team Processes

SATCs foster a unique dynamic between team members that requires more cohesion than traditional courtroom relationships. The Bureau of Justice Assistance clearly outlines this mandate for cohesion within Drug Courts in Key Component #2: "Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights" (BJA, 2004). In order to uphold this foundational component, SATC team members are required to shed their traditional adversarial roles and work cohesively in the best interest of the client.

Team cohesion and related processes during staffings specifically were examined by way of evaluator observations of team staffings. Researchers completed a scale that examined aspects of team cohesion after the conclusion of each observation day (see Table 57). These scores were averaged across observers and across days to obtain scores on each item. The questions were rated on a scale of *1=Strongly Disagree* to *5=Strongly Agree.* Results indicated that team members were perceived as respectful toward each other, respectful toward participants, and as displaying teamwork, open communication, and free sharing of information.

Table 57. Observer ratings of team processes and team cohesion during team staffing meetings.

Question	Rating
Did there appear to be a mutual respect between the agencies?	3.9
Did there appear to be a respect for clients being discussed (i.e., intrinsic worth, rights, capacities, uniqueness, commonalities?)	3.9
Team members shared information and knowledge freely with one another.	4.2
There appeared to be a general sense of teamwork and partnership between the team members.	3.7
There appeared to be an openness of information and communication between the team members.	4.1

COURTROOM HEARINGS

Status review hearings are the primary method in which the clients are kept accountable for their participation in SATC. The NADCP and BJA clearly establish the mandate for SATCs to hold status hearing "no less frequently than every two weeks during the first phase of the program" (NADCP, 2013; BJA, 2004). This requirement is firmly rooted in the literature. Many studies have shown that during the first phase of treatment, high-risk clients who appeared before the Judge every two weeks compared to those who received supervision and only came into court after violations, had significantly better drug abstinence, counseling attendance, and graduation rates (Festinger et al., 2002; Jones, 2013; Marlowe et al., 2004a, 2004b; Marlowe et al., 2006, 2007, 2008, 2009, 2012).

The NADCP and BJA also clearly establish that Judges should devote a minimum of three minutes to each client during the status review hearings (NADCP, 2013; BJA, 2004). Research has shown that clients achieve significantly better outcomes when Judges spend between three to seven minutes with them during sessions (Carey et al., 2008, 2012). These interactions are an important component of the SATC process because they present the opportunity to frequently remind clients about program expectations and consequences of success or failure. Client and court outcomes are also improved by full team participation in status review hearings (BJA, 2004). The literature shows a reduction in recidivism and an increase in cost savings for SATCs where the full team (Judge, Attorneys, Program Coordinator, Treatment, Probation, and Law Enforcement) was present at hearings (Carey et al., 2012).

Proceedings

In this section, the amount of time that each case was heard during status review hearings was examined, as well as overall characteristics of status review hearings.

Observations

There were 33 SATC cases observed over 1 hour and 32 minutes (see Table 58). The average time spent per case was 2 minutes and 48 seconds. While the majority of the cases (63%) were heard for less than three minutes (see Figure 1), there was a range from 19 seconds to 9 minutes and 45 seconds per case. The data indicated that the SATC did not meet the best practice standard of spending a minimum of three minutes with each client (see Table 58).

Figure 1. Percentage of time the observed cases were heard for their status review hearings.

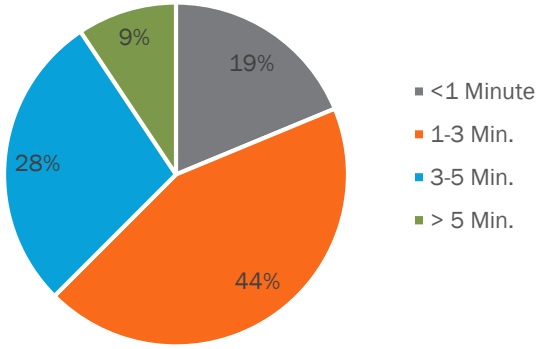

Table 58. Status review hearing time-related statistics.

Observation	Time
Total time coded for status hearings	1 hr., 32 min.
Cases coded	33
Average time per case	2 min., 48 sec.
Range in time per case	19 sec. – 9 min., 45 sec.
Percentage of cases heard for:	
<1 minute	19%
1-2 minutes	19%
2-3 minutes	25%
3-4 minutes	19%
4-5 minutes	9%
>5 minutes	9%

Table 59. Ascertation of best practice adherence based on observations.

Equivalent Eligibility	True/False
The Drug Court judge spends a minimum of approximately three minutes interacting with each participant in court.	False

Observers also noted the presence and participation of various team members during court hearings, in terms of established best practices (see Table 60). The observations indicated that the judge, attorneys, Probation, and treatment attended all hearings. The program coordinator attended no observed staffings or proceedings, and a different treatment provider attended one out of six. The bailiff assisted at all staffings and hearings but generally did not contribute to decisions; occasionally law enforcement officers would assist in transporting clients in custody, but similarly to the bailiff, did not otherwise participate in the process.

Table 60. Evaluation team ascertation of best practices, based on observations.

Team Member Attendance at Status Review Hearings	True/False
A representative from treatment attends Drug Court team meetings.	True/False
Judge, attorneys, treatment, Probation, and coordinator attend court sessions (status review hearings).	False
A representative from treatment attends court sessions (status review hearings).	True/False
Law enforcement attends court sessions (status review hearings).	False

Feedback: SATC Team

The SATC team were surveyed about the extent to which they felt that clients attended regular status review hearings with the judge, and that clients were required to watch the reviews of other participants (see Table 61). The majority of participants reported that clients attend regular status hearings, with some disagreement. Whether clients are required to watch the status/review hearings of others had a wider distribution of answers, with half of the team agreeing and the other half being either neutral or disagreeing. This may be due to the fact that some clients (especially gold star clients) may be called first and do not have to stay to see the proceedings for others.

Table 61. SATC team perceptions of client attendance at status review hearings.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Participants attend regular status/review hearings with the judge.	0%	17%	0%	17%	67%
Participants are required to watch the status/reviews of the other participants.	0%	17%	33%	17%	33%

Feedback: Treatment Counselors

Treatment counselors were surveyed regarding whether or not they felt their SATC clients regularly attend status review hearings and are required to watch the status reviews of other participants (see Table 62). All of the counselors reported that they perceived their clients to regularly be in attendance at status/review hearings, but most reported not knowing whether clients were required to watch other client's hearings. This is likely due to several treatment providers sharing that they have not attended the hearings themselves.

Table 62. Treatment counselor perceptions of client attendance at status review hearings.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
Clients attend regular status/review hearings with the judge.	0%	0%	0%	40%	60%	0%
Clients are required to watch the status/reviews of the other participants.	0%	0%	0%	25%	0%	75%

Feedback: SATC Clients

The clients were asked about who they perceived to be the leader of the SATC team. The majority of participants felt that the treatment team worked together as a team (73%), while 18% felt that the judge was the team leader, and 9% felt that a treatment representative was the team leader.

The participants were also asked if they were reminded about consequences for positive and negative behaviors, as well as who they perceived to participate in their status review hearings (see Table 63). The majority of participants agreed that they were reminded of consequences for their behavior and that all members of the team participate in hearings. There was some degree of neutrality or disagreement for all these questions, most notably regarding whether the public defender participates in client hearings. It may be the case that clients are more accustomed to expect an adversarial process where the public defender might take on a more active role.

Table 63. SATC client perceptions of status review hearings.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The members of the Drug Court team often remind me of what will happen if I do well or if I fail.	0%	0%	9%	73%	18%
When I go to Drug Court, the judge takes part in my hearings.	0%	0%	0%	64%	36%
When I go to Drug Court, the public defender takes part in my hearings.	18%	0%	27%	36%	18%
When I go to Drug Court, the prosecutor takes part in my hearings.	9%	0%	18%	55%	18%
When I go to Drug Court, the treatment person takes part in my hearings.	9%	0%	18%	45%	27%
When I go to Drug Court, the probation officer takes part in my hearings.	9%	0%	0%	64%	27%

Focus Group

Team members were asked to collaborate on responses to questions about SATC status review hearings in the first phase of the program. The team was asked how often clients appear before the judge in the first phase of the program (see Table 64); the team responded that clients appear weekly during the first phase. The evaluation was attempting to ascertain whether or not clients appeared before the judge at least once biweekly, per best practice standards (see Table 65). It appeared that the team met this best practice standard.

Table 64. Question asked during the team focus group regarding frequency of status hearings in SATC.

Focus Group Questions
1. How often do participants appear before the judge in the first phase of the program?

Table 65. Ascertation of best practice adherence regarding status review hearings in SATC.

Status Review Hearings	True/False
Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program.	True

Administrative Review

SATC documentation was consulted to assist in evaluating the team's adherence to best practices on the frequency of status review hearings (see Table 66). Review of the materials revealed the frequency of status review hearings gradually decreases from Phase 1 at once per week to Phase 5 at once per 4 weeks.

Table 66. Focus group collaborative responses to questions regarding best practices in status review hearings.

Judicial Interactions	True/False
The frequency of status hearings may be reduced gradually after participants have initiated abstinence from alcohol and illicit drugs and are regularly engaged in treatment.	True
Status hearings are scheduled no less frequently than every four weeks until participants are in the last phase of the program.	True

Offenders

Information is reported in this section only on offenders whose cases were observed during the evaluation. Offender data were ascertained by way of observation data.

Observations

Of the cases observed in the status review hearings, perceived gender of SATC clients appeared to be about even (52% women, and 48% men). A majority of cases heard were regular status hearings (85%). A few were pre-participation hearings (15%), while no offenders were observed during sentencing hearings (0%). Approximately 27% of the participants observed were in custody at the time of their hearing.

Stakeholders Participating in Hearings

Of interest in the current evaluation was the extent to which various stakeholders participated in client status review hearings. This was obtained via observation methods; if a team member was observed speaking during a participant's status review hearing, the team member was indicated as having participated in the client's hearing.

The judge participated in all status hearings. Other team members who spoke during status hearings included the treatment provider (73% of cases), defense attorney (49% of cases), probation officers (30% of cases), conflict attorney (30% of cases), the prosecutor (24% of cases), the bailiff (12% of cases), a private attorney (6% of cases), an interpreter (6% of cases), and the clerk (3% of cases). Most SATC participants spoke in their hearings (58%), and some of them shared a success story (46%).

Judicial Interactions

While there are variations in the ways in which Drug Courts approach status review hearings, judicial interactions are an important aspect of the clients' experience during these hearings. Judicial interactions have been identified as a key component of Drug Courts, and have been asserted to be a central point in determining best practices and promoting positive client outcomes in treatment courts (NADCP, 2013).

Observations

The judge made eye contact (79%) and spoke directly to the participants (79%) in most hearings. The judge engaged with the clients most of the time (73%) by eliciting questions/statements, imparting instructions, and providing advice. In 64% of cases, the feedback given to clients was specific to their circumstances. The judge sometimes explained the consequences of compliance or noncompliance in the program to the participant (27% of the time), and provided positive reinforcement by way of praise (49% of the cases) and shaking hands with the client (6% of cases). In addition, observers anecdotally noted that while clients were frequently encouraged to follow program expectations, rarely were clients reminded of the consequences for doing so or failing to do so (see Table 68). The judge used the current case as an example for other clients present in the courtroom to learn from during 27% of cases. It was also anecdotally noted by a few research assistants that the judge seems to make less eye-contact and speak less directly to clients who are in custody; Data analysis revealed the judge made eye contact and spoke directly to 67% of participants who were in custody as compared to 83% of clients who were not in custody.

In addition, observers rated the team's adherence to best practices in terms of the judge's participation on the SATC team (see Table 68). Observers noted that the clients regularly appear before the same judge, the judge regularly attends staffings, the judge has the final say in deciding the court's response to client behavior, and the judge refers to the expertise of treatment professionals when imposing treatment-related conditions. The judge was absent during one calendar day out of six that we observed, due to unforeseen circumstances.

Table 67. Ascertation of best practices in status review hearings with the judge, based on observations.

Status Review Hearings with Judge	True/False
Participants ordinarily appear before the same judge throughout their enrollment in the SATC.	True
The Drug Court reminds participants frequently about what is expected of them in the program and the likely consequences of success or failure.	False

Feedback: SATC Clients

The participants were asked about the judge's interactions with them in SATC, as well as their perceived relationship with the judge (see Table 68). Their feedback was used to ascertain SATC adherence to best practices within the domain of judicial interactions with clients (see Table 69). There was a range of agreement noted within the SATC client feedback. The majority of SATC clients reported that the judge says supportive things during their hearings, tells clients of how important it is to work their treatment

program, reminds clients of what they have to do for SATC, believes they can change for the better, lets them tell their side of the story, is concerned about them as individuals, and holds them accountable for their decisions. Most clients also reported that they feel respected by the judge and that the judge does not embarrass them or say mean things to them. There was also some minor neutrality and dissent noted in several of these statements, most prominently with 45% of participants remaining neutral about whether the judge lets them tell their side of the story when there are disagreements.

Table 68. SATC client perceptions of the nature of judicial interactions and their relationship with the judge.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The judge says supportive things to me during my hearings.	0%	0%	0%	36%	64%
During my hearings, the judge tells me how important it is to work my treatment program.	0%	0%	0%	45%	55%
During my hearings, the judge reminds me of what I have to do for Drug Court.	9%	0%	9%	45%	36%
The judge believes that I can change for the better.	0%	0%	0%	36%	64%
The judge embarrasses me.	82%	18%	10%	5%	0%
The judge uses curse words or says mean things to me.	91%	9%	0%	0%	0%
The judge lets me tell my side of the story when there are disagreements.	0%	0%	45%	36%	18%
The judge is concerned about me as a person.	0%	0%	9%	55%	36%
I feel respected by the judge.	0%	0%	0%	64%	36%
The judge holds me responsible for the things I do wrong.	0%	0%	9%	55%	36%

Table 69. Ascertation of best practices on judicial interactions, based on SATC client feedback.

Judicial Interactions	True/False
The judge offers supportive comments to participants.	True
The judge stresses the importance of their commitment to treatment and other program requirements.	True
The judge expresses optimism about their abilities to improve their health and behavior.	True
The judge does not humiliate participants.	True
The judge does not subject participants to foul or abusive language.	True
The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments.	True

SANCTIONS & INCENTIVES

One of the most important requirements of SATCs is for their sanctions and incentives to be clearly communicated in writing, before participants and team members begin their important work. These policies and procedures should provide a "clear indication of which behaviors may elicit an incentive, sanction, or therapeutic adjustment; the range of consequences that may be imposed for those behaviors; the criteria for phase advancement, graduation and termination from the program; and the legal and collateral consequences that may ensue from graduation and termination" (NADCP, 2013 p. 26). The literature presents a strong body of support for this best practice, with findings including better outcomes (Zweig et al., 2012; Shaffer, 2010; Cissner et al., 2013; Cheesman & Kunkel, 2012) and greater cost savings (Carey et al., 2008a, 2012).

Paramount among these best practice considerations is the implementation of progressive sanctions. Best practice dictates that for difficult goals (i.e. abstaining from use or obtaining employment) the court should impose sanctions that progressively increase in magnitude with each successive infraction (NADCP, 2013). This practice allows for treatment to take effect and helps prepare clients for the steadily increasing responsibilities of the program. In addition, SATCs should make every effort to frequently remind participants about program expectations and the consequences for success or failure (Zweig et al., 2012). Research has shown a significant increase in program retention rates when this best practice is implemented (Young & Belenko, 2002).

Another essential best practice in this area is the sparing use of jail time to sanction clients or achieve social service objectives (i.e. detox or residential treatment). While this consequence may often be administered with the client's best interest in mind, the literature provides strong support for the negative impact of jail time on both clients and courts. When sanctions too high in magnitude are implemented, the court risks ceiling effects where outcomes become stagnant or worsen. Additionally, when SATCs use jail sanctions sparingly, they are significantly more effective and cost-effective (Carey et al., 2008b; Hepburn & Harvey, 2007). When these sanctions are necessary, courts typically see diminishing returns after three to five days of incarceration (Carey et al., 2012; Hawken & Kleiman, 2009).

Observations

Noncompliance with some aspect of the program was noted in 30% of the cases (see Table 71 for summary of all characteristics of status review hearings). Program non-compliance included re-arrests (9% of all cases), missed court dates (9%), unpaid restitution

(6%), treatment absences (3%), violating rules at treatment (3%) and poor attitude (3%).[3] None of the noncompliance observed was related to returning on a warrant (0%).

Sanctions were administered in 24% of all cases heard. In 6% of cases heard, noncompliance was addressed but sanctions were not administered. Sanctions were administered as follows: admonishment from the judge (15%), remand to custody/jail (9%), admonishment from other staff (6%), pay restitution (6%), put on relapse track (3%), warrant (3%), failing Drug Court (3%).[4]

Recognition was given in 52% of all SATC cases observed. Recognition was observed for a variety of behaviors and accomplishments, including: doing well overall (49%), drug free days (12%), job/school progress (12%), eligible for graduation (9%), phase advancement (6%), started treatment (3%).[5]

Incentives were administered in 55% of the cases observed. Incentives included: praise from judge (49%), gold star (18%), courtroom applause (15%), shook hands with judge (6%), praise from other staff (3%), phase up certificate (3%), and delayed and minimized court fees (3%).[6]

In addition, observers rated the team's adherence to best practices in administering sanctions (see Table 70). In particular, observers noted whether or not clients received a clear justification for sanctions, and whether or not incarceration was used to achieve social service objectives. Observers noted that, while the judge did not always publicize the exact client behavior that required sanctions, the clients seemed to understand what they had done and the reason for sanctions.

Table 70. Ascertation of best practices in sanction administration, based on observations.

Sanction Administration	True/False
Participants receive a clear justification for why a particular consequence is or is not being imposed.	True

Table 71. Characteristics of status review hearings.

Characteristic	Percentage of Observed Hearings
Appearance Type	
Regular status hearing	85%
Pre-participation	15%
In-custody	27%
Noncompliance	30%
Re-arrest	9%
Missed court date	9%
Unpaid restitution	6%
Treatment absence	3%
Violated rules at treatment	3%
Poor attitude	3%
Sanctions	24%
Admonishment from the judge	15%
Jail/custody time	9%
Admonishment from other staff	6%
Have client pay restitution	6%
Put on relapse track	3%
Warrant	3%
Failed Drug Court	3%
Recognition	52%
Client is doing well	49%
Drug free days	12%
Job/school progress	12%
Eligible for graduation	9%
Phase advancement	6%
Started treatment	3%
Incentives	55%
Praise from judge	49%
Gold star	18%
Courtroom applause	15%
Shook hands with judge	6%
Praise from other staff	3%
Phase up certificate	3%
Delayed and minimized fees	3%

3 Note that multiple types of noncompliance could have been observed occurring per participant; these percentages will not add up to 30%.
4 Note that multiple types of sanctions could have occurred per participant; these percentages will not add up to 24%.
5 Note that multiple types of recognition could have occurred per participant; these percentages will not add up to 52%.
6 Note that multiple types of incentives could have occurred per participant; these percentages will not add up to 55%.

Feedback: SATC Team

Team members were surveyed about aspects of the use of sanctions and incentives in the program, as well as the notification process of client noncompliance (see Table 72). The majority of team members reported that the SATC uses a graduated system of sanctions for noncompliance, rewards are matched to the level of client compliance, the severity of sanctions are matched with the seriousness of the noncompliance, precautions are taken to prevent tampering with drug tests, sanctions are individualized for clients, client progress is rewarded, sanctions are effective in influencing client behavior, and minor infractions result in minor sanctions. There was some neutrality or disagreement noted for all of these questions. The team was more divided about whether drug tests were quickly communicated to the Drug Court team, with 50% strongly agreeing and 33% disagreeing.

Table 72. SATC team perceptions on sanctions, incentives, and offender (non)compliance.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The Drug Court uses a graduated system of sanctions to address non-compliant behavior.	0%	17%	0%	33%	50%
Rewards are matched to the level of compliance shown by the participant.	0%	0%	17%	50%	33%
The severity of the sanction is matched with the seriousness of the infraction.	0%	0%	17%	50%	33%
Drug test results are quickly communicated to the Drug Court team.	0%	33%	17%	0%	50%
Precautions are taken to prevent participants from tampering with their drug tests.	0%	17%	17%	17%	50%
The Drug Court judge tends to individualize the sanctions given to the participant.	0%	0%	17%	50%	33%
The Drug Court rewards participant progress in the program.	0%	0%	33%	67%	0%
Sanctions are effective for influencing participant compliance.	0%	0%	17%	67%	17%
Minor infractions result in minor sanctions.	0%	0%	33%	33%	33%

Feedback: Treatment Counselors

Treatment counselors were surveyed about aspects of the use of sanctions and incentives in the program, as well as the notification process of client noncompliance (see Table 73). The majority of counselors reported that the SATC uses a graduated system of sanctions for noncompliance, rewards are matched to the level of client compliance, the severity of sanctions are matched with the seriousness of the noncompliance, drug test results are quickly communicated to the Drug Court team, precautions are taken to prevent tampering with drug test results, client progress is rewarded, and sanctions are effective in influencing client behavior. There were varying levels of neutrality or not knowing the answer for most questions. Most counselors were either neutral or didn't know whether minor infractions resulted in minor sanctions.

Table 73. Treatment counselor perceptions on sanctions, incentives, and offender (non)compliance.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
The Drug Court uses a graduated system of sanctions to address non-compliant behavior.	0%	0%	0%	50%	50%	0%
Rewards are matched to the level of compliance shown by the participant.	0%	0%	0%	50%	25%	25%
The severity of the sanction is matched with the seriousness of the infraction.	0%	0%	0%	75%	0%	25%
Drug test results are quickly communicated to the Drug Court team.	0%	0%	0%	25%	75%	0%
Precautions are taken to prevent participants from tampering with their drug tests.	0%	0%	0%	60%	40%	0%
The Drug Court rewards participant progress in the program.	0%	0%	0%	25%	50%	25%
Sanctions are effective for influencing participant compliance.	0%	0%	20%	40%	20%	20%
Minor infractions result in minor sanctions.	0%	0%	25%	0%	25%	50%

Feedback: SATC Clients

The clients were asked about the perceived fairness of the sanctions and incentives received in SATC (see Table 74). Most clients reported that they felt they received the same sanctions and rewards as other participants in the program. A notable number of clients indicated neutrality regarding whether they received the same sanctions as other clients, and a majority of clients indicated neutrality regarding whether members of the SATC get angry with them during sanctions; however, those who were not neutral agreed that the team members do not get angry with them.

Table 74. SATC client perceptions of sanctions and incentives.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
When I do not do well in SATC, I feel that I receive the same sanctions (consequences) as other people in SATC.	0%	0%	18%	55%	27%
When I do well in SATC, I feel that I receive the same rewards as other people in SATC.	0%	0%	0%	64%	36%
When I receive sanctions (consequences), members of the SATC team do not get angry with me.	0%	0%	55%	27%	18%

Focus Group

Team members were asked to collaborate on responses to questions about the general use of sanctions (see Table 75). The focus group revealed that the SATC has a range of sanctions of varying magnitudes that could be administered in response to client behavior. Sanctions increase progressively in magnitude for goals that are difficult to accomplish, but higher magnitude sanctions are not administered more quickly for goals that are easier to achieve. Clients do not receive sanctions if they have not yet been able to establish abstinence but are cooperating and are early in the program; neither do they receive sanctions if the level of care they are receiving is substantially below or above what they need.

Table 75. Focus group collaborative responses to questions regarding the general use of sanctions.

Sanctions	True/False
The Drug Court has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program.	True
For goals that are difficult for participants to accomplish, such as abstaining from substance use or obtaining employment, the sanctions increase progressively in magnitude over successive infractions.	True
For goals that are relatively easy for participants to accomplish, such as being truthful or attending counseling sessions, higher magnitude sanctions may be administered after only a few infractions.	False
Participants do not receive punitive sanctions if they are otherwise compliant with their treatment and supervision requirements but are not responding to the treatment interventions (i.e., the Drug Court does not ordinarily impose substantial sanctions for substance use early in treatment, but rather adjusts the participants' treatment requirements in response to positive drug tests during the early phases of the program).	True
Participants do not receive punitive sanctions or an augmented sentence if they fail to respond to a level of care that is substantially below or above their assessed treatment needs.	True

Team members were also asked to collaborate on responses to questions about the way client behavior is incentivized (see Table 76), in order to assess the team's adherence to best practices within this domain (see Table 77). Team member responses indicated that they had a variety of options at their disposal to reward good behavior, including praise, reduction of treatment requirements, being seen early on the calendar, extensions on time to pay, reduction in fines, and custody time suspended. It appears that the team did adhere to best practices by having as much emphasis on incentives as sanctions.

Table 76. Question asked during the team focus group regarding incentivizing behavior SATC.

Focus Group Questions
1. How are client behaviors incentivized? (Which client behaviors are incentivized?).

Table 77. Ascertation of best practices in incentivizing client behaivor, based on focus group feedback.

Incentivizing Productivity	True/False
The Drug Court places as much emphasis on incentivizing productive behaviors as it does on reducing crime, substance abuse, and other infractions.	True

Next, team members were asked to collaborate on responses to questions about the way licit and addictive substances are addressed and sanctioned (see Table 78), in order to assess the team's adherence to best practices within this domain (see Table 79). Team member responses indicated that consequences are imposed for licit nonmedically indicated drug use, and that the SATC team relies on expert medical input to determine whether non-addictive alternatives treatments are available. Thus it appears that the team did adhere to best practices in this regard.

Table 78. Question asked during the team focus group regarding licit and addictives substances in SATC.

Focus Group Questions
1. Consequences are imposed for the nonmedically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance. (True/False)
2. How does the Drug Court team determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether nonaddictive, nonintoxicating, and medically safe alternative treatments are available?

Table 79. Ascertation of best practices in sanction administration, based on focus group feedback.

Licit Addictive or Intoxicating Substances	True/False
Consequences are imposed for the nonmedically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance.	True
The Drug Court team relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether nonaddictive, nonintoxicating, and medically safe alternative treatments are available.	True

Finally, team members were asked to collaborate on responses to questions about the use of jail sanctions (see Table 80), in order to ascertain team adherence to best practices on using jail as consequence (see Table 81). The team members indicated that jail sanctions are used sparingly and generally when other interventions have failed, for instance if the client failed detox, if they can't afford detox, if they need something to get their attention back, or if they are a danger to themselves. The focus group also suggested that jail sanctions are usually 1-5 days, yet on rare occasions jail time is used as detox, which can last up to 21 days. The group indicated that clients always have access to counsel, including if they receive a jail sanction. Lastly, the focus group indicated that clients are occasionally incarcerated in order to achieve clinical goals if other options are not available or functioning.

Table 80. Question asked during the team focus group regarding the use of jail sanctions in SATC.

Focus Group Questions
1. When are jail sanctions imposed?
2. Jail sanctions are definite in duration and typically last no more than three to five days. (True/False)
3. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed because a significant liberty interest is at stake. (True/False)
4. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters. (True/False)

Table 81. Ascertation of best practices in the use of jail sanctions, based on focus group feedback.

Jail Sanctions	True/False
Jail sanctions are imposed judiciously and sparingly.	True
Unless a participant poses an immediate risk to public safety, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions.	True
Jail sanctions are definite in duration and typically last no more than three to five days.	True
Participants are given access to counsel and a fair hearing if a jail sanction might be imposed because a significant liberty interest is at stake.	True
Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters.	False

Administrative Review

SATC documentation was consulted to assist in evaluating the team's adherence to best practices on incentivizing productivity. Review of the materials revealed that criteria for advancing through the phases is objectively defined and includes productive activities such as self-help groups, treatment attendance, completion of relapse prevention plans, and participation in employment, educational, or vocational activities. According to the documentation available, the team did adhere to best practices (Table 82).

Table 82. Administrative review of SATC exclusionary criteria.

Incentivizing Productivity	True/False
Criteria for phase advancement and graduation include objective evidence that participants are engaged in productive activities such as employment, education, or attendance in peer support groups.	True

PHASE PROMOTION

Best practice mandates that SATCs create and distribute written documentation with a clearly defined phase structure and specific behavioral milestones for advancement and graduation (NADCP, 2013); Drug Courts following this practice found significantly better outcomes (Carey et al., 2012; Shaffer, 2006; Wolfer, 2006). In establishing a phase structure, it is important for SATCs to link the achievement of clinically significant milestones with realistic and clearly defined behavioral requirements (i.e. completing a treatment regimen or remaining drug-abstinent) for phase advancement. This practice promotes better outcomes for clients compared to simply using length of time in the program as a benchmark for advancement.

As clients advance through the established phases of the SATC program they become better equipped to abstain from substance use and engage in productive activities. Therefore throughout program advancement, SATCs should consider increasing the magnitude of sanctions, decreasing the rewards for achievements, and reducing supervision services (NADCP, 2013). During this process, it is important to remember that the client's addiction is a chronic medical condition that is unfortunately highly likely to relapse (McLellan et al., 2000). In the event that relapse does occur, the client should be temporarily returned to the preceding phase and work with the SATC team to develop a remedial plan to achieve a successful phase transition (NADCP, 2013). Careful consideration should be paid to client morale during this process. Often after a relapse participants will believe, incorrectly, that they have made no progress in treatment and will never be successful at recovery. This attitude has long been linked with putting clients at risk for a full relapse or dropping out of treatment (Collins & Lapp, 1991; Marlatt & Witkiewitz, 2005; Stephens et al., 1994). SATC

teams can work to achieve this goal by helping the client learn from the experience and create a plan to avoiding making the same mistake again.

Focus Group

Team members were asked to collaborate on responses to questions about phase promotion in SATC in order to ascertain adherence to best practices in this area (see Table 83). The focus group revealed that if clients are put into the relapse track then the team discusses how to support them to get back on track. The relapse track has essentially the same requirements as Phase 1, except that the client is required to attend court every week. Further, if clients are put on the relapse track when they are in the later stages of the program, once they have completed the relapse track then they return to the phase that they were in at time of relapse. In addition, phase advancement is predicated on achievement of clinically important milestones, such as progress on treatment plan, completing relapse prevention plans, or achieving employment or educational goals.

Table 83. Focus group collaborative responses to questions regarding phase promotion in SATC.

Phase Promotion	True/False
a. - If a participant must be returned temporarily to the preceding phase of the program because of a relapse or related setback, the team develops a remedial plan together with the participant to prepare for a successful phase transition. -and- b. - The Drug Court team does not mandate that the participant return to the first stage of treatment, if they are in later phases of the program and have experienced a prolonged period of abstinence.	a. True b. True
Phase advancement is predicated on the achievement of clinically important milestones that mark substantial progress towards recovery; phase advancement is not based simply on the length of time that participants have been enrolled in the program.	True

Administrative Review

SATC documentation was consulted to assist in evaluating the team's adherence to best practices on phase promotion. Review of the materials revealed that there is written documentation outlining the requirements and procedures of phase advancement and graduation. Sanctions for infractions increase in magnitude over time, but there is no mention in the documents as to whether rewards or supervision necessarily decrease. Treatment is reduced slowly once clients have established success at their current level, and drug testing is not decreased throughout the entire program. Phase promotion proceeds based on achievement of defined behavioral objectives, such as drug free days, treatment compliance, and life goals. According to the documentation available, the team was in adherence to most best practices, except that the documentation failed to offer guidance about whether to decrease rewards over the course of the program (see Table 84).

Table 84. Administrative review of SATC phase promotion.

Phase Promotion	True/False
a. - There is written documentation for phase advancement. b. - There is written documentation for graduation.	a. True b. True
As participants advance through the phases of the program: a. - sanctions for infractions may increase in magnitude, b. - rewards for achievements may decrease, and c. - supervision services may be reduced. d. - Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use. e. - The frequency of drug and alcohol testing is not reduced until after other treatment and supervisory services have been reduced and relapse has not occurred.	a. True b. False c. True d. True e. True
Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specified period of time.	True

GRADUATION/TERMINATION

Best practice outlines several situations in which participants may be terminated from the SATC: if they become an immediate risk to public safety, are unwilling or unable to participate in treatment, or are too impaired to benefit from the available treatment options (NADCP, 2013). Outside of these specific situations, SATCs should adjust treatment, supervision or sanction requirements if participants are nonresponsive to the program. Research has shown that when Drug Courts terminate clients for drug or alcohol use they tend to have poorer outcomes (Shaffer, 2010) and are less cost-effective.

Providing incentives for participants to graduate from the program is one of the key factors that can bring about improved outcomes in SATCs. Research has extensively shown how exerting this leverage over participants is an effective best practice (Cissner et al., 2013; Goldkamp et al., 2001; Longshore et al., 2001; Mitchell et al., 2012; Rempel & DeStefano, 2001; Rossman et al., 2011; Shaffer, 2010; Young & Belenko, 2002). Additionally, outcomes tend to be poor when consequences for withdrawing or failing to complete the program are minimal (Cissner et al., 2013; Burns & Peyrot, 2008; Carey et al., 2008b; Gottfredson et al., 2003; Rempel & DeStefano, 2001; Rossman et al., 2011; Young & Belenko, 2002). Therefore, SATCs should provide their graduates the opportunity to avoid a criminal record, incarceration, or received a reduced sentence or disposition. Finally, when SATC programs

were 12 months or longer in duration, they showed 57% greater reductions in recidivism than courts that had shorter programs (Carey et al., 2012).

Focus Group

Team members were asked to collaborate on responses to questions about consequences for graduation or termination in SATC, in order to ascertain adherence to best practices in this area (see Table 85). The focus group revealed that clients may be terminated from SATC if they can no longer be managed safely in the community, are unwilling or unable to engage in treatment, are too impaired to benefit from treatments available, or fail repeatedly to comply with treatment or supervision requirements. However, clients are not terminated simply for substance use unless they are nonamenable to treatments. If a client fails to complete the program, they are not given an augmented sentence, but do receive a sentence for the underlying offense that brought them into SATC. However, if the client succeeds, they avoid a criminal record, avoid incarceration (though incarceration may have occurred as part of SATC treatment), and they receive a dismissal of their charge. Thus, the team appears to be in full compliance of best practices with regards to these termination guidelines.

Table 85 Focus group collaborative responses to questions regarding graduation and termination in SATC.

Graduation and Termination	True/False
Participants may be terminated from the Drug Court if they: a. - no longer can be managed safely in the community, b. - are unwilling or unable to engage in treatment, c. - are too impaired to benefit from the treatments available in the community, or d. - fail repeatedly to comply with treatment or supervision requirements.	a. True b. True c. True d. True
Participants are not terminated from the Drug Court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are nonamenable to the treatments that are reasonably available in their community.	True
If a participant is terminated from the Drug Court because adequate treatment is not available, the participant does not receive an augmented sentence or disposition for failing to complete the program.	True
Graduates of the Drug Court: a. - avoid a criminal record, b. - avoid incarceration, or c. - receive a substantially reduced sentence or disposition as an incentive for completing the program.	a. True b. True c. True
Participants who are terminated from the Drug Court receive a sentence or disposition for the underlying offense that brought them into the Drug Court.	True
Participants are informed in advance of the circumstances under which they may receive an augmented sentence for failing to complete the Drug Court program.	True

Administrative review

SATC documentation was consulted to assist in evaluating the team's adherence to the minimum length of the Drug Court program (see Table 86). Review of the materials revealed that the team is in the process of modifying the *Substance Abuse Treatment Court Standards and Practices Manual* by adding the word *approximately* to the sentence, "the minimum length of program will be approximately 12 months." In addition, during the interviews a team member shared that a client was able to complete the program a couple weeks before 12 months due to good behavior. Thus it is currently possible to complete SATC in less than 12 months.

Table 86. Focus group collaborative responses to questions regarding graduation and termination in SATC.

Graduation and Termination	True/False
The minimum length of the Drug Court program is 12 months or more.	False

SUMMARY

The focus of this section was team meetings, status review hearings, sanctions and incentives, and preparations for program completion.

Numerous representatives were present at team meetings and court hearings, including the judge, treatment provider, Probation, district attorney, public defender, conflict attorney, bailiff, and clerk. Neither law enforcement nor the program coordinator were present. The most frequent topic of discussion was treatment progress. Decisions on client progress were made collaboratively, with the judge serving as the final arbitrator when necessary. Team members were perceived by observers and clients to be respectful toward each other, respectful toward participants, sharing knowledge freely, and exemplifying teamwork.

A review of court documents revealed that clients are expected to attend court once per week during the first phase of the program, decreasing in frequency to once every 4 weeks by the end of the program, which is in accordance with best practices. Clients are also required to observe the hearings for clients who are called before them, though clients with gold stars are called first and may leave afterwards. The majority of SATC clients reported that they perceived that treatment and court personnel worked together as a team and that there was not a team leader, which coincides with observer ratings in team meetings that team decisions were often how final decisions regarding participant behavior were made.

The majority of SATC clients reported that they had positive interactions with the judge during their status review hearings and felt that the judge listened to them and was concerned about them as a person. Most SATC participants spoke in their hearings, with some of them sharing success stories. The team had an encouraging tone with clients, offering incentives such as praise about twice as frequently as they offered sanctions, and often finding something positive to acknowledge in the client even as they also administered a sanction.

The majority of SATC cases were heard for less than three minutes for their status review hearings. A best practice in Drug Courts is for clients' hearings to be for no less than three minutes. The SATC team attempts to call SATC clients before Clean and Sober clients on the calendar, though SATC clients are sometimes called later in the calendar intermingled with Clean and Sober cases if all parties or information for the case won't be present until later. The Clean and Sober calendar generally had more clients on it than did the SATC, and on several occasions the team was not able to get through all cases for the calendar within the expected time frame. Thus, it may be the case that sharing the calendar with Clean and Sober within a limited time frame puts pressure on the SATC to accomplish hearings in less time than best practices would recommend.

The majority of team members reported being aligned with best practices regarding sanctions and incentives in that the SATC uses a graduated system of sanctions for noncompliance, rewards are matched to the level of client compliance, the severity of sanctions are matched with the seriousness of the noncompliance, precautions are taken to prevent tampering with drug tests, client progress is rewarded, clients do not receive sanctions if the level of care they are receiving is substantially below or above what they need, and clients do not receive sanctions if they have not yet been able to establish abstinence but are cooperating and are early in the program.

The literature has also strongly discouraged against the use of jail as a sanctioning method. To this point, the majority of team members indicated that jail was not often used as a sanction, generally only employed after less severe consequences have been ineffective at curbing noncompliance, and for no more than three to five days. However, members of the focus group indicated that in rare cases jail was used as a method of detoxification when other detoxification programs were not available or affordable to the client. During these periods a jail sentence could last as long as 21 days. The team may benefit from reconsidering their position on utilizing jail as detoxification, as the literature on incarceration does not support the use of jail as a stabilization mechanism.

Preparing clients for program completion is another important aspect of SATCs. Phase advancement is clearly delineated in SATC documentation, and generally is in accordance with best practices. Phase advancement is predicated on achievement of clinically important milestones. There is a relapse phase that increases client treatment and requirements, but when the client completes the relapse phase they return to the phase they were in prior to relapse.

Based on responses from the focus group, the team appears to be in full alignment with best practices with regards to the reasons a client might be terminated and should not be terminated. In addition, the consequences for successfully completing Drug Court (dismissal of charge) and unsuccessful termination (sentence for original charge) are in line with best practices.

Lastly, the focus group revealed that clients complete an aftercare phase including preparation of a continuing care plan with the court for when they complete the SATC. However, treatment counselors do not follow up with clients after program completion in order to minimize chances of relapse.

Stakeholder Roles

TEAM MEMBERS' ROLES & TRAINING

Best practices outline that SATC teams should be comprised of, at minimum, a judge, program coordinator, prosecutor, defense counsel, treatment representative, community supervision officer, and law enforcement officer (NADCP, 2015). Research shows when these members of the SATC team regularly participate in pre-court staff meetings and status hearings, courts are expected to produce significantly greater reductions in recidivism and are significantly more cost effective (Carey et al., 2008, 2012; Cissner et al., 2013; Rossman et al., 2011; Shaffer, 2010). One of the reasons for the success of this approach is the coming together of clearly defined roles and areas of expertise to advise the judge on treatment decisions for the client.

Given the importance of all team members operating at a high level to promote positive outcomes for participants, the NADCP outlines specific training requirements for team members (NADCP, 2015). Since SATCs represent a new method of treating addicted offenders, a unique knowledge and skill set are required to effectively implement programs (Carey et al., 2012; Shaffer, 2010; Van Wormer, 2010). Therefore, it is especially important that Drug Court team members attend appropriate trainings at least on an annual basis.

Best practices for SATC team member trainings include *Pre-implementation Trainings, Continual Education Workshops,* and *Tutorials for New Staff*. *Pre-implementation trainings* span several days and require teams to develop a mission statement, goals and objectives for their program. This is also an opportunity to learn about best practices from expert faculty and develop policies and procedures for the courts operations (Hardin & Fox, 2011). When SATC team members participate in these trainings, they are 50% more effective at reducing recidivism and roughly two and a half times more cost-effective than courts that do not hold formal training prior to implementation (Carey et al., 2008, 2012). *Continuing Education Workshops* also play an import part in SATC success. When SATC team members attend annual continuing education workshops their programs are more effective (Shaffer, 2006, 2010) and are more likely to adhere to a Drug Court model. In fact, no other factor was a greater predictor of program adherence to the Drug Court model than participation in these workshops. (Van Wormer, 2010). Furthermore, participation in continuing education workshops was also associated with increased job satisfaction, greater optimism about the effects of treatment, greater perceived benefits of SATCs, better collaboration among team members, and better perceived coordination between the justice system and other service and treatment systems (Van Wormer, 2010). Therefore, these workshops play a vital role in ensuring the highest likelihood of positive outcomes for clients. Finally, it is important to understand that when there is staff turnover, Drug Courts typically show a decline in the quality of their services provided (Van Wormer, 2010). However, when SATCs provide *tutorials for new staff* they are over 50% more effective at reducing recidivism than courts that do not routinely provide formal orientations for new hires (Carey et al., 2012). Given the powerful impact that team training can have on Drug Court outcomes, ongoing professional education must be a fundamental component of successful SATC teams.

Feedback: SATC Team

Team members were surveyed about whether or not they felt that team members understand each other's roles (see Table 87). The results suggested that the majority of the team felt that this element was present within their SATC team.

Table 87. SATC team perceptions of understanding team members' roles.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Team members understand each other's roles.	0%	0%	17%	17%	67%

Feedback: Treatment Counselors

Treatment counselors were surveyed about whether or not they felt that team members understand each other's roles (see Table 88). The results suggested that the majority of the counselors were neutral about whether this element was present in the team.

Table 88. Treatment counselor perceptions that team members understand each other's roles.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Team members understand each other's roles.	0%	0%	75%	0%	25%

Judge

The role of the judge is thought to be essential to the extent to which treatment courts are successful (Carey et al., 2012; NADCP, 2013; Thompson et al., 2007); research shows that judges especially wield a substantial impact on overall outcomes in their court (Carey et al., 2012; Jones, 2013; Jones & Kemp, 2013; Marlowe et al., 2006; Zweig et al., 2012). As such, outcomes are significantly better when the SATC judge received annual training on evidenced-based practice (Carey et al., 2008, 2012; Shaffer, 2010). Additionally, outcomes have been shown to improve when participants perceive SATC judges as being open to learning about addiction (Farole & Cissner, 2007).

Feedback: SATC Team

The stakeholders were interviewed regarding what they felt the role of the judge was on their SATC team (see Table 89). The judge was seen as being the leader of the court and the final decision maker. She was also described as facilitating the team, arbitrating disagreements and procuring feedback from all members. Lastly, she was described as responsible for interacting with the clients and setting a positive, encouraging, understanding tone for the clients.

Table 89. SATC team perceptions of the role of the judge on the team.

Roles	Descriptions
Leader	▪ Leader ▪ Presides over court ▪ Presides over staffing
Team Facilitator	▪ Ensures input from all team members ▪ Team arbitrator ▪ Final say
Create Tone for Client	▪ Interact with the clients ▪ Set the tone for the clients ▪ Encourage the clients ▪ Create an environment of understanding ▪ Provide warnings instead of sanctions

Focus Group

Team members were asked to collaborate on responses to questions about the judge's placement in SATC (see Table 90), per best practices standards. The focus group indicated that the judge was assigned to the SATC voluntarily, and that the judge's term was indefinite. However, the judge had been part of the team for less than one year at the time of evaluation.

Table 90. Focus group collaborative responses to questions regarding the role of the judge.

Length of Term	True/False
The judge presides over the Drug Court for no less than two consecutive years.	False
The judge was assigned to the SATC on a voluntary basis.	True
The judge's term on the SATC bench is indefinite in duration.	True

Coordinator

Feedback: SATC Team

The majority of the SATC team expressed confusion when asked about the role of the coordinator on their SATC team. Several team members weren't sure if SATC has a coordinator, while others believed a treatment provider was the coordinator. The actual program coordinator was interviewed individually for this evaluation but did not attend the team member focus group. Those who discussed the role of the coordinator believed that the coordinator was the middle person between the team and the treatment providers -- monitoring treatment contracts, ensuring treatment providers provide positive results, monitoring data collection, handling ethical issues with providers. Other roles included ensuring clients can speak in court, and ensuring team members are contributing.

District Attorney

Feedback: SATC Team

The stakeholders were interviewed regarding what they felt the role of the district attorney was on their SATC team (see Table 90). The district attorney was described as having aspects of both non-traditional and traditional district attorney roles. Team members described the district attorney as a key team member, managing client violations and defending public safety, while also remaining treatment and client centered, as the attorney provides recommendations to the team. They are also primarily responsible for facilitating the client intake process -- encouraging referrals from other courts and lawyers, evaluating eligibility of referrals as a gatekeeper, and finally facilitating the SATC contract and getting the client entered into treatment.

Table 90. SATC team perceptions of the role of the district attorney on the team.

Roles	Descriptions
Facilitate Client Intake	▪ Encourage referrals ▪ Accept referrals ▪ Eligibility ▪ Lenient with eligibility ▪ Suitability ▪ Gatekeeper ▪ Facilitate SATC contract ▪ Facilitate entry into treatment
Manage Client Violations	▪ Manage client violations ▪ Oversee criminal aspects of the case ▪ Appropriate sanctions ▪ Defend public safety ▪ Recommend for dismissal
Client Centered	▪ Evaluate where the client is at ▪ Determine what needs to be adjusted for the client ▪ Oversee client progress in treatment ▪ Encourage client
Team Member	▪ Part of team ▪ Provides input to team ▪ Make recommendations
Non-Adversarial	▪ Works well with public defender ▪ Similar role as public defender ▪ Balancing criminal and treatment sides of the case

Public Defender/Defense Attorney

Feedback: SATC Team

The stakeholders were interviewed regarding what they felt the role of the public defender was on their SATC team (see Table 91). The public defender was described as having aspects of both non-traditional and traditional public defender roles in a non-adversarial role, holding that the client's bests interest is sobriety. In addition, the public defender was seen as a team member, taking in others' perspectives as well as offering up recommendations to the team.

Table 91. SATC team perceptions of the role of the public defender on the team.

Roles	Descriptions
Find Potential Clients	▪ Find potential clients
Communicate with Client	▪ Communicate with the client ▪ Explain SATC to the client ▪ Encourage the client
Advocate for Client	▪ Advocate for the client ▪ Represent best interests of the client ▪ Ensure client voice ▪ Defend client rights ▪ Represent the defendant
Non-Adversarial	▪ Non-Adversarial ▪ Client best interest is sobriety ▪ May advocate for sanctions ▪ Determines appropriate sanctions
Team Member	▪ Work with the team ▪ Take into account others' perspectives ▪ Works with Probation
Contribute to Team	▪ Contribute to the team ▪ Provide recommendations

Bailiff

Feedback: SATC Team

Stakeholders were interviewed regarding what they perceived the role of the bailiff to be on their SATC team (see Table 92). Stakeholders described the role of the bailiff as having the traditional role of maintaining the safety and order of the court. He was also described to be respectfully interacting with the clients and facilitating attendance of clients in custody. While not seen as a

central team member (nor did he attend the focus group), he is seen to facilitate communication between the judge, the team members, and clients.

Table 92. SATC team perceptions of the role of the bailiff on the team.

Roles	Descriptions
Contact with Clients	▪ Interact with clients ▪ Contact with clients in custody ▪ Participate in remands ▪ Respectful of clients
Traditional Role	▪ Traditional role ▪ Ensures courtroom safety and security ▪ Maintain order in the court
Not a Team Member	▪ Not a Team Member
Facilitate Courtroom Communication	▪ Assist communication between judge and team ▪ Allow clients to get close to the judge

Community Law Enforcement

Feedback: SATC Team

Stakeholders were interviewed regarding what they perceived the role of community law enforcement to be on their SATC team (see Table 93). Community law enforcement was described as having roles related to bringing clients into the justice system, communicating with Probation, and homeless outreach. Team members also shared that while it is evidence-based to have law enforcement as part of the team, they are not part of the Santa Barbara SATC team, and no law enforcement attended the team focus group.

Table 93. SATC team perceptions of the role of community law enforcement on the team.

Roles	Descriptions
Traditional Role	▪ Bring the client into the justice system ▪ Locate the client on a warrant ▪ Communicate with Probation ▪ Write a police report
None	▪ Not on the team ▪ It is evidence-based to have them on the team
Homeless Outreach Officer	▪ Homeless outreach

Based on team member feedback, evaluators were able to ascertain adherence to best practices in the field on having law enforcement on the SATC team (see Table 94). It appears that the team did not adhere to best practices in that law enforcement was not part of the team.

Table 94. Ascertation of best practices in SATC team membership.

SATC Team Membership	True/False
Law enforcement is a member of the Drug Court team.	False

Probation

Feedback: SATC Team

Stakeholders were interviewed regarding what they perceived the role of the Probation team representatives to be on their SATC team (see Table 95). Probation officers were seen as primarily being responsible for monitoring clients in the community and as integral team members. They were seen as individuals who develop a close relationship with the clients and provide a lot of information about the clients to the team. Lastly, they were seen to facilitate clients coming into SATC by conducting suitability assessments and providing the SATC contract.

Table 95. SATC team perceptions of the role of Probation on the team.

Roles	Descriptions
Client Supervision	▪ Supervise clients ▪ Meet with clients ▪ Field visits ▪ Home visits ▪ Ensure home environment is conductive of recovery ▪ Monitor clients in residential treatment ▪ Monitor out of county clients ▪ Search and seizure ▪ Administer drug tests
Relationship with Clients	▪ Build rapport with clients ▪ Get to know the clients ▪ See how the client is really doing
Provide Information	▪ Eyes of the court ▪ Provide input on clients ▪ Court reports ▪ Let team know about arrests ▪ Know about law enforcement contracts
Provide Recommendations	▪ Provide recommendations ▪ Recommend sanctions ▪ Make recommendations about client non-compliance
Team Member	▪ Part of team ▪ Collaborate with team ▪ Neutral point of view
Client Entrance into SATC	▪ Determine eligibility ▪ Determine suitability ▪ Provide SATC contract

Substance Abuse Treatment Provider

Feedback: SATC Team

Team members were interviewed regarding what they perceived the role of the substance abuse treatment provider to be on their SATC team (see Table 96). The substance abuse treatment providers were viewed as providing various treatment and case management services to the clients. Like Probation, they were also seen as sources of client assessment and information, and they also facilitated drug testing. They were also seen as liaisons between treatment programs and the court, accepting client referrals from the court and providing information and recommendations to the court regarding treatment for the client. Lastly, it should be noted that several team members discussed only one treatment provider since other treatment providers are generally not present; they described him as being the leader of the SATC team and someone people look up to.

Table 96. SATC team perceptions of the role of the subsatnce abuse treatment provider(s) on the team.

Roles	Descriptions
Provide Treatment Services	▪ Provide treatment ▪ Group counseling ▪ Individual counseling
Drug Testing	▪ Drug Testing
Case Management	▪ Case management ▪ Transportation ▪ Does well at service delivery
Assess Clients	▪ Assess clients ▪ See the client more ▪ Get a bigger picture of the client
Overlapping Role with Probation Officer	▪ Overlapping role with probation officer.
Liaison between Court and Treatment	▪ Accept referrals from court ▪ Report on client progress in treatment ▪ Give input on clients ▪ Communicate with team ▪ Provide recommendations ▪ Determine gold star status
Leader of Team	▪ Leader of the team ▪ Looked up to

County Mental Health

Feedback: SATC Team

Stakeholders were interviewed regarding what they perceived the role of the County mental health to be on their SATC team (see Table 97). While some team members saw the County mental health treatment providers as having no role because SATC does not have clients with mental health issues, others saw them mainly as providers of mental health treatment for high-risk clients. In addition, they were seen as sources of mental health assessment and supporters of the SATC team by providing information and recommendations.

Table 97. SATC team perceptions of the role of County mental health on the team.

Roles	Descriptions
No role	▪ No role ▪ SATC doesn't take clients with mental health issues ▪ Best practices suggests they should be present
Provide Mental Health Treatment	▪ Provide mental health treatment (if applicable) ▪ Treat high-risk clients ▪ Provide medications
Assess Mental Health	▪ Assess mental health ▪ Determine if struggles are related to mental health
Support SATC Team	▪ Provide support to the team ▪ Make recommendations

Psychiatrist/Psychologist

Feedback: SATC Team

Stakeholders were interviewed regarding what they perceived the role of the psychiatrist/psychologist to be on their SATC team (see Table 98). While some members of the team viewed psychiatrists/psychologists as having little to no role in SATC, others saw them as providers of mental health assessment and treatment in several contexts related to SATC, including County mental health, jail, and treatment program supervision.

Table 98. SATC team perceptions of the role of the psychiatrist/psychologist on the team.

Roles	Descriptions
Small to No Role	▪ No role ▪ Little role
Contexts	▪ County mental health ▪ Jail ▪ Supervise in treatment programs
Provide Mental Health Treatment	▪ Assessment ▪ Diagnose ▪ Prescribe medications

Professional Training

Focus Group

Team members were asked to collaborate on responses to questions about professional trainings they have received that are relevant to participation in Drug Courts (see Table 99). The focus group shared that the team seem to be in line with best practices with regards to training, as the judge had just completed a multiple day conference for SATC judges with several trainings. Further, the team shared that they receive up to date training on recognizing implicit cultural biases, and on correcting disparate impacts for members of historically disadvantaged groups.

Table 99. Focus group collaborative responses to questions regarding team members' professional training.

Professional Training	True/False
The SATC judge attends current training events (e.g., conferences, webinars, workshops) on: a. - legal and constitutional issues in SATC, b. - judicial ethics, c. - evidence-based substance abuse treatment, d. - evidence-based mental health treatment, e. - behavior modification, and f. - community supervision.	 a. True b. True c. True d. True e. True f. True
The judge attends annual training conferences and workshops.	True
Each member of the Drug Court team attends up-to-date training events on: a. - recognizing implicit cultural biases (e.g., cultural sensitivity training), and b. - correcting disparate impacts for members of historically disadvantaged groups.	 a. True b. True

Preparations for SATC

Feedback: SATC Team

During the team member interview, stakeholders were asked about how they were prepared for working on the SATC team in terms of training, observations and advice (see Table 100). While several team members shared that they received no training or prior experience, several also shared that they learned from the existing and previous team members through discussions, job shadowing, and working together. Others shared that they had experienced conferences and trainings, specifically about the programs offered through SATC, as well as the non-adversarial nature of SATC.

Table 100. SATC team member qualitative responses to the question, "How were you prepared for working on the Drug Court team in terms of training, observation, advice?"

Response Categories	Descriptions
Conferences/Trainings	▪ Conference ▪ Training
Topics of Trainings	▪ Learned about programs offered ▪ Difference between treatment court and adversarial courts
Learning from the Team	▪ Job shadowing ▪ Talk with previous person in same position ▪ Team providing information ▪ Committee meetings ▪ Work groups
Prior Experience	▪ Prior experience
No Prior Experience and/or Training	▪ Not prepared ▪ On-the-job experience

Based on team member feedback, evaluators were able to ascertain adherence to best practices in the field on training for the SATC team (see Table 101). While some team members have received formal training, it appears that the team did not adhere to best practices, as several shared that they received little to no training prior to starting work in the SATC.

Table 101. Ascertation of best practices in training for the SATC team.

SATC Team Training	True/False
All new hires to the Drug Court complete a formal training or orientation.	False

Suggestions for Preparations for SATC

Feedback: SATC Team

During the team member interview, team members were asked about what preparations they would advocate for in order to help someone else in their position transition to working on the SATC (i.e., training, advice). Their answers are summarized in Table 102. The team suggested structured trainings, reviewing SATC manuals, debriefing on cases, job shadowing, and observing the court as modalities for preparation. In addition, the team highlighted that a new member should understand the non-adversarial nature of SATC, and that they should expect that clients may require more accountability at the beginning of the program as they come out of their addiction.

Table 102. SATC team member qualitative responses to the question, "What preparation would you advocate to help someone else in your position transition to working on the Drug Court team with regard to training and advice?"

Response Categories	Descriptions
Structured Training	▪ Training ▪ Training on Drug Courts
Information Gathering	▪ Documentation/Manuals ▪ Debrief on cases
Experiential Learning	▪ Shadowing ▪ Observe the court process
Advice	▪ Focus on non-adversarial nature of SATC ▪ More accountability for client sometimes is needed in the beginning

Recent Team Transitions

Feedback: SATC Team

Stakeholders were interviewed regarding how long they have been involved on the SATC team, as well as how the SATC team has changed since last year. The duration that team members had been working with SATC ranged from less than 6 months to 15 years. The team members shared that since last year, the SATC team focuses more on prioritizing treatment and on mental health needs of clients. They also stated that the clients share more in court than they did in the past.

TREATMENT COUNSELOR ROLES & TRAINING

Treatment counselors are an important part of the SATC process. The treatment counselors are on the 'front lines' of having regular contact with the client, assisting them not only with sobriety but also in developing life skills and sustainable healthy behaviors to maintain their sobriety over time.

Observations

Observers rated the team's adherence to best practices standards in treatment agency representation on the Drug Court team (see Table 103). Observers noted that two treatment agencies were represented as serving the Drug Court clients; however, the majority of cases were referred to one treatment agency. The observers noted that this may be due to the lack of an objective and formalized treatment referral dissemination process. In addition, the team member responsible for disseminating treatment referrals was a treatment agency representative; this could potentially represent a conflict of interest in ensuring clients are being sent to the most appropriate treatment agency for their specific levels of risk and need. One of the treatment agencies sent a representative during all six of the sessions we observed at the court, and the other treatment agency sent a representative during one of these sessions. It was noted during other portions of the evaluation that it may be challenging for treatment agencies to send a representative to the court if they have few clients participating in SATC; it may be beneficial to either decide on exclusively utilizing one treatment agency, or formalizing an objective referral dissemination process where both agencies are represented in order to increase efficiency and involvement of all Drug Court team members.

Table 103. Ascertation of best practices in treatment agency representation, based on observations.

Treatment Agency Representation	True/False
Only one or two treatment agencies are primarily responsible for managing the delivery of treatment services for Drug Court participants.	True
Clinically trained representatives from these agencies are core members of the Drug Court team and regularly attend team meetings and status hearings.	True/False

Feedback: Focus Group

Team members were asked to collaborate on responses to questions about treatment representation on the SATC team, in order to ascertain adherence to best practices in the field (see Table 104). Team member responses indicated that there are two primary treatment providers for outpatient services, though there are other programs that provide residential treatment. The team also shared that representatives from the agencies are core members who regularly attend team meetings and status hearings. Lastly, the team shared that there are established communication protocols to share accurate and timely information about client treatment progress. Thus, based on team responses it appears that the team did adhere to best practices with regards to multiple agency coordination.

Table 104. Focus group responses to questions on best practices in treatment agency representation on the Drug Court team.

Treatment Agency Representation	True/False
Only one or two treatment agencies are primarily responsible for managing the delivery of treatment services for Drug Court participants.	True
Clinically trained representatives from these agencies are core members of the Drug Court team and regularly attend team meetings and status hearings.	True
If more than two agencies provide treatment to Drug Court participants, communication protocols are established to ensure accurate and timely information about each participant's progress in treatment is conveyed to the Drug Court team.	True

Formal Education and Trainings

Feedback: Treatment Counselors

During interviews with treatment providers, they were asked to identify any trainings that they had received: formal education, training at their agency, other formal trainings, and trainings regarding recognizing implicit cultural biases (e.g., cultural sensitivity training). The answers are outlined in Table 105. The counselors indicated a wide variety of trainings, certifications, and degrees received. Some counselors indicated more training than others; however, all indicated some form of formal training, with most having an AOD certification and some having a clinical degree. Counselors also shared that they had received shadowing and on-the-job training at the treatment agency around topics such as billing and paperwork. Some shared that they had no cultural sensitivity training; others shared they had attained it from conferences, County trainings, and during the training for their degree.

Table 105. Treatment counselor reports of their formal education and trainings received.

Response Categories	Descriptions
Prior credentials	▪ Higher education degrees ▪ AOD Certification ▪ Prior experience with AOD
Formal Training	▪ Conferences ▪ County trainings ▪ Clinician's Gateway ▪ CEU's ▪ Other therapy training units
On-the-job Training	▪ On-the-job training ▪ Shadowing ▪ Paperwork ▪ How to bill
Culture Specific Training	▪ Conferences ▪ During training for degree ▪ County trainings ▪ No cultural sensitivity training

Focus Group

Team members were asked to collaborate on responses to questions about treatment providers' training and supervision (see Table 106). The focus group indicated that most treatment providers are licensed and/or certified, have experience working with clients in the criminal justice system, and are supervised regularly to ensure fidelity of practices.

Table 106. Focus group collaborative responses to questions regarding treatment providers' training and supervision.

Treatment Provider Training and Supervision	True/False
Treatment providers are: a. - licensed or certified to deliver substance abuse treatment, b. - have substantial experience working with criminal justice populations, and c. - are supervised regularly to ensure continuous fidelity to evidence-based practices.	 a. True b. True c. True

Trainings for Working With Offender Populations

Feedback: Treatment Counselors

In addition, the treatment counselors were asked about any trainings they had received pertaining to working with clients involved in the criminal justice system. While some counselors shared they had received no trainings, others shared that they had received trainings from probation, from a training called Thinking for Change, and from a recent training at the courthouse specifically for working with SATC clients.

SUMMARY

In general, members of the SATC team indicated that they felt they understood each other's roles on the team. The judge was perceived as being the leader of the court, the facilitator of the team, and responsible for setting the tone of SATC for the client. These characteristics are in line with research in the area of other treatment courts. In addition, while the judge has only been on the team for less than a year, the judge's term is indefinite, allowing for the potential for clients to have a stable figure in the judge.

The team members identified the role of the district attorney and the public defender as having both non-traditional and traditional characteristics. The district attorney was seen as a gatekeeper for eligibility and a manager of client violations in defense of public safety, while also encouraging referrals, being client-centered, and facilitating client entry into treatment; the public defender was described as an advocate and supporter for the client while holding client sobriety as the client's best interest and sometimes even advocating for sanctions. Similarly, probation officers were seen as primarily being responsible for assessing suitability, monitoring clients in the community, and as integral team members providing information and recommendations; yet they were described as having both legal and client-centered roles. Roles that were identified as having less involvement in the SATC were the coordinator, bailiff, and community law enforcement. Lastly, substance abuse treatment providers were viewed similarly to Probation in that they served multiple roles from treatment to drug testing with clients, providing detailed information about the client to the court. There was some indication of a perceived expansive role of the treatment provider team member. This was reflected anecdotally through court observations and interviews with team members and treatment counselors; interviewees stated that the treatment provider was the leader of the Drug Court team or believed that this individual was the program coordinator, during a hearing a client was observed making statements that they had been informed the treatment provider had the power to make decisions on cases that is usually limited to judges, and observers anecdotally noted that the treatment provider took on more of a leadership role on the calendar day where the usual SATC judge was absent. Thus, it appears that some team member roles and functions may not be well defined.

The focus group revealed differences in the amount of professional training received between team members. While most team members reported being trained through job shadowing or speaking to current or previous members of the team, others shared they had received little to no training before beginning work at SATC. Team members also shared that there has been some turnover on the team in the last year; SATC may benefit from standardizing an orientation and training process for new members of the team.

The role and training of the counselors treating the SATC clients was also examined. The team members indicated that the treatment provider representative is a core member and even a leader of the team. However, a representative for the less commonly used treatment program was rarely present during staffing or hearings. There is a conflict of interest on the team if one treatment provider has the power to decide the appropriate treatment program for a client, and it may be beneficial for the team to formalize an objective referral dissemination process.

Treatment counselors indicated a range of training. The focus group indicated that most treatment providers are licensed and/or certified, have experience working with clients in the criminal justice system, and are supervised regularly to ensure fidelity of practices. In addition, some treatment counselors reported that they received informal on-the-job training in working with offender populations, although others noted that they would benefit from more understanding about SATC and its clients. The finding that treatment counselors selected "don't know" or "neutral" to a majority of questions in this evaluation about SATC reflects this lack of understanding of SATC.

Non-Traditional Characteristics

Drug Courts represent a divergence from typical criminal justice systems in many ways. Two particularly important evidence-based ways in which Drug Courts are non-traditional in process and function is their focus on the appropriate attitudes (e.g., nonadversarial) and in fostering community support for the program. The ways in which these two were approached in the Santa Barbara SATC are examined below.

NECESSARY ATTITUDES

Above all else, it is essential that SATC team members assume non-adversarial roles. This is noteworthy because it is one of the key elements that separate Drug Courts from the traditional justice system. In fact, research has shown that when attorneys in SATCs assume traditional adversarial roles, they actually jeopardize the collaborative approach that Drug Courts rely upon for success (Carey et al., 2012). The BJA clearly establishes in Key Component #2 that the focus of this collaboration should be "on the participant's recovery and law-abiding behavior-not on the merits of the pending case" (BJA, 2004). Literature has suggested that adaptation to non-adversarial approaches "is not a matter of role switching, but rather ensuring that team members are able to and comfortable with rethinking and expanding their professional roles to adapt to the new context" (Blandford et al., 2015, p. 27). The goal of the non-adversarial approach is essentially for all team members to collaborate on what is in the client's best interest.
This integration of treatment and court goals is an important distinction from the traditional justice system that should be incorporated into the attitudes of all SATC team members.

Feedback: SATC Team

Team members were surveyed about the extent to which they felt adversarial roles were set aside (see Table 107). The majority of team members reported that traditional adversarial roles were set aside in SATC, though some neutrality and disagreement existed. The large majority of team members agreed that the operations of the Drug Court reflected both court and treatment goals.

Table 107. SATC team member perceptions on the presence of nonadversarial attitudes within SATC.

Questiona	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Traditional adversarial roles are set aside during the Drug Court process.	0%	17%	17%	17%	50%
The operations of the Drug Court reflect both court and treatment goals.	0%	0%	17%	50%	33%

Feedback: Treatment Counselors

Treatment counselors were surveyed about the extent to which they felt adversarial roles were set aside (see Table 108). All counselors reported either not knowing or being neutral about whether traditional adversarial roles were set aside in SATC. Treatment counselors were also surveyed about the extent to which the Drug Court operations included court and treatment goals; the results indicated most were also neutral to this question, with one counselor agreeing that they did reflect both court and treatment goals.

Table 108. Treatment counselor perceptions on the presence of nonadversarial attitudes within SATC.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
Traditional adversarial roles are set aside during the Drug Court process.	0%	0%	25%	0%	0%	75%
The operations of the Drug Court reflect both court and treatment goals.	0%	0%	75%	25%	0%	0%

During interviews with treatment providers, they were asked about what attitudes are necessary for a well-functioning Drug Court, and if they felt that the SATC displays these attitudes toward the clients (see Table 109). Treatment counselors reported that there were attitudes that were essential for a well-functioning SATC, and identified various positive attitudes and beliefs that are important to maintain to see change with the client and avoid burn out. The treatment counselors also identified that providing structure is important, especially when balanced with a compassionate, treatment-focused approach through their non-adversarial role. The counselors were mixed about whether they felt SATC exemplified these attitudes, with some feeling they didn't, some thinking they did, and others not being sure.

Table 109. Treatment counselor qualitative responses to the question, "Are there certain attitudes that are necessary for a well-functioning Drug Court?"

Response Categories	Descriptions
Positive Attitude	▪ Compassionate attitude ▪ Empathy ▪ Belief that people can change ▪ Change happens slowly ▪ Flexibility ▪ Manage expectations and attitudes to avoid burn out
Non-Adversarial	▪ Non-adversarial ▪ Consequences not punishment
Structure	▪ Provide structure ▪ Strong boundaries

COMMUNITY SUPPORT

Linking community support to the SATC program is another non-traditional aspect of SATCs. In other treatment courts, community support has been found to play an important part in providing psychoeducation on mental illness (if applicable), providing information on treatment courts to potential clients and referral sources, and fostering program sustainability (Council of State Governments, 2005). In addition, continual outreach allows such court programs to promote the program successes (Council of State 2005; Thompson et al., 2007). In research on mental health treatment courts, newspapers have been identified as a viable media outlet for successfully promoting the treatment court (Council of State Governments, 2005). Similar methods for building community support should also be successful when applied to the SATC.

Feedback: SATC Team

Team members were surveyed about the extent to which they felt that the community is supportive of the SATC's efforts, that the Drug Court has used media to garner support, and that media attention has been positive (see Table 110). The team appeared to agree that the community is supportive and that media attention is positive. However, the majority of team members were neutral about whether SATC uses the news media to garner support; however those who were not neutral agreed that SATC did use the news media.

Table 110. SATC team member perceptions of community support.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The community is supportive of the Drug Court's efforts.	0%	0%	0%	100%	0%
The Drug Court uses the news media to garner support.	0%	0%	60%	20%	20%
Media attention has been positive.	0%	0%	0%	60%	40%

During the team member interviews, the team members were asked if they felt the SATC had garnered community support, and asked stakeholders to identify specific ways in which the SATC had obtained community support (see Table 111). Team members varied widely in their perceptions of whether or not the court had strong community support. Those who felt that community support was present referred to a news article that was published about SATC; they also referred to the variety of people who attend graduations, where they both celebrate and show their support for SATC, but learn more about it as well. Others felt community support was not present or that more could be done to garner support.

Table 111. SATC team qualitative responses to the question, "Do you feel that the SATC program has garnered community support? In what ways?"

Response Categories	Descriptions
Community Support Exists	▪ Community supports treatment ▪ Yes (SATC has garnered community support)
Graduations	▪ Graduations ▪ People attend graduations ▪ Families attend graduations and hear about SATC ▪ Public officials attend graduations
Publicity	▪ News article published
Don't Know	▪ Don't know
Lack of Community Support	▪ No (SATS hasn't garnered community support) ▪ Community unaware ▪ Could be more

Team members were subsequently asked to identify ways in which more community support could be obtained for SATC (see Table 112). Team members had a variety of ideas about how to increase community support, including improving the graduation ceremony, publicizing positive messages and information about SATC to the community and to other courts, and encouraging the community to provide tangible rewards for the clients that meet client needs, such as bus passes or gift certificates. Others shared that there are several limitations in being able to increase community support, such as having limited funding, a limited number of clients in SATC, and that clients are reluctant to publicly share their story.

Table 112. SATC team qualitative responses to the question, "In what ways would you like this to be improved upon?" (asked in relation to current levels of perceived community support; see Table 111).

Response Categories	Descriptions
Improve graduate ceremony	▪ Spread the word about graduations ▪ Press releases for graduations ▪ Individualize graduations to each court
Publicize Information	▪ Publicize Drug Court accomplishments ▪ Emphasize positive messages about SATC ▪ Increase knowledge of SATC in other courts ▪ Statements of support from community leaders
Tangible Rewards	▪ Rewards/gift cards for clients ▪ Rewards designed to meet client needs ▪ Calendars for clients ▪ Bus tokens for clients
Limitations	▪ Limitation is money ▪ Small graduations make it difficult ▪ Few referrals ▪ Clients are reluctant to share their stories publicly
Don't Know	▪ Don't know

Feedback: Treatment Counselors

Treatment counselors were surveyed about the extent to which they felt that the community is supportive of the SATC's efforts, that the Drug Court has used media to garner support, and that media attention has been positive (see Table 113). The treatment counselors appeared to largely either not know or be neutral to these questions. The fact that treatment counselors who are some of the community members most close to SATC don't know the answer to these questions suggests that there is room for improvement for the community at large becoming more aware.

Table 113. Treatment counselor perceptions of community support.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
The community is supportive of the Drug Court's efforts.	0%	0%	20%	20%	0%	60%
The Drug Court uses the news media to garner support.	0%	0%	25%	0%	0%	75%
Media attention has been positive.	0%	0%	25%	0%	0%	75%

SUMMARY

Attitudes relevant to SATCs were assessed. The majority of team members reported that traditional adversarial roles were set aside in the SATC, and also that both treatment and court goals were addressed. During interviews, treatment counselors were asked if there were any necessary attitudes for a well-functioning mental health treatment court team. They identified key personal qualities that included flexibility, empathy, and compassion; beliefs that people can change, that change happens slowly, and that managing expectations avoids burnout; and approaches that focused on being non-adversarial, providing consequences over punishment, and implementing structure and boundaries. Counselors were mixed about whether they felt that Santa Barbara SATC exhibited those qualities.

Team member surveys regarding perceptions of community support indicated that they believed community and media support was present, although the team was more neutral about whether SATC uses the media to garner sufficient community support. Team members indicated that community support could be garnered by publicizing positive messages and information about the SATC to the community, by publicizing graduations and individualizing graduations, and by encouraging the community to provide tangible rewards for the clients. Others shared that there are several limitations in being able to increase community support, such as having limited funding, a limited number of clients in SATC, and clients who are reluctant to publicly share their story.

Some team members had concerns that raising community awareness would further stigmatize clients. While this was well intended, Blandford et al. (2015) has suggested that stigmatization may be combated by increasing the knowledge of others; thus, by not increasing awareness, one could potentially contribute to the stigmatization of that population in question. In theory, raising awareness on substance abuse and SATCs could help to inform the public and address misconceptions about substance abuse, which could contribute to the reduction of stigma.

SATC Relationships

The various relationships within the treatment court are important in determining client responses to the process. There are many relevant relationships to consider; the relationships within the SATC team itself, between the court and the clients, the court and the treatment providers, and the treatment providers and the clients.

TEAM RELATIONSHIPS & FUNCTIONING

Group cohesion has been studied for several years, with literature suggesting that group cohesion can be related to group effectiveness (Vinokur-Kaplan, 1995), and can protect team members from experiencing burnout (Ronen & Mikulincer, 2009). Similarly, team collaboration has been found to be important in team processes; team collaboration has been found to be significant in predicting team performance (Chiocchio, Forgues, Paradis, & Iordanova, 2011) and job satisfaction (Chang, Ma, Chiu, Lin, & Lee, 2009). Recommendations for collaboration and cohesion have also been emphasized within MHTC functioning (Thompson et al., 2007).

The Network for the Improvement of Addiction Treatment (NIATx) has established a model with techniques to accomplish effective team communication. When Drug Courts use the NIATx model they have been found to enhance team communication skills (Melnick et al., 2014b), increase job satisfaction (Melnick et al., 2014a), and improve program efficiency. This has led to higher admission rates, shorter wait times, and reduced rates of missed appointments (Wexler et al., 2012). Some examples of NIATx techniques include: avoid eco-centered communications, avoid downward communication, practice attentive listening, reinforce others' statements, find common ground, reframe statements neutrally, ensure inclusiveness, show understanding, engage in empathic listening, and sum up (Melnick et al., 2014b).

SATC Team Cohesion

This section examines team cohesion and the nature of the relationships between the SATC team members.

Feedback: SATC Team

Team members were surveyed about the extent to which they felt the team has worked to understand each other's perspectives, that the defense and prosecution work well together, and that everyone felt important on the team (see Table 114). The majority of team members indicated that they work hard to understand each other's perspectives, defense and prosecution work well together, and everyone feels to be an important part of the team. Each question had a small amount of neutrality or disagreement.

Table 114. SATC team perceptions of team relationship characteristics.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The team has worked hard to understand each other's perspective.	0%	0%	17%	33%	50%
Defense and prosecution work well together.	0%	17%	0%	17%	67%
Everyone feels like they are an important part of the Drug Court team.	0%	17%	0%	33%	50%

During the team member interviews, stakeholders were asked how well they felt the SATC team works together (see Table 115). The majority of team members indicated that the team works well together and exhibits many aspects of effective teamwork, citing open communication, good communication outside of court, finding solutions together, and being familiar with each other due to working together in other courts.

Table 115. SATC team qualitative responses to the question, "How well do you think the Drug Court team works together?"

Response Categories	Descriptions
Work Well Together	▪ Work very well together ▪ Appear to work well together
Areas of Strength	▪ Open communication ▪ Good communication outside of court ▪ Find solutions and outcomes together ▪ Work together in other treatment courts
Room for Improvement	▪ Room for improvement

The team was also asked to provide examples of the types of situations where the team works well together. Team members indicated that examples of when the team works particularly well together include deciding on responses or sanctions for non-compliance, achieving consensus through open discussions where everyone is heard, responding to relapsing clients, focusing on individual clients, learning from trainings, and being efficient in staffing for most cases.

Lastly, the team was also asked to provide examples of the types of situations where the team does not work well together. Several team members stated that there were no situations where this occurs; others shared that it occurs when the team gets off topic, when there are differences of opinion about whether the client needs a warning or custody time, and when team opinions are weighted equally even though some members might know more about a certain case or situation. The team also shared several areas for growth relating to treatment, in that not all providers attend staffing, that there seems to be competition among treatment providers, and that the treatment referral process needs to be an unbiased team decision based on client needs.

Team members were subsequently asked how improvements could be made to the way the SATC team works together (see Table 116). More than half of the team had no suggestions or indicated that the SATC did not need any improvements. Team members also identified potential improvements to be made that pertain to attaining more funding, establishing more defined roles, and increasing training for team members.

Table 116. SATC team qualitative responses to the question, "How could improvements be made to the way the team works together?"

Response Categories	Descriptions
No suggestions	▪ No suggestions ▪ No changes need be made
Program Changes	▪ More funding ▪ More defined roles ▪ Improvements to be made (non-specific)
Formal Training	▪ Education ▪ Training ▪ National conference attendance
Time	▪ More longitudinal time working together

Feedback: Treatment Counselors

Treatment counselors were surveyed about the extent to which they felt the team has worked to understand each other's perspectives, that the defense and prosecution work well together, and that everyone felt important on the team (see Table 117). Half of treatment providers thought that the team works hard to understand each other's perspectives, with a quarter strongly disagreeing with this statement, and the remainder staying neutral. All treatment providers were either neutral or didn't know whether the defense and prosecution work well together. And half the counselors agreed, while half were neutral, regarding whether everyone feels an important part of Drug Court.

Table 117. Treatment counselor perceptions of team relationship characteristics.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
The team has worked hard to understand each other's perspective.	25%	0%	25%	25%	25%	0%
Defense and prosecution work well together.	0%	0%	25%	0%	0%	75%
Everyone feels like they are an important part of the Drug Court team.	0%	0%	50%	25%	25%	0%

Feedback: SATC Clients

SATC clients were surveyed about the extent to which they felt that Drug Court team members worked well together (see Table 118). The majority of SATC clients reported that the Drug Court team seems to work well together.

Table 118. SATC client perceptions of team functioning.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The Drug Court team seems to work well together.	0%	0%	18%	55%	27%

Court and Treatment Relationships

This section examines the nature of the relationships between the SATC team and treatment providers.

Feedback: SATC Team

Team members were surveyed about the extent to which they felt that the judge valued treatment providers' recommendations, court and treatment staff had difficulty communicating, and that court and treatment staff worked well together (see Table 119). The majority of team members reported the judge was responsive to feedback from treatment providers, that court and treatment staff did not have difficulties communicating with one another, and that treatment and court staff work well together. There was a small amount of disagreement for the first and last questions.

Table 119. SATC team member perceptions of court and treatment provider relationships.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The judge values the treatment providers' recommendations about the participants.	0%	17%	0%	%	83%
Court and treatment staff have a difficult time communicating with each other.	83%	17%	0%	0%	0%
Treatment and court staff work well together.	0%	17%	0%	0%	83%

Feedback: Treatment Counselors

Treatment counselors were surveyed about the extent to which they felt that the judge valued treatment providers' recommendations, court and treatment staff had difficulty communicating, and that court and treatment staff worked well together (see Table 120). The majority of counselors reported the judge was responsive to feedback from treatment providers, that court and treatment staff did not have a difficult time communicating, and that court and treatment staff work well together. Some counselors were neutral or thought that court and treatment staff do have a difficult time communicating with each other.

Table 120. Treatment counselor perceptions of court and treatment provider relationships.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
The judge values the treatment providers' recommendations about the clients.	0%	0%	0%	80%	0%	20%
Court and treatment staff have a difficult time communicating with each other.	20%	40%	20%	20%	0%	0%
Treatment and court staff work well together.	0%	0%	0%	75%	25%	0%

During interviews with treatment providers, they were asked about how they would characterize the relationship between SATC and the treatment agency for which they worked. The treatment counselors had a wide variety of opinions about this question, with some not knowing, some feeling that the relationship was weak, and others stating it was a good relationship with good communication. They stated that the relationship is facilitated by the treatment liaison, which seemed to work well, except that there were some scheduling issues with meeting to share information.

THERAPEUTIC RELATIONSHIPS

Therapeutic alliance with clients has consistently been shown to be a strong factor related to client outcomes in therapy over several decades of research (Horvath & Luborsky 1993; Ogles et al., 1999; Wampold, 2001). The relationship that clients have with the court can be a therapeutic relationship. Furthermore, the success of treatment courts hinges on client engagement in treatment; thus, clients' therapeutic alliance with their respective treatment agencies is also relevant. Specific to SATC participants, research shows that more than one-quarter of SATC participants report having experienced some form of trauma (Cissner et al., 2013; Green & Rempel, 2012). PTSD has also has been associated with increased rates of Drug Court dropout (Mills et al., 2012; Read et al., 2004; Saladin et al., 2014). Research shows that at the core of successful trauma treatment is a safe and dependable therapeutic relationship between the client and therapist (Benish et al., 2008; Bisson et al., 2007; Bradley et al., 2005; Mills et al., 2012). Therefore, treatment providers working in the SATC have the responsibility to nurture these relationships and create safe, dependable therapeutic environments.

Team and Client Relationships

This section explores perceptions of the relationship between the SATC team and the SATC clients.

Observations

Observers rated the team's adherence to best practices in terms of maintaining a professional demeanor with clients, in accordance with best practices in the field (see Table 122). Observers noted that the judge generally interacts with the clients in a very positive way, often finding ways to encourage clients or highlight positive, inspiring, or hopeful aspects of the client's case even when the client has made a mistake and is receiving a sanction.

Table 122. Ascertation of best practices in status review hearings with the judge, based on observations.

Professional Demeanor	True/False
Sanctions are delivered without expressing anger or ridicule.	True
Participants are not shamed or subjected to foul or abusive language.	True

Feedback: SATC Clients

The clients were surveyed about their relationship with the SATC team (see Table 124), In general, most clients indicated that they felt respected by members of the team, felt that the SATC team is concerned about them as a person, and felt that the Drug Court team believes that they can change for the better. There was some neutrality for all three questions and one individual indicated that they did not feel respected by members of the Drug Court team.

Table 124. SATC client perceptions of characteristics of the relationship beween the court and clients

Question	Strongly Disagree	Disagree	Do not Agree or Disagree	Agree	Strongly Agree
I feel respected by members of the Drug Court team.	0%	9%	18%	36%	36%
The SATC team is concerned about me as a person.	0%	0%	9%	64%	27%
The Drug Court team believes that I can change for the better.	0%	0%	18%	18%	64%

Treatment and Client Relationships

This section examines perceptions of the relationship between the SATC clients and their treatment providers.

Feedback: Treatment Counselors

Treatment counselors were surveyed about whether or not they felt they have a good relationship with their SATC clients (see table 125). The results indicated that all of the treatment counselors agreed or strongly agreed that they have good therapeutic relationships with SATC clients at their program.

Table 125. Treatment couneslor percpetions of having a good therapeutic relationship with SATC clients.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I have a good therapeutic relationship with SATC clients at my treatment program.	0%	0%	0%	20%	80%

Feedback: SATC Clients

SATC clients were asked questions about their therapeutic relationship with the treatment program they attend (see Table 126). Their responses indicated that almost all clients felt respected by their treatment program and felt that their treatment program wants to help them do well, is concerned about them as a person, and believes that they can change for the better.

Table 126. SATC client perceptions of aspects of the therapeutic relationship with the treatment program they attend.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My treatment program wants to help me do well.	0%	0%	0%	45%	55%
My treatment program is concerned about me as a person.	0%	0%	0%	73%	27%
My treatment program believes that I can change for the better.	0%	0%	9%	27%	64%
I feel respected by my treatment program.	0%	0%	0%	55%	45%

SUMMARY

Team cohesion and collaboration are integral aspects in team performance and effectiveness. The majority of SATC team members indicated that their team exhibited team cohesion and collaboration, i.e., team members tried to understand each other's perspectives, defense and prosecution worked well together, and everyone felt like an important part of the team. The survey results were echoed in interviews with team members and corroborated by clients who reported that they perceived the team to generally work well together.

During the team interviews, team members identified examples when the team worked together particularly well or poorly. Team examples of working well together included deciding on responses or sanctions for non-compliance, achieving consensus through discussions where everyone is heard, responding to relapsing clients, and being efficient in staffing. Examples where the team worked less well together included getting off topic, differences of opinion about whether the client needed a warning or custody time, and when team opinions were weighted equally even though some members knew more about a certain case or situation.

The team also shared several areas for growth relating to treatment, in that not all providers attend staffing and that the treatment referral process needed to be more clearly based on client needs. When team members were queried for ways in which team cohesion could be improved they identified the need to attain more funding, to have more defined roles, and to have more training. The *SATC Orientation Manual* contains a description of member roles, and might serve as a springboard to further develop, distinguish, or create boundaries around team member roles. More than half of the team had no suggestions or indicated that the SATC did not need any improvements. Taken together, the feedback suggests an overall cohesive team with some experiences of disagreement, as would be expected within any collaborative team.

The relationship between the SATC team and the treatment providers was also examined. The majority of team members reported that the judge was responsive to feedback from treatment providers, that court and treatment staff did not have difficulties communicating with one another, and that treatment and court staff worked well together.

The relationship between the court and the clients was generally positive. Observers noted that the judge interacted with the clients in a very positive way, often finding ways to encourage clients or highlight positive, inspiring, or hopeful aspects of the client's case

even when the client was receiving a sanction. The majority of clients indicated that they felt respected by members of the team, felt that the SATC team is concerned about them as a person, and felt that the Drug Court team believes that they can change for the better.

The relationship between the treatment providers and the clients was also noted as being generally positive. All of the treatment counselors agreed that they had a good therapeutic relationship with SATC clients in their program. This was substantiated by almost all clients, who reported feeling respected by their treatment program. The relationship between treatment counselors and clients appears to be a particular strength of Santa Barbara SATC.

SATC Perceptions

Individuals' perceptions of the SATC and its processes have implications for SATC functioning. Research in other fields of study has suggested that perceived versus actual characteristics are more important in determining outcomes (e.g., Seegan, Welsh, Plunkett, Merten, & Sands, 2012), indicating that the perceptions of those individuals involved in SATC (i.e., team members, treatment counselors, clients) may in themselves have the ability to impact outcomes of the SATC process. For this reason, the following areas of perceptions were examined: general perceptions of SATCs, team member perceptions of the SATC, and the treatment counselor's perceptions of the SATC.

TEAM MEMBER PERCEPTIONS OF SANTA BARBARA SATC

This section specifically explored the SATC team members' perceptions of the functioning of their SATC program, including strengths and suggestions for improvement.

Perceived Strengths

During the team interviews, team members were asked about what they perceived to be the SATC team's most promising practices (see Table 127). Team members identified a number of aspects of SATC that they felt were the court's biggest strengths, including aspects of teamwork and the team all working together in the client's best interest with a non-adversarial approach. Team members also suggested some of the biggest strengths are the team's positive, encouraging, attentive, and individualized attitudes and interactions with their clients, generating good rapport with clients, and not giving up on them. Additionally, the team shared that strengths also include good treatment programs, as well as the very fact that the team regularly goes through an evaluation process to improve their own practices.

Table 127. SATC team qualitative responses to the question, "What do you think are the most promising practices of this Drug Court?"

Response Categories	Descriptions
Teamwork	▪ Team approach ▪ Non-adversarial approach
Attitudes towards Client	▪ Approaching client cases with individuality ▪ Focus on what will help client ▪ Not giving up on client
Interactions with Client	▪ Good judicial interactions ▪ Take time with each client ▪ Good rapport with clients ▪ Listen to clients ▪ Encourage clients
Treatment	▪ Good treatment
Self-Evaluation	▪ Consistent program evaluations

Suggestions for Improvement

During the team interviews, team members were asked about what changes they felt could be made that would improve the program or make it more effective (see Table 128). Team members identified a number of different areas in which the team could improve, including in program structure, team interactions, approaches towards clients, publicity, and treatment counselor training. Team members also indicated that more resources were generally needed for the program, especially residential options. This was supported by anecdotal court observations that seemed to suggest that the SATC team lacked specifically a non-religious residential program to refer to for non-religious clients. Program structural change suggestions included finding a more convenient court time for working clients, having more time in the day for proceedings, expanding eligibility criteria, and ensuring all treatment providers attend staffing and court. Team interaction suggestions included improving team communication, attending regular team-building activities, and doing away with voting when there are disagreements. Client approach suggestions included having a more individualized and compassionate approach with clients, and not quickly jumping to residential or treatment options for clients.

Table 128. SATC team qualitative responses to the question, "Are there any changes you would like to see happen that you think would improve the program or make it more effective?"

Response Categories	Descriptions
Program Structure	▪ Find a more convenient time for court for working clients ▪ Have more time in the day for proceedings ▪ Eligibility criteria too exclusionary ▪ All treatment providers attend staffing and court
Team Interactions	▪ Improve team communication ▪ Team does team-building activities regularly ▪ Do away with voting (contributions are weighted by expertise and familiarity with case)
Approaches towards Clients	▪ More individualistic approach ▪ Compassionate approach ▪ Don't jump to residential or detox so fast with clients
Resources	▪ More resources ▪ More residential options ▪ Need more free beds for clients
Treatment Providers	▪ Treatment providers train their own staff
Publicity	▪ Educating other courts on SATC ▪ Graduations more individualized ▪ Graduations more publicized

TREATMENT PERCEPTIONS OF SANTA BARBARA SATC

This section specifically explored the SATC treatment counselors' perceptions of the SATC program, including the perceived impact of SATC on their clients, personal experiences with SATC, and suggestions for improvement.

Impact on Clients

Treatment counselors were also interviewed regarding their perceived benefits of client participation in SATC (see Table 129), as well as perceived disadvantages for clients being a part of SATC. Treatment counselors generally indicated that SATC has been a benefit to their clients, with a major benefit identified as the increased access and motivation to treatment afforded by client participation in SATC. Additionally, counselors noted that the longer duration and more intense treatment SATC clients receive is beneficial for establishing positive habits and long-term sobriety. Some counselors stated client success depends more on the client than the program, another was not sure if SATC helps, and one shared that SATC clients did not do well in the past.

Table 129. Treatment counselor qualitative responses to the question, "How has SATC benefited your clients?"

Response Categories	Descriptions
Motivation	▪ Motivation to get treatment ▪ Avoid getting a charge on their record
Provide Structure	▪ More structure ▪ Keeps clients busy ▪ Keeps clients clean
Increase Knowledge and Skills	▪ Give clients education ▪ Give clients skills
Intensity of Treatment	▪ SATC is more intensive treatment than other programs
Depends on the Client	▪ Whether the client will benefit depends on the client
Don't know	▪ Don't know
Hasn't Helped in the Past	▪ In the past SATC clients did not do well

Counselors were also asked "have there been any disadvantages to your clients for being a part of SATC?" and their responses were too short to justify coding, but most counselors stated there were no disadvantages to participation in SATC. One counselor shared that in the past the cost of SATC treatment had been prohibitive but the Affordable Care Act and SATC scholarships have largely fixed this issue.

Experiences with SATC

Treatment counselors were interviewed regarding their overall experiences with SATC (i.e., "What has your overall experience with SATC been like?") Counselors reported generally positive experiences with SATC, stating that clients display a high level of engagement, and if not, often progress from initially not wanting treatment to later appreciating it. Counselors particularly appreciated that SATC motivates and incentivizes clients to get treatment, and shared that the fact that SATC gets longer treatment than most other programs is generally helpful to achieve sustainable abstinence. The only drawback they saw with SATC is that there tends to be few referrals from the program.

Treatment counselors were also interviewed regarding their experiences with SATC clients in comparison to non-SATC clients ("Are there differences in the way you treat a SATC vs. non-SATC client? If so, please elaborate.") Counselors indicated that they generally do not treat SATC clients differently than non-SATC clients; however, they shared that SATC clients tend to have more serious drug and alcohol problems, and are drug tested more frequently than clients in other programs are.

Suggestions for Improvement

During interviews with treatment providers, they were asked about how the SATC could be improved (see Table 130). Treatment counselors reported on ways in which the following aspects could be improved upon: connecting treatment staff to SATC, improving the referral process, working with phasing and duration of treatment, and supporting mental health needs of clients.

Table 130. Treatment counseslor qualitative responses to the question, "Are there any changes you would like to see happen that you think would improve the SATC program or make it more effective?"

Response Categories	Descriptions
Connect Treatment Staff to SATC	▪ More treatment programs attend staffing ▪ Include counselors in SATC court and trainings
Improve Referral Process	▪ Improve referral system ▪ Put clients into the program that is able to serve them most quickly ▪ More referrals
Phasing and Duration	▪ 12-18 months is helpful for treatment ▪ Don't accelerate clients through phases ▪ Collapse phase 1 and 2 since there is no practical difference
Mental Health Support	▪ Hire counselors with clinical degrees ▪ Perform mental health screening of all SATC clients

SUMMARY

Team members suggested that the SATC functions well and is doing good work. In particular, team members identified a number of aspects of SATC that they felt were the court's biggest strengths, including working together in the client's best interest with a non-adversarial approach; approaching the clients with positive, attentive, and individualized interactions; building good rapport with clients; and not giving up on clients. In addition, the team shared programmatic strengths that included good treatment programs, as well as the fact that the team regularly goes through an evaluation process to improve their own practices.

Although team members generally perceived the SATC to be functioning well, they also identified areas for improvement, such as having more time in the day for proceedings, finding a more convenient court time for working clients, expanding eligibility criteria, ensuring all treatment providers attend staffing and court, attending regular team-building activities, not quickly jumping to residential or treatment options for clients, and increasing resources for the program–especially residential options.

Treatment counselors generally indicated that SATC had benefited their clients, citing the increased treatment access and motivation realized by clients participating in SATC. In addition, counselors noted that the longer duration and more intense treatment that SATC clients received was beneficial for establishing positive habits and long-term sobriety. Most counselors stated that they did not perceive disadvantages for their clients by participating in the SATC.

Similarly, counselors generally reported positive personal experiences with the SATC, stating that the SATC clients displayed a high level of engagement. Counselors particularly appreciated that SATC motivated and incentivized clients to get treatment. The only drawback they saw with the SATC is that there tended to be few referrals. Counselors indicated that they generally did not treat SATC clients differently than non-SATC clients; however, SATC clients tended to have more serious drug and alcohol problems, and were drug tested more frequently than were clients referred in other ways.

Counselors' suggestions for improvement included having more treatment providers attend proceedings and trainings, improving the referral system to achieve a higher caseload, maintaining the 12-18 months of treatment by not accelerating phasing, hiring counselors with clinical degrees, and performing mental health screening for all SATC clients at program entry.

Administrative Processes

POLICIES AND PROCEDURES

Generally speaking, treatment courts should maintain clear and detailed documentation on program policies and procedures (NADCP, 2013; Thompson et al., 2007). Best practice clearly establishes that SATCs should provide all members of the court team and participants with a written copy of the court's policies and procedures before treatment begins. Specifically, the court should outline what behaviors may elicit incentives, sanctions, therapeutic adjustments and the range of consequences that may be imposed for those behaviors (NADCP, 2013). This advance communication should also include the specific criteria for phase advancement, graduation and termination, as well as the legal and other consequences that may result from graduation and termination (NADCP, 2013). Research has shown extensively that SATCs produce significantly better outcomes when they communicate these policies and procedures in advance to all team members and clients (Zweig et al., 2012; Shaffer, 2010; Cissner et al., 2013; Cheesman & Kunkel, 2012). Additionally, adherence to this best practice was found to yield 72% greater cost savings (Carey et al., 2008a, 2012). Therefore, SATC policies and procedures need to be carefully developed and established in writing before the court can expect to produce significant results for its clients.

Feedback: SATC Clients

The clients were asked if the SATC went over what is expected of the clients in order to finish the program, as well as what types of things for which they could get sanctioned (see Table 131). The majority of clients reported that they were informed on both of these aspects of Drug Court, though there were clients that indicated that they did not receive this information before starting SATC.

Table 131. SATC client reports of whether or not they were informed of program completion requirements and sanction protocols.

Question	Yes	No
Before you started Drug Court, did someone talk to you about what you need to do to graduate the program?	82%	18%
Before you started Drug Court, did someone talk to you about what kinds of things you can get sanctions (consequences) for?	91%	9%

Focus Group

Team members were asked to collaborate on responses to questions about the existence of written materials for SATC (see Table 132). The focus group shared that the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to both clients and team members. The team also reserves discretion to modify consequences for individual cases, but the team disagreed as to the extent of this discretion: some felt that it was possible to completely remove a consequence, while others felt that the lightest adjustment would be to take the consequence into abeyance, which in a way is still a consequence.

In order to ascertain the extent to which any existing written materials were adhered to the team was asked questions about the process of administering sanctions (see Table 133). Their responses indicated that the team does refer to the guidelines; however their primary focus is on what is best for the particular client. As such, the decision about what sanction to use is determined through a discussion with the whole team during staffing.

Table 132. Focus group collaborative responses to adherences to best practices in the existence of written materials.

Documentation	True/False
Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are: a. - specified in writing, b. - communicated in advance to Drug Court participants, and c. - communicated in advance to Drug Court team members.	a. True b. True c. True
a. The Drug Court team reserves a reasonable degree of discretion to modify a presumptive consequence in light of the circumstances presented in each case. -and- b. The discretion is generally limited to modifying the magnitude of the consequence as opposed to withholding a consequence altogether.	a. True b. False

Table 133. Questions asked during the team focus group regarding the process of administering sanctions in SATC.

Focus Group Questions
1. How are sanctions typically determined, in response to clients' behavior?
2. Are there a set of guidelines that help to determine which sanctions a client should receive? (True/False)

Feedback: Treatment Counselors

Treatment counselors were surveyed about the extent to which they felt that they were informed about SATC processes (see Table 134). The results indicated that there are no treatment counselors who feel that they are well informed about SATC practices, with most reporting being neutral about the question, and the rest disagreeing.

Table 134. Treatment counselor perceptions that they are informed about SATC processes.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel well informed about SATC processes.	20%	20%	60%	0%	0%

Administrative Review

The team provided the evaluators with documents regarding program policies and procedures. Upon review of the documentation, the team's adherence to the best practices regarding the existence of written materials was ascertained (see Table 135). A review of the documentation suggested that most 'best practice' standards were met. However, the documents did not provide suggestions about which behaviors may elicit an incentive.

Table 135. Ascertation of program adherence to best practices in program documentation, based on review of written materials.

Documentation	True/False
The policies and procedures provide a clear indication of:	
a. - which behaviors may elicit an incentive;	a. False
b. - which behaviors may elicit a sanction;	b. True
c. - which behaviors may elicit a therapeutic adjustment;	c. True
d. - the range of consequences that may be imposed for those behaviors;	d. True
e. - the criteria for phase advancement, graduation, and termination from the program; and	e. True
f. - the legal and collateral consequences that may ensue from graduation and termination.	f. True

USE OF DATA COLLECTION AND EVALUATION

Best practice establishes that SATCs should create remedial action plans and timetables to rectify deficiencies and evaluate the success of the remedial actions, at least once each year (NADCP, 2015). Additionally, Drug Courts are obligated to monitor and collect data on participant outcomes throughout the program, including any criminal recidivism (NADCP, 2015). To uphold best practices, all staff members are also required to record information relating to the provision of services and program outcomes within forty-eight hours of the event. Furthermore, the NADCP recommends that at minimum every five years, "a skilled and independent evaluator examines the Drug Court's adherence to best practice and participant outcomes" (NADCP, 2015). During these evaluation processes it is important that outcomes for SATC clients are compared to those of an unbiased and equivalent comparison group (NADCP, 2015). Research has shown that when SATCs monitor their operations on regular basis, review the findings as a team, and modify their policies and procedures accordingly, they have twice the impact on crime and are more than twice as cost-effective (Carey et al., 2008, 2012). Therefore, best practices in data collection play an important role in the long-term success of the SATC.

Feedback: SATC Team

Team members were surveyed about the extent to which data collection and evaluation were used for program improvement (see Table 136). The majority of team members agreed that they regularly use data to assess the operations of the program, and that data has been used to make changes in the SATC.

Table 136. SATC team member perceptions about the use of data collection and evaluation for program improvement.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Evaluation data have been used to make changes in the Drug Court.	0%	0%	17%	67%	17%
The team regularly uses data to assess the operations of the program.	0%	0%	17%	83%	0%

Feedback: Treatment Counselors

Treatment counselors were surveyed about the extent to which data collection and evaluation were used for program improvement (see Table 137). The survey indicated that the majority of counselors do not know if data is used to assess the operations of the program, or if data it is used to make changes in the program.

Table 137. Treatment counselor perceptions about the use of data collection and evaluation for program improvement.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
Evaluation data have been used to make changes in the Drug Court.	0%	0%	25%	0%	0%	75%
The team regularly uses data to assess the operations of the program.	0%	0%	25%	0%	0%	75%

Focus Group

Team members were asked to collaborate on responses to questions about data that they collect on the SATC program (see specific sections below). Using their feedback, evaluators were able to ascertain answers regarding the general use of outcomes and evaluations in SATC (see Table 139). The focus group indicated that the Drug Court does not collect data on program and client outcomes. However, another UCSB evaluation team in collaboration with the Department of Behavioral Wellness performed an evaluation of Santa Barbara County substance abuse treatment courts, including Santa Barbara SATC, in 2015. It may be the case that new team members were not aware of this report, or that the report could be used and referred to more than it was.

Table 138. Questions asked during the team focus group regarding data collection and evaluation in SATC.

Focus Group Questions
1. The Drug Court collects data on program and client outcomes. (True/False)

Table 139. Ascertation of best practice adherence based on focus group responses to questions regarding the overall use of data collection and evaluation in SATC.

Program Evaluation	True/False
The results of program evaluations have led to modifications in Drug Court operations.	Unknown
Review of the data and/or regular reporting of program statistics has led to modifications in Drug Court operations.	N/A

Eligibility Criteria

Focus Group

During the focus group, team members were asked if they collect data on program acceptance and rejection rates based on demographic variables (see Question 1 in Table 140). The evaluation was attempting to ascertain the extent to which their eligibility criteria is nondiscriminatory, per best practice standards (see Table 141). The team reported that they do not collect data on these variables, making an objective assessment difficult of adherence to this best practice standard.

The team was also asked questions regarding their targeted versus actual offender population (see Question 2 in Table 140, in order to determine if there are anecdotal areas for improvement in this standard. The team reported differing opinions about these questions. Several shared that the most common demographics were young (in their 20's), white, students. There was disagreement about whether there were more men or women. Others noted that there is a wide diversity in clients' gender and race. Additionally, the team shared that often the clients had been raised by a single parent, and may have had children themselves at a young age.

Table 140. Questions asked during the team focus group regarding the impact of eligibility criteria in SATC.

Focus Group Questions
1. The Drug Court collects data on the rates at which clients are accepted and rejected from the program, based on gender and ethnicity. (True/False)
2. What is the demographic of the Drug Court's client population? Does this population represent your target population?

Table 141. Ascertation of best practice adherence based on focus group responses to questions regarding impact of eligibility criteria in SATC.

Equivalent Eligibility	True/False
Eligibility criteria for the Drug Court are nondiscriminatory in intent and impact.	Unknown
If an eligibility requirement has the unintended effect of differentially restricting access for members of a historically disadvantaged group, the requirement is adjusted to increase the representation of such persons, or these adjustments were not made, because doing so would jeopardize public safety or the effectiveness of the Drug Court.	N/A

Program Retention

Focus Group

During the focus group, team members were asked if they collect data on program retention rates based on demographic variables (see Table 142). The evaluation was attempting to ascertain the extent to which the SATC is retaining clients in a nondiscriminatory fashion, per best practice standards (see Table 143). The team reported that they do not collect data on these variables, but anecdotally noted that students, those with little criminal history, and those who are sincere and humble tend to have the best results. The 2015 UCSB report on Santa Barbara County Drug Courts found graduation rates were not significantly predicted by any demographic data including ethnicity, gender, age at program entry, offense level, or severity of drug or alcohol use, with the exception that clients who had their first arrest later in life were more likely to graduate from the program. However, this analysis included other Santa Barbara County Drug Courts and the sample size for the City of Santa Barbara SATC was small (N=20). As a result, the evaluation team was unable to determine adherence to this best practice standard.

Table 142. Focus group questions asked regarding data collection of program retention rates in SATC.

Focus Group Questions
1. The Drug Court collects data on the rates at which clients complete the program, based on gender and ethnicity. (True/False)
2. What kinds of offenders are likely to complete the Drug Court program?

Table 143. Ascertation of best practice adherence based on focus group responses to questions regarding program retention in SATC.

Equivalent Retention	True/False
The Drug Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants.	False
If completion rates are significantly lower for members of a historically disadvantaged group, the Drug Court team: a. - investigates the reasons for the disparity, b. - develops a remedial action plan, c. - and evaluates the success of the remedial actions.	N/A

Treatment

Focus Group

During the focus group, team members were asked if they collect data on treatments received based on demographic variables (see Table 144). The evaluation was attempting to ascertain the extent to which the SATC is treating clients in a nondiscriminatory fashion, per best practice standards (see Table 145). The team reported that they were not sure if they collect data on these variables, though one team member reported sharing data with UCSB related to treatment.

Table 144. Question asked during the team focus group regarding data collection on treatment differences in SATC.

Focus Group Questions
1. The Drug Court collects data on the differences in the level of care received by clients in treatment, based on gender and ethnicity. (True/False)

Table 145. Ascertation of best practice adherence based on focus group responses to questions regarding treatment differences in SATC.

Equivalent Treatment	True/False
Members of historically disadvantaged groups receive the same levels of care and quality of treatment as other participants with comparable clinical needs	Unknown

Incentives and Sanctions

Focus Group

During the focus group, team members were asked if they collect data on program sanctions and incentives (see Table 146). The evaluation was attempting to ascertain the extent to which the SATC is sanctioning and incentivizing clients in a nondiscriminatory fashion, per best practice standards (see Table 147). The team reported that they do not collect data on these variables.

Table 146. Question asked during the team focus group regarding data collection on sanctions and incentives in SATC.

Focus Group Questions
1. The Drug Court collects data on client receipt of sanctions and incentives (i.e., who receives them, for what behaviors, how many are administered). (True/False)

Table 147. Ascertation of best practice adherence regarding sanctions and incentives in SATC.

Equivalent Sanctions and Incentives	True/False
The Drug Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants.	False
Except where necessary to protect a participant from harm, members of historically disadvantaged groups receive the same incentives and sanctions as other participants for comparable achievements or infractions.	Unknown
Participants receive consequences that are equivalent to those received by other participants in the same phase of the program who are engaged in comparable conduct.	Unknown
Unless it is necessary to protect the individual from harm, participants receive consequences without regard to their gender, race, ethnicity, nationality, socioeconomic status, or sexual orientation.	Unknown

Sentencing Dispositions

Focus Group

During the focus group, team members were asked if they collect data on sentencing dispositions based on demographic variables (see Table 148). The evaluation was attempting to ascertain the extent to which the SATC is sentencing clients in a nondiscriminatory fashion, per best practice standards (see Table 149). The team reported that they do not collect data on these variables.

Table 148. Question asked during the team focus group regarding data collection on sanctions and incentives in SATC.

Focus Group Questions
1. The Drug Court collects data on client receipt of sentencing dispositions, for those who complete or fail to complete the program (i.e., who receives them, how many). (True/False)

Table 149. Ascertation of best practice adherence regarding sanctions and incentives in SATC.

Equivalent Dispositions	True/False
The Drug Court monitors the possibility of sentencing disparities, and takes corrective actions where needed.	False
Members of historically disadvantaged groups receive the same legal dispositions as other participants for completing or failing to complete the Drug Court program.	Unknown

SUMMARY

Treatment courts should maintain clear and detailed documentation on all relevant program policies and procedures. The focus group shared that the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to both clients and team members. The team also reserves discretion to modify consequences for individual cases, but the team disagreed as to the extent of this discretion. The team did agree that they refer to these guidelines; however their primary focus is on what is best for the particular client and the decision about what sanction to use is determined through team discussion during staffing.

The majority of clients reported that staff members from the SATC went over program expectations and sanction procedures with them, although there were clients who indicated that neither of these had occurred. No treatment counselors reported feeling that they were well informed about SATC practices.

Administrative documents itemized several aspects of best practices with regards to sanctions and incentives, including which behaviors may elicit a sanction; which behaviors may elicit a therapeutic adjustment; the range of consequences that may be imposed for those behaviors; the criteria for phase advancement, graduation, and termination from the program; and the legal and collateral consequences that may ensue from graduation and termination.

The majority of stakeholders agreed that they regularly use data to assess the operations of the program, and that data have been used to make changes in the SATC. Team members also reported that they do not collect data on program outcomes and demographics; however, researchers are aware of annual reports that are compiled for all Santa Barbara County Drug Courts, which include an analysis of some aspects of best practices. It is likely that high turnover on the team has contributed to this confusion. We recommend that the team regularly review these program statistics and provide them to new team members, in order to better facilitate use of these data points in SATC program improvement. Further, Santa Barbara Probation is interested in expanding these existing outcome evaluations to include more areas of best practices, and this could be a direction of future growth.

Conclusions

SUMMARY OF FINDINGS

This SATC process evaluation addressed elements of known best practices, and found that team members practiced most. Areas for improvement were also identified and are discussed below.

SATC Relationships

Relationships within the SATC team, between the court and the clients, the court and the treatment providers, and the treatment providers and the clients, were all found to be mostly positive, with a few directions for growth. The SATC exhibited cohesion, teamwork, open communication, and cooperation in finding solutions together. Areas for growth included that not all providers attend staffing, the need for more defined roles, and the need for increased training for some team members.

The majority of team members reported treatment and court staff work well together; however, feedback was mixed. Finding ways to strengthen the relationship between the SATC team and the treatment providers, such as attending trainings or workgroups together, may be beneficial. The relationship between the treatment providers and the clients was noted as generally positive. All treatment counselors agreed or strongly agreed that they have a good therapeutic relationship with SATC clients at their program. Almost all clients reported feeling respected by their treatment program and that their treatment program wants to help them do well, is concerned about them as a person, and believes that they can change for the better.

Courtroom Processes

Santa Barbara SATC mostly aligned with best practices in the domain of courtroom processes, including team meetings, status review hearings, sanctions and incentives, and preparations for program completion, with some noted exceptions.
Clients and team members reported that team members were respectful, cooperative and worked well as a team, although neither the program coordinator or community law enforcement were active parts of the team. The Judge served as a leader and consensus facilitator for the team, and had positive, direct, specific, encouraging, and rapport building interactions with clients. Clients participated in their hearings, although the time spent with most clients was less than the recommended three minutes. The SATC shared the court time with another program calendar with more clients, and this may have contributed to having less than three minutes for most SATC client hearings.

Most of the court's practices in using sanctions and incentives were aligned with best practices. Clients reported that they felt sanctions and rewards were distributed fairly. Jail was largely implemented appropriately, and only as a last resort when other sanctions proved ineffective. However, when the team was unable to secure detoxification for a client through other services due to availability or financial limitations, jail was occasionally used for up to 21 days to achieve client detoxification. This practice is not aligned with best practices in the field. With regards to policies and procedures for phase advancement of the clients towards graduation, the SATC was largely aligned with best practices. The SATC was fully in alignment with best practices for graduation and termination guidelines.

Stakeholder Roles

In general, members of the SATC team indicated that they felt they understood each other's roles on the team. The judge was perceived as being the leader of the court, the facilitator of the team, and responsible for setting the tone of the SATC for the client. The judge has an indefinite term, allowing for clients to have a stable figure in the judge. The team members identified the role of the district attorney and the public defender as key team members having both non-traditional and traditional roles. County mental health and psychiatrists/psychologists were seen as supporting SATC when needed, especially for clients with mental health or medication needs. The coordinator, bailiff, and law enforcement were not seen as active team members, though best practices recommend they be functioning team members. Probation officers were seen as key team members primarily being responsible for assessing suitability, monitoring clients in the community, and as integral team members providing information and recommendations. Substance abuse treatment providers were viewed similarly to Probation in that they serve multiple roles from treatment to drug testing with clients, providing extensive information about the client to the court. However, there was some indication of dual roles of the treatment provider; some team members, counselors, and clients perceived the treatment provider as being the leader of the team. This is in conflict with best practices, which reserves the team leader position to the judge and recommends clearly defined and differentiated roles. There was also a wide variation in participation levels between different treatment providers, with the majority of clients assigned to only one program. The team may wish to consider whether they want to use one treatment provider or multiple, and SATC may benefit from the creation of a formalized and objective referral process to avoid a conflict of interest with treatment providers deciding treatment placements.

Team member training in preparation for member's roles on the team was variable; given that the team has some turnover, formalizing a training and orientation process for new members may be beneficial. Treatment counselor training was also variable and generally included formal degrees or certifications, in addition to other formal and informal trainings pertaining to working with substance abuse issues and populations. However, treatment counselors rarely reported training pertaining specifically to participating in treatment courts, and may benefit from further education.

Treatment

Treatment related aspects of SATC (i.e., client treatment plans, diversity options in treatment, and specific treatment agency practices) were found to work well and largely be aligned with established best practices, with some areas for growth. SATC has access to a wide range of resources to provide a continuum of care for SATC clients, though it may benefit from more residential and vocational/educational training programs. Treatment was found to be flexible, individualized, and responsive to both validated assessments and evolving client behaviors. Clients reported that they feel they are treated fairly.

Team member opinions varied regarding the presence or need for gender-specific and culturally sensitive practices, and counselors were unaware of how clients might access such programming. Thus, SATC might benefit from assessing (formally or informally) how client cultural needs might impact treatment needs, providing trainings to team members and counselors on cultural sensitivity, increasing gender-specific and culturally sensitive programming, and educating providers in how to implement them.

Treatment agency practices were largely aligned with best practices. Areas for growth in this domain include assigning clients to groups based on evidence-based criteria, referring clients to physicians and psychiatrists with a specialty in substance abuse treatment, and following up with clients after they have completed SATC in order to minimize chance of relapse.

SATC Perceptions

Team members generally shared that SATC functions well and is doing good work with regards to teamwork, interactions with clients, and client treatment. Suggestions for growth included having more time in the day for proceedings, finding a more convenient court time for working clients, ensuring all treatment providers attend staffing and court, and increasing resources for the program–especially residential options.

Treatment counselors were also largely positive about the SATC, citing increased motivation, access, and duration of treatment realized by clients participating in SATC. Most counselors stated that they did not perceive disadvantages for their clients participating in SATC. Their suggestions for improvement included having more treatment programs and treatment providers attend proceedings and trainings, improving the referral system to achieve a higher caseload, referring clients to the program able to serve them most quickly, maintaining 12-18 months of treatment by not accelerating phasing, hiring counselors with clinical degrees, and performing mental health screening for all SATC clients at program entry.

Program Entry

Program entry processes for the SATC, i.e., defining the target population, case referral process, and determining eligibility/suitability, were identified as areas that worked well but could also benefit from some improvement. Most clients accepted into the program were appropriately high-risk and high-need; however, some clients were low-risk and may not benefit. Treatment programs utilized by the SATC did not distinguish between high or low-risk or need clients in their placement into groups, which has been shown to be potentially iatrogenic. The referral process was seen as functioning efficiently, and team members appreciated the prioritization of getting clients into treatment quickly, possibly even before they signed the contract. Waiting for clients to attain sustained sobriety before signing the SATC contract provided challenges and it may be beneficial to allow clients to sign the contract before attaining sustained sobriety as long as they are not under the influence at the time of signing. Lastly, treatment providers had positive feedback with regard to the SATC, particularly appreciating the SATC assistance in motivating treatment, as well as its requirement for a long duration of treatment that allowed counselors to assist clients to develop and integrate sustainable positive habits. Counselors noted that sometimes this increased depth of treatment allowed them to discover previously undiagnosed mental health issues, and they recommended that the SATC screen for mental health issues at program intake to achieve the most appropriate referrals. Not all treatment providers were familiar with the SATC; more interaction between SATC and counselors would likely be beneficial.

Non-traditional Characteristics

The majority of team members reported that traditional adversarial roles (e.g., between the district attorney and public defender) were set aside in SATC and that both treatment and court goals were addressed. Counselors identified key personal qualities for a well-functioning treatment court as flexibility, empathy, compassion, beliefs that people can change and that change happens slowly, and that managing expectations avoids burnout. They expressed mixed opinions about whether they felt that Santa Barbara SATC exhibited those qualities.

Team members indicated that they believed community and media support was present, but the team expressed more neutral opinions about whether the SATC uses the media effectively to garner community support. Team members indicated that more support could be achieved by publicizing positive messages and information about the SATC to the community, by publicizing graduations, and by encouraging the community to provide tangible rewards for clients that help clients meet their goals. Others noted that there are several limitations in being able to increase community support, such as limited funding, a limited number of clients in SATC, and that clients are reluctant to publicly share their story.

Administrative Processes

In line with best practices, the incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to both clients and team members. In spite of this, treatment counselors did not feel that they were well informed about SATC practices. Team members also indicated that conducting an external evaluation of the program was a strength. However,

some team members were not aware of existing yearly outcome and demographic evaluations that are conducted for all Santa Barbara County Drug Courts, and these evaluations could be expanded to address more areas of best practices.

RECOMMENDATIONS

1. While the team reports formally targeting high-risk and high-need offenders, there seemed to be mixed feedback regarding the SATC offenders' actual risk and need levels, as well as differences in team perceptions of the ideal SATC population. In some cases low-risk clients were served by the SATC; research suggests it could be iatrogenic to provide intensive services to offenders who require a lower level of care than is offered by Drug Courts, and that iatrogenic effects are also observed when mixing risk levels of participants in treatment groups. Accepting only high-risk clients into the program, or providing separate tracks and treatments for low-risk clients, would address best practices in the areas of Program Entry, SATC Perceptions, and Stakeholder Roles.

2. Treatment counselors were unfamiliar with the differences treatment courts. Differences between the target populations of SATC and other treatment courts appeared to not be clearly defined. The team might benefit from operationally defining the target population and eligibility criteria for each court and making that available to team members of each court. The team could create a document outlining the differences between SATC, DDX, and MHTC if one does not exist. This would enable the team to interface with other treatment courts as needed, in order to accurately place clients into the most appropriate treatment court program (per assessed risk and needs).

3. While the team assessed client drug treatment needs at program entry, no evidence-based assessment for mental health needs was utilized. Treatment providers reported that mental health issues are sometimes encountered through the course of treatment, which might have been caught at program entry. Screening for mental health, trauma history, and PTSD is a best practice for SATC in order to determine appropriate treatment and the need for more in-depth clinical assessments (NADCP, 2013; NADCP, 2015). Use of an evidence-based mental health screening tool at program entry would address best practices in the areas of Program Entry and Stakeholder Roles. The NADCP provides links to ten mental health screens and seven trauma and PTSD scales that are used for SATC populations (NADCP, 2015).

4. The SATC and Clean and Sober program have different designs and intents, yet clients were intermixed in staffing, hearings, treatment programs, and treatment groups. When asked about the differences between the two programs, most treatment counselors did not distinguish between the two programs except by stating that SATC is longer in duration. As most of the clients seen on the calendar were from Clean and Sober, this appeared to create challenges for the SATC; for instance, the expected court session duration was sometimes exceeded, and having both programs within a limited timeframe may have placed a time challenge on the SATC to achieve the best practice of at least three minutes spent with each SATC client during status review hearings. The team might consider securing separate calendars for the SATC and Clean and Sober. This could be achieved either by having independent calendar dates and times, or by including the SATC with treatment court calendars instead. This would address best practices in the areas of Program Entry, SATC Perceptions, and Courtroom Processes.

5. There were varying levels of engagement and leadership noted in the proceedings. The literature suggests that team meetings are a critical venue for sharing and discussing client information and making decisions about client behavior; thus, it is important that all team members participate and share space for others to participate. The team might facilitate discussions on team member roles and boundaries of roles in order to minimize conflicts of interest and maximize participation from all team members, refining and employing the *SATC Orientation Manual* for this purpose. This would allow the team to clarify team member responsibilities and functions, the important role of the judge, and who completes assessments of client suitability and eligibility. This would address best practices in the areas of Stakeholder Roles and SATC Relationships.

6. There was no clearly defined procedure for assessing and deciding the most appropriate treatment agency for each client. In addition, most SATC clients were referred to one treatment agency. This could create a conflict of interest on the team if a treatment provider is responsible for selecting a treatment program. The team could decide if the SATC will exclusively refer to one treatment agency or engage multiple treatment agencies. If the team decides to use more than one, the team could formalize a treatment referral process based on client need and objective dissemination criteria, thereby addressing best practices in the areas of SATC Relationships, Stakeholder Roles, SATC Perceptions, and Program Entry.

7. While team members appreciated prioritizing getting the client into treatment even before the contract was signed, some shared that waiting for the client to sign the contract created a period where SATC had no jurisdiction over the client. It may be beneficial to allow clients to sign the SATC contract before a prolonged period of sobriety has been established, as long as the client is not under the influence at the time of program intake. In general, formalizing and standardizing the program entry process into the SATC would assist the team to address best practices in the area of Program Entry and SATC Perceptions.

8. Although the Department of Behavioral Wellness and UCSB generate an annual report evaluating the outcomes and demographics of Santa Barbara County treatment courts including Santa Barbara SATC, the team was largely unaware of them possibly due to team turnover. Further, Santa Barbara Probation is interested in expanding these reports to evaluate

more areas of best practices with regards to outcomes. This is an opportunity for growth and collaboration, both by expanding the existing evaluations, and by more closely integrating evaluation results into team decision making and orientation for new team members.

SECONDARY RECOMMENDATIONS

A number of secondary and less urgent recommendations also emerged from the evaluation. Most of these recommendations emerged from the team members and treatment counselors themselves, with a few derived from the evaluators. The purpose of providing these secondary recommendations is to ensure that the feedback from all of the stakeholders involved in SATC is heard; the team can consider if any of these recommendations are actually 'primary' concerns and make appropriate changes.

ELLIGIBILITY

- Work with only pre-plea.
- Educate team members on the difference between eligibility and suitability, and how the processes work.
- Provide training to team members about client risk level and COMPAS risk assessment to better understand the target population and how to identify them.

RELATIONSHIPS AND ROLES

- Create and participate in team-building and team communication exercises.
- Discuss amongst team members any areas for growth that were not captured by the present evaluation.
- Ensure all team members regularly attend staffing and status review hearings.
- Consider forging a relationship with law enforcement, whereby they can become an active treatment team member.
- Clarify coordinator role and attempt to find ways to incorporate the coordinator more within the team.

COURT PROCESSES

- Judge should provide more specificity to clients on what their compliance or noncompliance was, and what the consequences of future compliance or noncompliance are.
- Administer greater sanctions more quickly for failed goals that are easy to achieve.
- Cease incarcerating clients for detoxification purposes.
- Increase time spent with clients during individual hearings (i.e., to a three minute minimum goal).

REFERRALS

- Refer clients to doctors/psychiatrists with expertise in addiction medicine.
    - Consider working directly with primary care physicians and psychiatrists to ensure any prescribed drugs are in the best interest of the client.
- Increase availability of resources for clients (especially non-religious residential programs, and vocational or educational training).

TREATMENT

- Create treatment groups for clients based on risk level and treatment need.
    - Implement evidence-based screening and selection tools to assign clients to groups.
- Promote client engagement in self-help groups.
- Promote involvement in SATC from all participating treatment agencies.
    - Involve treatment counselors in SATC process, including SATC trainings, hearings, staffings, and work groups.
        - Have all counselors attend at least one hearing and staffing, in order to better understand SATC.
    - Offer trainings for treatment providers to distinguish the treatment court programs and target populations.

DIVERSITY SENSITIVITY

- Embed an assessment (formal or informal) of clients' cultural needs in determination of client treatment needs.
- Provide culture-specific programming or interventions, or training about utilizing these as treatment options.
- Provide cultural sensitivity training for team members and treatment counselors.
- Provide gender specific groups to clients.

ADMINISTRATIVE

- Ensure clients receive at least 6-10 hours of counseling in all treatment programs during first phase.
- Decrease the caseload or increase the court/staffing time.
- Decrease lag time of drug test reporting to team.
- Offer a more convenient time for status review hearings, for clients who are employed.
- Consult literature and experts on optimal duration of treatment programming for SATC clients (i.e., for lowering risk of relapse and recidivism).
- Collect gender and ethnicity data on acceptance/rejection, completion, level of care, sanctions and incentives.
- Collect data on program and client outcomes.

DOCUMENTATION

- Articulate target population within official documents.
- Formalize a process of client follow-up and support after discharge.
- Decide as a team if supervision and rewards decrease as program proceeds (and document the subsequent decision).
- Create a formalized training procedure for new hires.
- Decide which behaviors receive rewards and itemize the kinds of rewards they receive into a guiding document.
- Create and provide written documents to clients and treatment counselors outlining the SATC program expectations and potential sanctions or rewards.

OUTREACH

- Communicate eligibility/benefits of SATC to more potential referral sources.
- Increase publicity for SATC graduations.
- Increase publicity and positive messaging about SATC.
- Consider creating opportunities for the community to offer tangible rewards to client.
- Explore opportunities to obtain increased funding for SATC.

Appendix

Santa Barbara County Drug Court Process Evaluation

SANTA BARBARA SUBSTANCE ABUSE TREATMENT COURT (SATC)

Spring 2016 Evaluation

Supplemental Handout

THE "THREE-MINUTE" BEST PRACTICE

The recommendation of spending at least three minutes per client at status review hearings is one of the most well-known best practices in the Drug Court field, and one that sometimes seems unattainable. The following is a breakdown of numbers and statistics from the current report, in order to help facilitate the team's efforts toward achieving this three-minute goal.

Calculations

Team Staffings

Over the six-day period, a total of 46 SATC cases were staffed over 2 hours and 33 minutes. This equates to approximately 8 cases and 26 minutes per day, or 3 minutes and 20 seconds per case. Staffing is currently designated to occur between 1:30 p.m. and 2:30 p.m. on SATC days. Additional time is sometimes used, either by completing staffing after 2:30 p.m. or by accomplishing some staffing during or after the time allotted for status review hearings. Most cases that were staffed during this time were from programs other than SATC.

Courtroom Hearings

Over the six-day period, a total of 1 hour and 32 minutes were spent in status review hearings across 33 cases. This equates to approximately 5-6 cases in about 15 minutes per day, or 2 minutes and 48 seconds per case. Hearing duration ranged from 19 seconds to 9 minutes and 45 seconds, with 63% of clients receiving less than 3 minutes for their hearing. Other calendar(s) were heard during this time, but not coded in the report. SATC cases represented a minority of cases heard during each day.

Status review hearings are currently designated to occur between 2:30 p.m. and 3:30 p.m. on SATC days. However, hearings often finished after 3:30 p.m., sometimes until 4:30 p.m. or beyond. Additional time during court hearings was sometimes used for staffing cases, to let private and court-appointed attorneys make arrangements, and complete other administrative duties.

At the current client load, the team would need to allot 18-30 minutes per day for SATC hearings in order to attain the 3 minute minimum goal per individual client hearing (i.e., spending an average of 3-5 minutes per client).

RECOMMENDATIONS

The team may benefit from restructuring their current SATC timetable to ensure all clients receive at least three minutes. The following suggestions could be used to accomplish this:

- Restructure SATC calendar to have its own allotted schedule to reduce confusion among clients and team members between calendars and to more clearly delineate time for SATC calendar to meet the three-minute minimum goal.
    - Alternatively, SATC could share a calendar with other treatment courts to also facilitate more coordination and synergy between treatment courts.
- Use a timer to ensure each client is heard for at least three minutes during status review hearings;
- Practice the strong communication skills demonstrated between team members during the week (e.g., through emails and other communications) to discuss details about clients, and avoid discussing these details at length in staffing, unless necessary;
- Modify SATC's client hearing dates so there is less variation in the number of clients on each calendar day.
- Determine as a team if any other efforts can be made to minimize time taken away from status review hearings and increase time spent with clients.

References

Andrews, D.A., & Bonta, J. (2010). The psychology of criminal conduct (5th ed.). Waltham, MA: Anderson Publishing.

Babor, T., & Del Boca, F. (Vol. Eds.) (2002). Treatment matching in alcoholism: International research monographs in the addictions. In G. Edwards (Series Ed.). Cambridge, UK: Cambridge University Press.

Baler, R.D., & Volkow, N.D. (2006). Drug addiction: The neurobiology of disrupted self-control. *Trends in Molecular Medicine,12(12)*, 559–566.

Benish, S.G., Imel, Z.E., & Wampold, B.E. (2008). The relative efficacy of bona fide psychotherapies for treating post-traumatic stress disorder: A meta-analysis of direct comparisons. *Clinical Psychology Review, 28(5),* 746–758.

Berg, M.T., & Huebner, B.M. (2011). Reentry and the ties that bind: An examination of social ties, employment, and recidivism. *Justice Quarterly, 28(2),* 382–410.

Bisson, J.I., Ehlers, A., Matthews, R., Pilling, S., Richards, D., & Turner, S. (2007). Psychological treatments for chronic posttraumatic stress disorder: Systematic review and meta-analysis. *British Journal of Psychiatry, 190*, 97–104.

Bourgon, G., & Armstrong, B. (2005). Transferring the principles of effective treatment into a "real world" prison setting. *Criminal Justice & Behavior, 32(1),* 3–25.

Brabender, V. (2002). Introduction to group therapy. New York: John Wiley & Sons.

Bradley, R., Greene, J., Russ, E., Dutra, L., & Westen, D. (2005). A multidimensional meta-analysis of psychotherapy for PTSD. *American Journal of Psychiatry, 162(2)*, 214–227.

Brown, B.S., O'Grady, K.E., Battjes, R.J., Farrell, E.V., & Smith, N.P., & Nurco, D.N., (2001). Effectiveness of a stand-alone aftercare program for drug-involved offenders. *Journal of Substance Abuse Treatment, 21(4)*, 185–192.

Bureau of Justice Assistance (BJA; 2004). Defining Drug Courts: The Key Components. Retrieved from http://www.courts.ca.gov/documents/DefiningDC.pdf

Burke, K., & Leben, S. (2007). Procedural fairness: A key ingredient in public satisfaction [White paper]. *Court Review, 44*, 4–24.

Burke, K.S. (2010). Just what made drug courts successful? *New England Journal on Criminal & Civil Confinement*, *36(1),* 39–58.

Carey, S.M., Finigan, M.W., & Pukstas, K. (2008). Exploring the key components of drug courts: A comparative study of 18 adult drug courts on practices, outcomes, and costs. Portland, OR: NPC Research. Available at https://www.ncjrs.gov/pdffiles1/nij/grants/223853.pdf.

Carey, S.M., Mackin, J.R., & Finigan, M.W. (2012). What works? The 10 key components of Drug Court: Research-based best practices. *Drug Court Review, 8(1)*, 6–42.

Chang, W., Ma, J., Chiu, H., Lin, K., & Lee, P. (2009). Job satisfaction and perceptions of quality of patient care, collaboration and teamwork in acute care hospitals. *Journal of Advanced Nursing, 65*(9), 1946-1955. doi:10.1111/j.1365648.2009.05085.x

Chiocchio, F., Forgues, D., Paradis, D., & Iordanova, I. (2011). Teamwork in integrated design projects: Understanding the effects of trust, conflict, and collaboration on performance. *Project Management Journal, 42(6)*, 78-91. doi:10.1002/pmj.20268

Cissner, A., Rempel, M., Franklin, A.W., Roman, J.K., Bieler, S., Cohen, R., & Cadoret, C.R. (2013, March). *A statewide evaluation of New York's adult drug courts: Testing which policies work best*. Paper presented at the New York Association of Drug Treatment Court Professionals Training. Available at https://www.bja.gov/Publications/CCI-UI-NYS_Adult_DC_Evaluation.pdf

Collins, L.R., & Lapp, W.M. (1991). Restraint and attributions: Evidence of the abstinence violation effect in alcohol consumption. *Cognitive Therapy & Research, 15(1)*, 69–84.

Dackis, C., & O'Brien, C. (2005). Neurobiology of addiction: Treatment and public policy ramifications. *Nature Neuroscience, 8(11),* 1431–1436.

De Leon, G., Melnick, G., & Cleland, C.M. (2010). Matching to sufficient treatment: Some characteristics of undertreated (mismatched) clients. *Journal of Addictive Diseases, 29(1)*, 59–67.

DeMatteo, D. S., Marlowe, D. B., & Festinger, D. S. (2006). Secondary prevention services for clients who are low risk in drug court: A conceptual model. C*rime & Delinquency, 52*, 114-134.

doi:10.1192/bjp.bp.106.021402

Ely, R.J., & Thomas, D.A. (2001). The effects of diversity perspectives on work group processes and outcomes. *Administrative Science Quarterly 46(2)*, 229–273.

Farole, D.J., & Cissner, A.B. (2005). Seeing eye to eye: Participant and staff perspectives on drug courts. In G. Berman, M., Rempel, & R.V. Wolf (Eds.), *Documenting Results: Research on Problem-Solving Justice* (pp. 51–73). New York: Center for Court Innovation.

Fergusson, D.M., Swain-Campbell, N.R., & Horwood, L.J. (2002). Deviant peer affiliations, crime and substance abuse: A fixed effects regression analysis. *Journal of Abnormal Child Psychology, 30(4)*, 419–430.

Festinger, D.S., Marlowe, D.B., Lee, P.A., Kirby, K.C., Bovasso, G., & McLellan, A.T. (2002). Status hearings in drug court: When more is less and less is more. *Drug & Alcohol Dependence, 68(2)*, 151–157.

Fielding, J.E., Tye, G., Ogawa, P.L., Imam, I.J., & Long, A.M. (2002). Los Angeles County drug court programs: Initial results. *Journal of Substance Abuse Treatment, 23(3)*, 217–224.

Frazer, M.S. (2006). The impact of the community court model on defendant perceptions of fairness. New York: Center for Court Innovation. Available at http://www.courtinnovation.org/sites/default/files/Procedural_Fairness.pdf

Fulkerson, A., Keena, L.D., & O'Brien, E. (2012). The impact of the community court model on defendant perceptions of fairness. *International Journal of Offender Therapy & Comparative Criminology*: On Line First. doi: 10.1177/0306624X12447774

Gallagher, J.R. (2013). African American participants' views on racial disparities in drug court outcomes. *Journal of Social Work Practice in the Addictions, 13(2)*, 143–162.

Green, M., & Rempel, M. (2012). Beyond crime and drug use: Do adult drug courts produce other psychosocial benefits? *Journal of Drug Issues, 42(2)*, 156–177.

Guerrero E. (2010). Managerial capacity and adoption of culturally competent practices in outpatient substance abuse treatment organizations. *Journal of Substance Abuse Treatment, 39(4)*, 329–339.

Hardin, C., & Fox, C. (2011). Getting started. In D.B. Marlowe & W.G. Meyer (Eds.), The drug court judicial benchbook (pp.19–43). Alexandria, VA: National Drug Court Institute. Available at http://www.ndci.org/sites/default/files/nadcp/14146_NDCI_Benchbook_v6.pdf

Hawken, A., & Kleiman, M. (2009). Managing drug involved probationers with swift and certain sanctions: Evaluating Hawaii's HOPE (NCJRS No. 229023). Washington, DC: National Institute of Justice. Available at http://www.ncjrs.gov/pdffiles1/nij/grants/229023.pdf.

Hepburn, J.R., & Harvey, A.N. (2007). The effect of the threat of legal sanction on program retention and completion: Is that why they stay in drug court?. *Crime & Delinquency, 53(2)*, 255–280.

Hora, P.F., & Stalcup, T. (2008). Drug Treatment Courts in the twenty-first century: The evolution of the revolution in problem solving courts. *Georgia Law Review, 42(3)*, 717–811.

Horvath A. O., Luborsky L. (1993). The role of the therapeutic alliance in psychotherapy. *Journal of Consulting and Clinical Psychology. 61*, 561–573. 10.1037/0022-006X.61.4.561

Huebner, B.M., & Cobbina, J. (2007). The effect of drug use, drug treatment participation, and treatment completion on probationer recidivism. *Journal of Drug Issues, 37(3)*, 619–641.

Jones, C. (2013). Early-phase outcomes from a randomized trial of intensive judicial supervision in an Australian drug court. *Criminal Justice & Behavior, 40(4)*, 453–468.

Jones, C.G., & Kemp, R.I. (2013). The strength of the participant-judge relationship predicts better drug court outcomes. Psychiatry, Psychology and Law (Online). doi: 10.1080/13218719.2013.798392

Karno, M.P., & Longabaugh, R. (2007). Does matching matter? Examining matches and mismatches between patient attributes and therapy techniques in alcoholism treatment. *Addiction, 102(4)*, 587–596.

Knight, D.K., & Simpson, D.D. (1996). Influences of family and friends on client progress during drug abuse treatment. *Journal of Substance Abuse, 8(4)*, 417–429.

Landenberger, N.A., & Lipsey, N.W. (2005). The positive effects of cognitive-behavioral program for offenders: A meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology, 1(4)*, 451–476.

Lovins, L.B., Lowenkamp, C.T., Latessa, E.J., & Smith, P. (2007). Application of the risk principle to female offenders. *Journal of Contemporary Criminal Justice, 23(4)*, 383–398.

Lowenkamp, C.T., & Latessa, E.J. (2004). Understanding the risk principle: How and why correctional interventions can harm low-risk offenders. *Topics in Community Corrections: Assessment Issues for Managers*, pp. 3–8.

Lowenkamp, C.T., & Latessa, E.J. (2005). Increasing the effectiveness of correctional programming through the risk principle: Identifying offenders for residential placement. *Criminology & Public Policy, 4(2)*, 263–290.

Marlatt, G.A., & Witkiewitz, K. (2005). Relapse prevention for alcohol and drug problems. In G. A. Marlatt & D. M. Donovan (Eds.), *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors* (2nd ed.; pp. 1-44). New York: Guilford.

Marlowe, D.B., Festinger, D.S., & Lee, P.A. (2004a). The judge is a key component of drug court. *Drug Court Review, 4(2)*, 1–34.

Marlowe, D.B., Festinger, D.S., & Lee, P.A. (2004b). The role of judicial status hearings in drug court. In K. Knight & D. Farabee (Eds.), *Treating addicted offenders: A continuum of effective practices* (pp. 11-1–11-8). Kingston, NJ: Civic Research Institute.

McCord, J. (2003). Cures that harm: Unanticipated outcomes of crime prevention programs. *Annals of the American Academy of Political & Social Science, 587(1)*, 16–30.

McLellan, A.T., Lewis, D.C., O'Brien, C.P., & Kleber, H.D. (2000). Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. *Journal of the American Medical Association, 284(13)*, 1689–1695.

McPherson, C. M., & Sauder, M. (2013). Logics in action: Managing institutional complexity in a drug court. *Administrative Science Quarterly, 58(2)*, 165-196.

Mee-Lee, D., Shulman, G.D., Fishman, M., Gastfriend, D.R., & Griffith, J.H. (Eds.). (2001). ASAM patient placement criteria for the treatment of substance-related disorders (2nd ed.-revised). Chevy Chase, MD: American Society of Addiction Medicine. Available at http://www.asam.org/publications/patient-placement-criteria/ppc-2r.

Melnick, G., Wexler, H.K., & Rajan, S. (2014a). Measuring team members' satisfaction in drug courts: An instrument to gauge the component disciplines in drug court. *Drug Court Review, 9(1)*, 56–73.

Melnick, G., Wexler, H.K., & Zehner, M. (2014b). Communication in drug courts: The consensus-building enhancement. *Drug Court Review, 9(1)*, 99–116.

Meyer, W.G. (2011). Constitutional and legal issues in Drug Courts. In D.B. Marlowe & W.G. Meyer (Eds.), *The drug court judicial benchbook* (pp. 159–180). Alexandria, VA: National Drug Court Institute. Available at http://www.ndci.org/sites/default/files/nadcp/14146_NDCI_Benchbook_v6.pdf.

Meyers, R.J., Miller, W.R., Hill, D.E., & Tonigan, J.S. (1998). Community reinforcement and family training (CRAFT): Engaging unmotivated drug users in treatment. *Journal of Substance Abuse, 10(3)*, 291–308.

Mills, K.L., Teesson, M., Back, S.E., Brady, K.T., Baker, A.L., Hopwood, S., Sannibale, C., Barrett, E.L., Merz, S., Rosenfeld, J., & Ewer, P.L. (2012). Integrated exposure-based therapy for co-occurring posttraumatic stress disorder and

substance dependence: A randomized controlled trial. *Journal of the American Medical Association, 308(7)*, 690–699.

National Association of Drug Court Professionals (NADCP; 2013). Adult drug court: Best practice standards. Volume I. Retrieved from http://www.nadcp.org/sites/default/files/nadcp/AdultDrugCourtBestPracticeStandards.pdf

National Association of Drug Court Professionals (NADCP; 2015). Adult drug court: Best practice standards. Volume II. Retrieved from http://www.ndcrc.org/sites/default/files/adult_drug_court_best_practice_standards_volume_ii.pdf

National Institute on Drug Abuse. (NIDA; 2006). Principles of drug abuse treatment for criminal justice populations: A research based guide (NIH Publication No. 06-5316). Bethesda, MD: Author.

Ogles, B. M., Anderson, T., & Lunnen, K. M. (1999). The contribution of models and techniques to therapeutic efficacy: Contradictions between professional trends and clinical research. The Heart and Soul of Change: What Works in Therapy., 201-225. doi:10.1037/11132-006

Peters, R.H., Haas, A.L., & Hunt, W.M. (2002). Treatment "dosage" effects in drug court programs. *Journal of Offender Rehabilitation, 33(4)*, 63–72.

Petrosino, A., Turpin-Petrosino, C., & Finckenauer, J.O. (2000). Well-meaning programs can have harmful effects! Lessons from experiments of programs such as Scared Straight. *Crime & Delinquency, 46(3)*, 354–379.

Read, J.P., Brown, P.J., & Kahler, C.W. (2004). Substance use and posttraumatic stress disorders: Symptom interplay and effects on outcome. *Addictive Behaviors, 29(8)*, 1665–1672.

Ronen, S., & M. Mikulincer (2009). Attachment orientations and job burnout: the mediating role of team cohesion and organizational fairness. *Journal of Social and Personal Relationships, 26*: 549-567.

Roozen, H.G., De Waart, R., Van Der Kroft, P. (2010). Community reinforcement and family training: An effective option to engage treatment-resistant substance-abusing individuals in treatment. *Addiction, 105(10)*, 1729–1738.

Rossman, S.B., Rempel, M., Roman, J.K., Zweig, J.M., Lindquist, C.H., Green, M., Downey, P.M., Yahner, J., Bhati, A.S., & Farole, D.J. (2011). The multisite adult drug court evaluation: The impact of drug courts, vol. 4. Washington, DC: Urban Institute Justice Policy Center. Available at https://www.ncjrs.gov/pdffiles1/nij/grants/237112.pdf.

Saladin, M.E., Back, S.E., Payne, R.A., Schumm, J., Goldsmith, R.J., & Chard, K.M. (2014). Posttraumatic stress disorder and substance use disorder comorbidity. In R.K. Ries, D.A. Fiellin, S.C. Miller & R. Saitz, *The ASAM principles of addiction medicine* (*5th ed*., pp. 1403–1417). Philadelphia: Wolters Kluwer.

Shaffer, D.K. (2006). Reconsidering drug court effectiveness: A meta-analytic review (Doctoral dissertation, University of Cincinnati, 2006). *Dissertation Abstracts International, 67, 09A* (AAT No. 3231113).

Shaffer, D.K. (2010). Looking inside the black box of drug courts: A meta-analytic review. *Justice Quarterly, 28(3*), 493–521.

Sperber, K.G., Latessa, E., & Makarios, M.D. (2013). Examining the interaction between level of risk and dosage of treatment. *Criminal Justice & Behavior, 40(3)*, 338–348.

Stephens, R.S., Curtin, L., Simpson, E. E., & Roffman, R.A. (1994). Testing the abstinence violation effect construct with marijuana cessation. *Addictive Behaviors, 19(1)*, 23–32.

Szalavitz, M. (2010, July 16). Does teen drug rehab cure addiction or create it? *Time Magazine: On-Line*. Available at http://time.com/time/printout/0,8816,2003160,00.html.

The Council of State Governments. (2005). A Guide to Mental Health Court Design and Implementation. *Bureau of Justice Assistance*. Retrieved from https://www.bja.gov/Programs/Guide-MHC-Design.pdf.

Thompson, M., Osher, F., & Tomasini-Joshi, D., (2007). Improving Responses to People with Mental Illness: The Essential Elements of a Mental Health Court. New York, NY: Council of State Governments Justice Center. Retrieved from https://www.bja.gov/Publications/mhc_essential_elements.pdf.

Van Wormer, J. (2010). Understanding operational dynamics of Drug Courts (Doctoral dissertation, University of Washington). Retrieved from

http://research.wsulibs.wsu.edu:8080/xmlui/bitstream/handle/2376/2810/vanWormer_wsu_0251E_10046.pdf?sequence=1

Vieira, T.A., Skilling, T.A., & Peterson-Badali, M. (2009). Matching court-ordered services with treatment needs: Predicting treatment success with young offenders. *Criminal Justice & Behavior, 36(4)*, 385–401.

Vinokur-Kaplan, D. (1995). Treatment Teams that Work (and those that don't): An Application of Hackman's Group Effectiveness Model to Interdisciplinary Teams in Psychiatric Hospitals. *The Journal of Applied Behavioral Science, 31(3)*, 303-327. doi:10.1177/0021886395313005

Wampold, B. E. (2001). The great psychotherapy debate: Models, methods, and findings. Mahwah, NJ: Lawrence Erlbaum Associates.

Wexler, H.K., Melnick, G., & Cao, Y. (2004). Risk and prison substance abuse treatment outcomes: A replication and challenge. *The Prison Journal, 84(1)*, 106–120.

Wexler, H.K., Zehner, M., & Melnick, G. (2012). Improving drug court operations: NIATx organizational improvement model. *Drug Court Review, 8(1)*, 80–95.

Wolfer, L. (2006). Graduates speak: A qualitative exploration of drug court graduates' views of the strengths and weaknesses of the program. *Contemporary Drug Problems, 33(2)*, 303–320.

Wooditch, A., Tang, L.L., & Taxman, F.S. (2014). Which criminogenic need changes are most important in promoting desistance from crime and substance use? *Criminal Justice and Behavior, 41(3)*, 276–299.

Wright, J.P., & Cullen, F.T. (2004). Employment, peers, and life-course transitions. *Justice Quarterly, 21(1)*, 183–205.

Yalom, I.D. (2005). The theory and practice of group psychotherapy (*5th ed*.). New York: Basic Books.

Young, D., & Belenko, S. (2002). Program retention and perceived coercion in three models of mandatory drug treatment. *Journal of Drug Issues, 22(1)*, 297–328.

Zweig, J.M., Lindquist, C., Downey, P.M., Roman, J., & Rossman, S.B. (2012). Drug court policies and practices: How program implementation affects offender substance use and criminal behavior outcomes. *Drug Court Review, 8(1)*, 43–79.